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AN EXPLORATORY STUDY OF THE CONCEPT OF THE HEALTHY FAMILY

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## ABSTRACT

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Part 1 of this study examines the terms which are frequently used in discussions and definitions of health, mental, physical and social. Some of the terms are discarded because of their lack of clarity. A definition of health is presented for consideration.

Part 11 discusses health in relation to the family as an ideal and as a social institution. The relationship of the family to the society in which it is located is also considered, and some conclusions are drawn concerning the social conditions which are conducive to health in general and to the health of the family in particular.

The suggested definition of health is applied to the family as a social system, in interaction with other social systems. Some implications for research are suggested.

PREFACE

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It would be appropriate to the family, my husband and children, to thank them for enabling me to have the time to write this study of "The Family".

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INTRODUCTION

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It is a commonplace in modern society for the contemporary family to be unfavourably compared with the family of the past, which from a distance seems a model of stability and virtue.

The assumption underlying such an evaluation is the perception of the family as an independent entity, an entity which ought to be capable of behaving in the same fashion as did the family of a century ago.

But as the family is an open system in interaction with other social systems in society, it is not a completely independent variable in any social life or behaviour. That is, the family cannot be held solely responsible for its own behaviour.

Therefore, the study of the concept of the healthy family depends on a consideration of the relationship of the family to society, and to change in society.

But what could be meant by "healthy"? How could the concept of the healthy family be discussed without an

adequate definition of "health"? So this exploratory study begins with an attempt to answer that question.

## Chapter 1.

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A preliminary discussion of some of the terms frequently used in definitions of health, physical, mental and social seems an appropriate exercise to be undertaken before a definition of health is offered in Chapter 2.

This discussion is undertaken in an endeavour to clarify the concept of health in such a way that the definition submitted in this thesis has some justification.

The World Health Organization includes the following definition of health in its Constitution of 1947. This comprehensive definition which is often quoted or referred to in discussions of health seemed worthy of examination.

"Health is defined as a state of complete physical, mental and social well-being, not merely an absence of disease, or infirmity."

(World Health Organization. WHO.)

This definition appears to clarify the issue but ( as definitions are wont to do) merely transfers the problem since it raises these questions which need clarifying; what could be meant by a "state" of health, by "complete health", and by "not merely ..... infirmity"?



The last question is the most easily discussed. The WHO definition is in agreement with those who feel that health should be a positive condition not merely the absence of disease and infirmity.

The article on health in the International Encyclopedia of the Social Sciences commented on the many definitions of health which define health by saying what it is not. These definitions imply that health is the absence of manifest disturbance, in short the absence of pathology. To compound the difficulty, pathology has not always been defined either. "Deficiency" is another word used in negative definitions of health, but deficiency can only be specified if a standard of health exists so that falling short of it can be seen as a deficiency.

It could be conceded perhaps, that the absence of disease and infirmity could be used as a minimum standard of health. But it would be possible for a person, group or society to have some manifestations of ill health, but also to have enough of the elements of positive health to be regarded on balance as more healthy than unhealthy, and even perhaps with the capacity to become healthier.

Or is the absence of ill-health in negative definitions of health, stated as a pre-condition or "sine qua non" of health? It may be that those who are not ill could be in advantageous position for the development of positive health, but this cannot be guaranteed.

Even those apparently without disease may fall ill immediately after the assessment, depending on whether they were already carrying the seeds of disease within them, whether they were behaving in a manner conducive to ill-health, (such as smoking too heavily for long periods) whether the environmental conditions changed in such a way that an unsuspected vulnerability of the organism was free to operate, or whether the environmental stress was such that anyone would fall ill under those conditions.

There is also a logical reason for rejecting negative definitions of health. Health cannot be both health and not health simultaneously. The definition of 1 (one mathematically is such that  $1 \neq -1$  (one cannot be equal to minus one).

"The absence of certain qualities does not imply the presence of others."

(Jahoda 1958)

The organism could have no symptoms of ill-health but could have a "passivity and personal limpness" (Riesman 1961) which is not positive health, but rather a vulnerability to environmental stress or challenge.

"Health implies a standard of performance or capability that would not be met by some people or systems who have merely an absence of pathology."

(Wilson 1968)

Health as a state.

The WHO definition of health views it as a state. One objection to this has already been noted, that a state of health ascertained at one point in time, might be momentary. A "state" as defined in the Oxford dictionary, is an existing position or the condition in which a thing is. It would appear more fruitful to think of health as a process rather than a state. The distinction between "state" and "process" is central to achieving any operational goals, in our definition, since the manner in which health is operationally investigated as a state will be insufficient and frequently inapplicable to health as a process. Health is a processual concept because, as will be discussed later, it can be viewed as emerging from development and adaptation.

"What an organism does at a given moment does not always give the right clue to what it does over a period of time."

(White 1967)

It will be a major postulate of this thesis that it appears more fruitful to think of health as a process rather than a state.

Complete health.

"Complete health" can be linked to the idea of positive health. Complete health seems an ideal. It is doubtful if many individuals ever have complete health during their whole life span. Even if complete health was a state it is doubtful

if it could be held steady over a period of time.

"He who will not seek new remedies must fear  
new evils; for time is the greatest innovator."

(Francis Bacon)

### Health as an ideal.

At this point it would seem necessary to distinguish between health as an idea and health as an ideal. Wootton (1959) has this to say of definitions of mental health:

"Conceptions of the ideal, under the guise of health, express the personal value judgements of commentators rather than the scientifically established facts."

This statement does not say that value judgements are not involved, or should not be involved, but that if they are, they should be explicit not implicit.

"Ideals are conceived because man is a social being. Society moves or forces the individual to rise above himself and gives him the means for achieving this."

(Durkheim 1924)

The ideal here is seen as motivating. The existence of an ideal can have utility if the ideal is used as an aspiration. It is also postulated in this thesis that positive health being an active concept, motivation is needed on the part of those who may become healthy. In one field of physical health, public health, the society may provide conditions which promote health, but health itself requires motivated action which is purposeful, not mere reaction to a stimulus provided by the society. A person has to be motivated to stop smoking, to take exercise

and sufficient rest and relaxation.

An ideal of positive health may be motivating as an aspiration to move towards. There is, however, the real possibility that the perception of an ideal of health could be dysfunctional to health, if falling short of the ideal through personal deficiencies, or through the unavailability of the conditions conducive to health, produces feelings of frustration, anger or shame, guilt or apathy to such an extent that the movement towards health is inhibited.

An ideal of health would need to be open-ended, not too specific thus allowing for diversity, that is, different combinations and different weightings of the factors that contribute to health, should be possible. Apparently not only positive or complete health is an ideal.

"The hope that disease can be completely eradicated becomes a dangerous mirage only when its unattainable character is forgotten. It can then be compared to a will-o'-the-wisp, luring its followers into the swamps of unreality. In particular, it encourages the illusion that man can control his responses to stimuli and can make adjustments to new ways of life without having to pay for these adaptive changes. The less pleasant reality is that in an everchanging world each period and each type of civilization will continue to have its burden of diseases created by unavoidable failures of adaptation to the new environment."

(Dubos 1965)

Dubos can be agreed with to some extent, but "the hope that disease can be completely eradicated" motivates researches and field workers to make their contribution to the future. If Dubos sees even the absence of disease as an ideal state, complete and positive health is also an ideal and probably equally unattainable.

#### Health as well-being.

How could well-being be measured and by whom?

Ascertaining well-being as a feeling must depend on personal introspective report.

Some people can feel well and still be ill. Indeed some states make introspective report clearly inapplicable. A person may be light-headed and say "I am feeling marvellous" when he has a high temperature or is simply drunk; or has been and is still ill and feels slightly better. A manic might be in such a state of euphoria that he may report feeling well enough to win the war in Vietnam single-handed. Oxygen narcosis at high altitudes is dangerous precisely because the informant would report his own feeling of well-being. In fact there are reasons for a feeling of well-being that have nothing much to do with health. The person might have won a lottery, his team might have won a football match, he might have just committed a successful burglary without being caught, or he might be feeling

wonderful because, being a sadist, he has hurt someone.

Well-being like health, needs to be assessed at not one point in time but as a long term orientation, if it is to be assessed at all. The difficulty of quantifying such a term as well-being, of finding standards against which to measure it and of specifying conditions conducive to such a feeling, do not make it a useful description of health. Nevertheless it could be used in examining the manner in which a healthy person operates. It could be used to describe the person who finds being healthy easy and enjoyable. A feeling of well-being like happiness might be an outcome of being healthy but cannot be synonymous with it.

Imagine a person who is healthy but who is apt to feel vaguely depressed in dismal weather; then imagine such a person living in a dismal climate; then even if on a long term basis he remained healthy it would be without any feeling of well-being. There could be conditions other than ill-health which would contribute to an absence of the feeling of well-being such as being a slave who is harshly treated.

Another way of viewing the use of well-being in the WHO definition could be that it was used as a synonym for health, in which case it has not contributed to the definition.

A discussion of some of the terms frequently used in defining health, apart from those used in the WHO definition.

Normal

Definitions using this word often say "normal and healthy" or "normal or healthy", thus equating the two.

Presumably if we can define one we have defined the other.

"In general the attempts to define normality have been either statistical, or culturally relative or biological medical. Informally normal is a value definition."

(Maslow 1954)

Maslow is discussing mental health, but in fact the medical profession is in no better shape when discussing normal than is any other discipline.

"Normal can mean average, what most people do, what usually goes on, common practice, what most people would like to see, what society approves of, or the mores of the group."

(Wilson 1968)

Bott in Bell and Vogel (1968) discusses normal and asks whether it means perfect, average, ordinary or customary? Is it the clinical ideal which may never be reached in practice; is it the behavioural mode; is it what is thought morally right or is it the typical pattern? Average, typical, common practice, ordinary and customary as definitions of normal hardly serve the cause of defining health as positive. These terms are relative to the population under discussion, and as populations differ,



so will the definitions of normal. So normal gives us no standard of measurement that can be used in cross-cultural comparisons.

Wilson's "what society approves of" is also culturally relative. Bott's "perfect" and "clinically ideal" may or may not be culturally relative. If they are thought of in the same way as "ideal" they may be abstract ideals which can be applied to all cultures, or they may be culture-specific.

Even if the idea of normality is either average, typical or relative to the expectations and aspiration of a particular culture, the picture is still far from clear. Are there degrees of normality, and how normal does one have to be, to be so labelled? Does what is regarded as normal remain constant over time even in one culture? The level at which normality is defined tends to be constantly raised due to cultural and educational development and increases in knowledge. Normal behaviour tends to be different in times of war from times of peace, in times of economic depression from times of affluence.

Normal as what society approves of, is not always a simple matter to ascertain in a complex society, but let us suppose that it has been possible to ascertain this.

"If fitting into the normal range is based on almost complete compliance to others' wishes and expectations then the normality may be more apparent than real if normal is to be regarded as healthy."

(Laing 1959)

To look at the problem in another way, does deviation from the normal affect health? It may even make it better. Would not it have been thought that an inhabitant of Nazi Germany who deviated from the normal and refused to work in a concentration camp was indeed more healthy than his compliant fellows? Instances such as these can be made for not wholly accepting cultural relativity as a basis for a definition of health.

Fromm (1947) puts forward the view that normality can be equated with goodness, desirability and value. This definition leads to the necessity of defining goodness for example, which will not be attempted here.

The International Social Science Journal (1959) presents Kluckhohn's statement on abnormality with the comment that his definition has the advantage of recognising cultural differences in the judgement of abnormality without subscribing to extreme cultural relativism.

"All cultures must regard as abnormal, individuals whose behaviour fails grossly to be predictive in accord with the cultural norms, or who are inaccessible to communication or who consistently lack a minimum of control over their impulse life."

This definition includes looking at the condition over time - in fact a life style - sees cultures as accommodating some degree of deviance and includes one of the essentials of human development, the capacity to communicate. Yet, because in this definition "normal" is defined negatively rather than positively, it suffers from the same limitations as does the negative definition of health. Therefore it does not seem to clarify the meaning of health, nor "normal or healthy".

But the idea of the normal range does have some contribution to make. Some capacities which are included in some definitions of health, for example flexibility, only contribute to health within a certain range. Too much flexibility is compliance and too little implies the inability to adapt. If some attributes operate outside the "normal range" they become dysfunctional.

#### Adjustment.

"The adjusted are those who reflect their society or their class with the least distortion. The adjusted refuse to distort or re-interpret their culture and end by distorting themselves."

(Riesman 1961)

If society were perfect, then perhaps adjustment to society might

be defensible, but only then if it were freely recognised by the person that it was perfect and he chose therefore to adjust to it.

Riesman's use of the word "adjusted" implies that adjustment is passive compliance.

Adaptation would be a more appropriate word to use. Adaptation as applied to man, can mean either the adaptation of the environment or of man, or both. Adaptation can be used to solve problems. Man adapts to his limitations in physical strength by making machines which will carry his burdens for him. Adaptation as adjustment to the environment is insufficient.

"In a society where regimentation prevails, active adjustment (adaptation) will hardly be possible; in a society where overt regimentation is replaced by the invisible compulsiveness of conformity pressures, active adjustment will be equally rare. Only where there exists social recognition of alternative forms of behaviour is there a chance for the individual to master his surroundings and attain mental health."

(Jahoda 1958)

So again we find that health is a matter of interaction between man and his environment whether the environment be other people, social groups, society or the physical environment.

Adjustment as conformity.

"If conformity is to the status quo, the status quo is the most illusory of goals. The price of conformity may be very high in terms of distorting oneself."

(Riesman 1961)

"Conformity may be a defence against visibility and accountability."

(Laing 1959)

Such a defence is not positive health unless it is freely chosen because the risk of not conforming is an extreme penalty. Even then it is not the person who recants who is admired, but rather the martyrs who choose to be held accountable.

Is non-conformity a risk to health?

"Those who do not conform may be either anomic or autonomous"

(Riesman 1961)

"Rebellion and non-conformity may be far more important than social adjustment. These acts have to be put into context."

(Soddy 1961)

The conclusion reached is that conformity of itself, unless it is freely chosen and has no elements of compulsivity, could be inimical to the development of health.

### Flexibility.

The neuroses are characterised by rigidity, which is really the inability to learn from experience. Clearly rigidity is not conducive to the development of health. But what degree of flexibility contributes to healthy development?

If behaviour is too flexible it has no consistency and is not integrated. Yet behaviour needs to have some degree of flexibility for learning to take place, but not so much flexibility as to be compliant, unless the actor has chosen to be compliant in a certain situation for good reasons.

Development and change.

These two concepts do seem to have utility for health. Development implies change in the sense of human development, social development and physical development. If health is to be viewed as a process the concept of development is linked with that of health, and this will be discussed in the next chapter in greater detail.

"Change is always inconvenient, even if it  
be from worse to better."

(Dr. Johnson)

Change provides challenge but if it is too rapid it may produce stress because of the difficulty of integrating the new experiences into the pattern of behaviour, of assimilating change and accommodating to the changes either within the person or in the environment. Personal development entails a different perception of the environment as development progresses, even if the environment has not changed. Change is a challenge but the response to change may be temporary disorganization at best

before the changes are integrated into new behaviour;  
 (e.g. adolescence) at worst the disorganization may have a  
 permanent effect such as melancholia which does not remit,  
 after a bereavement.

### Maturity.

"Maturity" or "mature" are words which appear in  
 definitions of health. Maturity is linked to development  
 in the sense that maturity can be defined as the ability to  
 cope with the tasks appropriate to the stage of development.  
 Comparisons are made by measuring the degree of competence in  
 dealing with tasks using immature .... mature as a continuum.

What about the person whose maturity at a specific  
 stage of development is maturity plus? Young people who are  
 as responsible as middle-aged adults are often admired and held  
 up as models by the older generation. To arrive too soon  
 may prejudice future development. What is a "middle-aged"  
 adolescent going to be like at forty?

Sir John Barbarolli, the conductor of the Halle  
 orchestra when asked to comment on what had been described as  
 the somewhat extravagant style of playing by the brilliant  
 young cellist, Jacqueline du Pre', remarked that youth was the  
 time for extravagance; if one was not extravagant when young

what did one have to pare away when getting older? To have taken on the task of generativity too young (Erikson 1950) as in middle adolescent parenthood, and even to do it reasonably well but not to have solved the identity crisis may mean that the identity crisis is never resolved adequately.

Health as realization of potentialities.

"It is apparent that we need a definition of the supremely health personality not in terms of averages, but in terms of ultimates - that gives us something to shoot for. We need to know what man can become."

(ASCD yearbook committee 1962)

There is much to be said for this point of view and much has been said, but the point of view is fraught with difficulties. It is a positive view of health with the sky the limit, the limit being set only by what man can become under certain conditions; it is a point of view with utility for physical and social health as well as mental health. Maslow sees the idea as having generalizability for species-wide psychological health, which can be applied to all human beings no matter what their culture and no matter what their time.

But Barbara Wootton (1959) has this to say:

"Health can be described as a state in which one's potentialities are fully realised. But unless some



potentialities are characterised as morbid and excluded from this generalisation, this is absurd. We all have deplorable tendencies as well as desirable ones."

If the desirable potentialities (and this is a value judgement) are to develop rather than the undesirable, we need to know more about the relative strength of various potentialities in man, the individual variations in strength and the conditions under which these potentialities can be realized.

A recent publication by Kluckhohn and Strodtbeck incorporates the results of more than ten years of research on values at Harvard University. Their first question is; what is the character of innate human nature? Human nature can be perceived as evil, good or neutral or as Maslow puts it, a baby is born prior to good and evil. The second question is: what is the relation of man to nature? Is he subjugated to nature, is he master of it or must he live in harmony with it, the "Yang" and the "Yin" of classical Chinese medicine? The third value explored relates to the temporal focus, that is whether the past, the present or the future is the most important. The fourth value dimension concerns the modality of human activity, whether it stresses being or doing. The last of the five dimensions is man's relationship to other men: lineal, collateral

and individualistic. These value dimensions held by different cultures and religions influence the direction in which the development of potentialities might go. At our present stage of knowledge we have models before us of what man can become and there may be other alternatives which man has not yet been able to imagine. How does one choose among these alternatives? Western psychologists can always be accused of ethnocentrism and this may well be true. Is choice possible? If one has been brought up to be a doing person, is what could be meant by being imaginable?

Other critics of this point of view see it as committing the naturalistic fallacy in trying to get an "ought" from an "is". Can we say that what is or can be, is what ought to be chosen? (Taylor 1961). If we are to decide from these alternatives, can the conditions of rational choice ever be met? The intellectual knowledge, the practical knowledge and the imaginative knowledge of these values which are imbedded in a way of life could scarcely be gained by one person in a life-time even if he had nothing else to do.

However we often have to choose and act on the basis of "as if" we knew and then it comes to a value judgement. The search for scientific evidence for one point of view rather than another should go on. Something we do know about man is that a way of life has to be learned, it is not a "given"; it has to be

learned by social interaction, so we may never know what the character of innate human nature is. But man is also capable of choosing and of creating the conditions for rational choice, and there this argument will have to rest.

### Autonomy.

Autonomous people are described as those able to choose for themselves. The autonomous person chooses his own goals and modulates his own pace. Autonomous people are those who develop beyond the "type" of the culture, who are capable of transcending their culture and their initial socialization, as to become autonomous requires a far wider range of signs that can be internalised in childhood. (Riesman 1961). Autonomous can be applied to those who in their character are capable of bearing the burden of freedom, whether or not they are able to, or care to take the risks of overt deviation. An autonomous person is not just a means to society's ends though he may choose to use his strengths in social causes. He is capable of being a social gadfly, a Bernard Shaw or a Bertrand Russell, without being driven into this role by inner compulsions. He is the person who can take it or leave it. Autonomy pre-supposes intelligence, a wide-ranging mind, an education that has enabled him to think, judge and discriminate, and a personality which is relatively independent. But to what ends might his autonomy lead him? He might be a saint, a hero or a criminal, or an apparently ordinary person. His style of life is autonomous,

but what are the outcomes of that style? Whether he chooses good or evil is an issue which is not necessarily built into the style.

Can autonomy be desired in all cultures? Is it not a western idea with therefore limited generalizability? In some cultures very few persons have the opportunity to become autonomous. The autonomous person could be regarded as healthy if health is seen as an end but not also as a means.

Health in functional terms.

Here medicine, psychology and sociology meet. The Oxford Dictionary defines physical health as sound of body; that condition in which its functions are duly and efficiently discharged.

"A relatively simple, working definition of mental health would be most useful, even if it were not entirely "scientific". In my work in other fields, my co-workers and I have settled for some simple criteria such as these: the ability to hold a job, have a family, keep out of trouble with the law, and enjoy the usual opportunities for pleasure."

(Ginsberg 1955)

Parsons (1958) defines health in terms of "an optimum capacity for task and role performance."

Polgar (1963) in commenting on this definition comments that it is a positive view of health, that is asymptotic. But Polgar prefers "theoretically unlimited" to "optimum" as he

feels an open-ended view of health is possible. He offers this definition:

"Health is the theoretically unlimited maximum capacity for performance of roles that are maximally valued and can be legitimized for the person. The health of a group, a population or a species can also be defined, but suffice it to say that the maximum potential for survival of future generations would be a central criterion."

Hansen (1969) poses a question which can be asked of both definitions. He asks whether capacity for task and role performance is enough? Roles are patterns of behaviour not persons. Hansen in looking at vulnerability in the family, hypothesises that there is positional influence (role is the behaviour of persons in certain positions) and personal influence. It is this personal influence which is characteristic of small groups.

Polgar's definition accompanied by the central criterion of maximal potential for the survival of future generations raises the question whether life itself is the ultimate value? The ideal and the idea of human health in individual terms always lead to death, so that life is valuable, but does the individual see mere existence as sufficient? But even in the long term view taken by Polgar is life enough? There is a general "pro-attitude" towards the preservation of life as without

life there is indeed no hope. Life can be seen as a pre-condition for health, but is life an end in itself? It could be said that life is the means to the good life, or that the good life is the dream to which we commit ourselves thus making on-going life a possibility.

Health as a means or an end.

It could be said that health has inherent value and instrumental value.

"Health it would seem, is held in universal esteem, but while health is an ultimate aim the means of realising health objectives is controversial."

(Sanders 1963)

Sanders posits health as an end in itself. But the view could be held that health is a means to an end as well, the difficulty being that this leads us into the area of value judgements.

What would happen if health were an end in itself and were attainable? Is a state of complete equilibrium which goes on to infinity possible? Given some of the potentialities of man which have utility for reaching this goal, exploratory behaviour and imagination, would such a changeless steady state be possible? It could be argued that man's expulsion from the Garden of Eden was inevitable because knowledge and the increase

of knowledge makes change inevitable and makes choice possible. The good can only be recognized if the bad is also known, and health can only be recognized if some knowledge of ill-health is also available. Health as a means rather than an end is an open question, but this thesis is based on a choice which has been made for health as having both inherent and instrumental value.

This chapter has cleared the ground to some extent. It suggests that the following terms often used in definitions of health, present too many difficulties in interpretation: well-being, normal, adjustment and self-realization.

It has been indicated in this chapter, that health can be defined positively: that health as a process is a more fruitful idea than health as a state: that though complete health may be an unattainable ideal, such an ideal may motivate researchers and social policy makers to aim for the stars and thus enable man to enjoy a general standard of health which more closely approximates the ideal than does the present standard of health: that adaptation, development, maturity and autonomy are concepts which are worth considering in relation to health: that health can be seen as function: and that health as both valuable in itself and as a means to an end is also an idea worthy of consideration.

## Chapter 2.

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There are so many concepts which are used in discussing physical, mental and social health, that in working towards a definition, the number of concepts will be reduced wherever possible by interdefining some of them.

Health as a process subsumes state. Health is a process of becoming healthy and of maintaining health. The advantage of "process" is that it leaves the definition of "health" open-ended and subject to change when more knowledge becomes available. Health is a process of open-ended development, or theoretically unlimited development. It would seem advisable to state the open-endedness of the concept explicitly.

Health is a process of open-ended development ..... Provided that the idea of instant health is not held, development seems the appropriate description of what man does to become man.

Development is a concept used in psychology (Havighurst's 1952) developmental tasks and Erikson's (1963) eight stages of development spring to mind), used in physical growth, and social and economic growth is also described as development.

Development can be operationally defined, it can be measured and tested. It is possible to identify various developmental stages in the individual's physical, mental and social development and



make comparisons with others. It could also be used to investigate cross-cultural differences. Stages have been postulated in children's thinking (Flavell 1963) and in the development of conscience (Kohlberg 1963; Wilson et al 1967); Hill and Rodgers (1964) have done a survey of the developmental approach to family which could be used cross-culturally.

Therefore there seems to be justification for including this in a definition of health which is regarded as a process.

Maturity will also be interdefined with development, as maturity can be seen as both the flower or the fruit of development, and as "maturity for the stage of development", the stages being the points or rather the period where one developmental phase develops or changes into another phase.

Development has a teleological ring about it, in that development can be defined as due to the purpose or design of a thing which is developing. This is tentative as far as man is concerned, the more especially as the answer to the riddle of what is man's innate nature may never be known. But the use of the word "development" accommodates those who see the innate nature of man being revealed in his development.

Though it is logical to assume that innate potentialities will be developed, which of these will man choose to develop? It would appear absurd to imagine all the potentialities of any one man being developed even if he grew up in ideal conditions and no constraints operated. Excellence in any one direction might be all that could be attempted. The brilliant politician has not the time to become a concert pianist of note, even if he has the potential ability to become both. Rollo May (1953) notes that Western man seems to be no longer really consciously aware of his body. There may be no sound reason for this, but an individual might rationally choose to regard his body as a machine which only has to be kept in good condition so that he can pursue his chosen interest. Some people choose to become absorbed in their work and therefore many other potentialities they may have, are never developed. The choice may have to be similar to the choice which most academics have to face, to be a generalist or a specialist.)

Health is a process of open-ended development through intelligent adaptation.....

Adaptation can include flexibility, adjustment and change. In adaptation, adjustments (changes) are made in either the actor and or the environment. As was discussed in the

previous chapter, such adaptation is change and requires a certain functional degree of flexibility.

Adaptation can be seen in behaviour, in coping strategies and is therefore capable of being operationally defined once the actors and the environment have been specified together with the situations in which the process of adaptation is to be observed. Such specified situations could vary from the child in the classroom, in the playground and in the family.

Adaptation also embraces the Piagetian notion of assimilation and accommodation and links neatly with development, in that the developmental phases in physical, mental and social growth require adaptive behaviour for the next stage to progress smoothly.

#### Intelligent adaptation .....

If adaptation is to be successful or efficient in solving problem situations, it needs to be intelligent. Efficient adaptation requires a knowledge of the circumstances, the environment, the possible solutions and of the actor's own capabilities.

Intelligent behaviour is characterized by the setting up of a general pattern of the world, and the developing of strategies of executive behaviour in coping with one's self and the world.

This requires the capacity for abstraction, integration, specific expression, motivated exploratory behaviour and imagination. (From Russell and Russell 1961).

Abstraction is the ability to abstract principles from the mass of variety. This enables the discrimination of the regular similarities and dissimilarities between situations and thus the discrimination of a large number of situations. A competent interviewer, for example, must have a considerable capacity for abstraction. He has to pick out from the detailed behaviour of candidates, that which concerns him. That is, the behaviour which will contribute to their success in a particular course or job, brushing aside all other similarities or differences. In doing so, the interviewer is really doing factor analysis in his head. It is by abstraction that we respond rationally to the changing moods of varying human individuals with whom we come in contact.

The factor of integration permits new data to be compared with old, and makes it possible to qualify a generalization. Integration is the organized but flexible growth of the individual's experiences.

Flexibility of behaviour, the capacity to correct mistaken learning, (unlearning, in short) is achieved by free

communication within the brain; the free availability of any fact or idea for recall and comparisons with other, especially newly learned facts. A high level of integration is what is meant by an open mind, implying as it does both receptiveness to new ideas and an open system of communications within.

Specific expression is intelligence in practice in specific areas. It may be practised in ways differing from painting a picture, composing music, to gardening or interpersonal relationships. Abstraction and integration are concepts which are more general than specific expression.

Exploratory behaviour and imagination is a general factor without which both abstraction and integration would be stultified. The exploratory drive is the mechanism whereby variation is introduced into behaviour. It thus keeps the brain progressive and preserves it from slipping into automatic reaction. It breaks up assemblies of ideas before they harden, and re-arranges them into new patterns, so that behaviour can become more varied and effective. It prevents ready-made reactions to a difficult new situation until the situation can be explored and its characteristics identified, analysed by abstraction and collated with previous experience by integration. This provides the knowledge of alternative courses of action and is a necessary condition choice among a wide variety of courses.

To explore, is to explore uncertainty. This seems an important point to make. The inability to tolerate a certain degree of uncertainty by becoming too anxious is dysfunctional to the solving of problems. It may lead to premature closure and premature closure could lead to the making of choices which are not adaptive because insufficient time has been spent on the pondering of the possible courses of action. The gift that makes the supreme explorer, scientist or artist, is the ability to scrap hypotheses and start again, to go back to the drawing board. Premature closure and the inability to tolerate uncertainty may also result in the short-term rather than the long term decisions being acted on.

Imagination permits the exploration of imaginary models in the head. The imaginary models could be anything from quantum theory to trying to see a situation as another sees it or feels it, (empathy). Intelligence depends on a free information flow, integration, flexibility and versatility and freedom of choice as contrasted with isolation, rigidity, stereotypy and compulsiveness.

Combs (1962) in discussing personality development says "if behaviour is a function of perception, then a rich and

available perceptual field makes possible more effective, efficient behaviour." Of course it depends on what is meant by field. Educators are apt to think of it in terms of an interesting physical and intellectual environment, but this would not allow for the case of the Australian aborigines, who did not have this sort of physical environment available to them, so that they made their lives rich and meaningful by inventing a rich spiritual field.

We cannot as yet identify the "given" in the growth of intelligence beyond the fact that a baby born with a sound central nervous system has the possibility of becoming intelligent. But it is known that intelligence develops in interaction with the environment and that some environments are more conducive to its development than are others. It seems that at least half of intellectual development has occurred by the age of four years (Bloom 1964) so that the family plays a crucial role in the development of intelligence. The environment which encourages intellectual development has at least some of the following features: it evokes trust so that the child feels that the world and the people in it are reasonably dependable; it has some degree of order, it is not too disorganized and chaotic; it encourages exploration within the limits of safety and provides people, objects and situations which the child is permitted to

explore; the communication is free and non-threatening; the verbal communication provides good models of language; frustration is kept to the level at which it can be tolerated and overcome; the self finds mirrors which reflect it as worthwhile, lovable and competent; the adults in the environment are knowledgeable and reasonable, and can adapt intelligently to children.

The concept of intelligence poses many problems cross-culturally. (Vernon 1969). One of his findings was this:

"Clearly the major barrier to the fuller realization of human intellectual potential lies in the realm of adult values and child rearing practices."

Intelligent adaptation is not just a matter of cognition. The development of intelligence depends on genetic, physiological, social, educational and personality factors. If health can be viewed as a process of development through intelligent adaptation, it will also be influenced by these factors together with the ones which are included in the full definition of health.

Health is a process of open-ended development through intelligent adaption in a direction consonant with a framework of values.....

If health is not just inherently valuable but also has instrumental value, this value connotation is advisable made explicit. The study of values made by Kluckhohn and Strodtbeck and referred to in Chapter 1, indicates that the study of values



is not outside the province of science. It would appear that all cultures have values which determine to some extent their perceptions of physical, mental and social health.

If "intelligent adaptation" is worth studying at all, it has to take account of both the actor and the environment, and value orientations are certainly part of the actor. In the study of the development of intelligence knowledge of value orientations and their effect on aspirations, has been illuminating.

In some Eastern cultures in which the value systems stress harmonization of the inner life rather than the modification of the environment, we immediately have a framework which is value-oriented in such a way that adaptation is likely to be different from that in Western societies. Of course we do not know over time which comes first, the value system or the experiences. There is the possibility that the value systems of some Eastern cultures may have arisen because the environment was so difficult to modify (long droughts, disastrous floods) before the advent of modern technology. So the emphasis was placed on the inner life about which something could be done. But when people in such cultures see that with the aid of modern technology, the environment can be modified by man, it is not beyond the bounds of possibility that their value systems may alter, albeit it, rather slowly.

The value systems exist and can be inspected and researched to see whether they are dependent or independent variables. Values can be operationalized in terms of norms which are the manifestations of the value systems.

It may be that the Western value system could be related to the way Western man has mastered the environment rather than cooperating with it, thus reaping the whirlwind of pollution.

"The adult who is mature is able to identify with the environment and take part in the establishment, maintenance and alteration of the environment, and to make this identification without serious sacrifice of personal impulse."

(Winnicott 1962)

Health is a process of open-ended development through intelligent adaptation in a direction consonant with a frame work of values, which includes respect for the self, others and the environment ...

These are the values which seem indispensable if intelligent adaptation is to be seen as co-operation with others and the environment and not control of them. Control of others is exploitation, which is healthy neither for the exploiter nor the exploitee. (Russell and Russell 1961).

Personality psychologists, Allport, Maslow, Rogers and

May, to mention just a few, have discussed the importance of the respect for the self and others for the healthy personality.

In human relationships this is also a moral issue as in Kant's dictum that each man ought to be treated as an end in himself and not as a means to an end.

"Do not unto others what you would not desire yourself"

is a Confucian saying as well as a Christian one.

"Respect" was chosen for the definition rather than love, because love is Janus-headed, it looks the two ways of Eros and Agape. Many theologians prefer to use "respect" as less ambiguous.

Health is a process of open-ended development through intelligent adaptation, in a direction consonant with a framework of values, which includes respect for the self, others and the environment, and the conditions for rational choice and decision in so far as these are possible.

Adaptation can only take place if courses of action are chosen. If for man it is a matter of choice, then the choices are likely to serve the process of adaptation if the conditions

for rational choice are met in so far as this is possible.

The conditions for rational choice are set out in full in Taylor (1961). The main conditions are intellectual, practical and imaginative knowledge of the facts of the situation and of the possible consequences of the various choices that could be made. There is also freedom from inner and outer compulsions. In reality these perfect conditions can seldom be met. The escape clause is "in so far as these are possible".

This model of health presents the same sorts of difficulties that Vernon (1969) found in doing cross-cultural research on intelligence. Some groups in Western cultures have the conditions which make it more likely that they can become healthy in the terms of the model.

Vernon says that "The sociologist and the psychologist should not to try to set themselves up as experts on the actual measures to be taken in relation to other cultures. These depend to far too great an extent on value judgements, prejudices and emotions, political, religious and economic considerations to be approached as purely scientific problems. What they can do, though, is to provide relevant facts - facts about the abilities

and the attitudes of the peoples concerned."

This model of health has not dealt specifically with man's passions and feelings. These important elements of man's being cannot be ignored. But in intelligent adaptation, it is the intelligence that develops the strategies of executive behaviour. This includes integrating the emotions into the general pattern of the world which includes the self.

Chapter 3.           The family as an ideal : the family as  
                          a social institution.

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The family as an ideal.

The family is a unique social group because of its structure and its functions. It is a relatively small primary group founded in the sexual relationship of a man and a woman as husband and wife. (Murdock 1968). When the couple have children another dimension is added which is unique to the family, the relationship between two generations, parents and children. It is a group in which the statuses are based on sex and age. (Parsons and Bales, 1956).

Burgess and Locke define the family as:-

"A group of persons united by the ties of marriage, blood or adoption; constituting a single household; interacting and communicating with one another in their repetitive social roles of husband and wife, mother and father, son and daughter, brother and sister; and creating and maintaining a common culture."

This structure is typical of the family, but not typical of any other social group. When the structure of the family differs from this typical one, the differing structure entails different problems to be solved in adaptation to family living.

Families in cultures where the conjugal family does not set up a separate household; families which though they have separate households, live in a community where the families are inter-related; families where the mother or father is absent; families with one or more members of a third generation, e.g. grandparents or grandchildren, are examples of families with structures differing from the typical.

The structure of a family is a variable to be considered in any study of the family.

Another way of looking at families cross-culturally or in any society is to ascertain the functions of the family, the tasks the family carries out for its members and for society.

Pitts (1964) lists the basic functions of the family as:

- (a) to maintain the members in physical and mental health by economic cooperation and tension reduction
- (b) to reproduce the species and to train the children to make them available for social roles.

Parsons and Bales (1956) state these slightly differently

as:

- (a) the socialization of children
- (b) the stabilization of adult personalities of the population and society.

Two questions arise concerning the family as an ideal.

1. Must a civilization be based on the unique social group of the family in order to flourish and not decay, indeed to become healthy?
2. Is the family the ideal social group to perform the functions for society which it does?

The first question is a difficult one to deal with.

Zimmerman (1947) predicted imminent catastrophe unless the present family and societal trends were halted. He saw familism being replaced by individualism, the power and scope of the authority of the family being reduced to an absolute minimum, and the state becoming essentially an organization of individuals. He found rampant individualism evident in feminist movements, childlessness and youth problems.

Zimmerman's views are based on a theory of cyclical change which is deterministic. He hypothesized that the presence of the atomistic family (described above) demonstrates that



American civilization is at the end of one cycle of change, and nothing but the decay of the civilization lies ahead. He saw this as sickness both in the family and the society, a "folie a' deux". He felt that the health of the family was necessary to the health of the society; the atomistic family was both cause and effect of decay in social life.

It could be proposed that a modern sophisticated society with a store of knowledge on which to draw, and which can be aware of the possibilities envisaged by Zimmerman may be able to some extent to create its own future and not be determined by cyclical change. (Leslie 1967). But though the end of the world of the family may be at hand, there is no proof of the validity of Zimmerman's theory.

Parsons and Bales (1956) say that the marriage rate, the birth rate and the continuing importance of the family home as the preferred place of residence in modern societies, shift the burden of proof to him who argues that the disorganization of the family is bringing race suicide in its wake.

It could equally well be hypothesized that the present period is one of disorganization out of which a new integration

and another stage of growth will develop.

"How much is a general trend to disorganization as such; how much is what may be called the organization of transition."

(Parsons and Bales 1956).

Ruth Nanda Anshen (1959), values the family as "an integral and indispensable entity in the life of man". Not only was the family a necessary precondition to human evolution, since without the family human existence would have been impossible; but also the family offers the only opportunity for man to fulfil such sacred duties as the abnegation of the self. The family is the group in which Eros can become Agape, or as was stated in Chapter Two, Eros can become respect for the self, others and environment. Like Zimmerman, Anshen sees individualism as a threat to the ideal nature of man. To her, the family is the first ethical root of society.

"Although he (man) possesses reason and conscience, which enable him to participate in life, reason and conscience are inseparably related to man's moral character, to society, and consequently to the family of which he is a part, even as the family is a part of society."

The following quotation shows how strongly Anshen feels that the family is necessary to human life and society.

"It is the co-existence of God and man, of eternity and life mirrored in the family which is the primal and the universal image of order, peace and of ultimate certainty in the strivings of the soul."

In this matter science provides neither final answers nor an unerring guide to social action.

These two views as they are put forward appear to be somewhat traditionalist positions, built on to the foundations of the past, but as was suggested previously, the present stage of disorganization may be resolved by a new development which is better than the past. These points of view can neither be proved nor disproved except by time. Both points of view are set firmly in a framework of values by which the present adaptations of the society and the family would be evaluated as sick.

In returning to the original question as to whether society needs the family group to remain healthy, it is still an open question. It depends on the values which are used in the evaluation.

The second question was: Is the family the ideal social group to perform for society the functions which it does?

Plato did not think so. Leslie (1967) has noted

that more recently, there have been several groups in the United States which have experimented with utopian forms of social organization. These efforts have held, in common, the view that pathologies in the larger system are linked to the family system and that elimination of vices such as selfishness, jealousy and discrimination requires elimination of the family.

The Soviet family experiment (Leslie (1967) Geiger (1968) was the largest effort ever made to do away with the family, and did not last for more than a generation. The Soviets found that the family was well adapted to meeting basic human needs from clothing, food and shelter, to teaching the young to live as responsible productive members of society. Without a stable family system both adults and children became prone to excesses that would be inconsistent with any known system of morality. Hooliganism was recognized as a major problem and the official rate of youthful crime nearly doubled in the time of the family experiment. Vandalism, stealing, robbery, rape and even murder occurred with increasing frequency.

The Soviet experiment did not prove that any other social group could perform the functions of the family, as well as the family, but neither did it disprove it.

The kibbutz (Spiro 1968) in Israel valued the collective classless society. Because membership of a kibbutz was voluntary, the motivation to live such a different style of social life had to be strong and to some extent depended on the general threat that both the environment and the social situation in Israel presented. Because family and kinship are based on ties between the generations and upon the passing of tradition from one generation to the next, revolutionary movements seek to break the ties with the past. Thus, from the beginning, the kibbutz was antifamilistic. It sought to eliminate the family as an institution and as a social group. The latest reports on the kibbutz suggests that the antifamilism has ended. (Leslie 1967). It would appear that parents need the family for their personal satisfaction.

Parsons and Bales (1956) explain this phenomenon by saying that children are important to adults because it is important to the latter to express what are essentially the "childish" elements of their own personalities. There can be no better way than living with and interacting on their own level with real children.

The care of children also develops the personality. Parenthood is a phase of personal development which defines the self afresh.

The evidence supplied by these experiments indicate the possibility that the family is the best of the known social groups for the socialization of children and the stabilization of adult personalities.

It has been demonstrated that pathologies are to some extent linked with the family system. (Fisher and Mendell 1968; Giffin, Johnson and Litin 1968). But the worst may be the corruption of the best. The "best" or healthiest families do not demonstrate pathology, or can cope with and recover from it. It may be that the social setting of the family, the society, could adapt more intelligently to the family so that the family system's links with pathology are reduced to the minimum.

The family as a social institution.

Is the family as a social institution healthy, in so far as the definition of health can be applied to a social institution? On the evidence supplied earlier in this chapter, the family appears rather difficult to kill by force, but this does not preclude the possibility that it may die for lack of supportive social conditions.

Sirjamaki (1964) has noted that as a universal

association of the sexes, the family is enormously durable and its great adaptability is one reason for this.

Is the family as a social institution still developing? On the basis of impressionistic information from magazine articles, different family structural arrangements are being experimented with. In social conditions where relative freedom of choice exists, such as in the USA and Scandinavia, differing family structures are being experimented with: group marriage and family living; several families sharing common living areas with differing arrangements for privacy; couples who choose not to have children; single women with children; families in which the husband stays home and looks after the children while the wife works; families in which both parents work and pay for household and child care. Most of the present experimenters are young and may or may not choose to maintain these experiments. Time will tell whether the present very small proportion of the population experimenting with differing family structures increases, or whether this diversity survives as a fringe activity only.

It would appear that the family is universally valued whatever framework of values the society has, so as an institution it appears to be a going concern. (Murdock 1968).

The family seems to be like the axe with X new heads and Y new handles, but which is still the same old axe. As social conditions change the family may change or at least the family structures and functions may become more diverse. The very diversity of family living may mean that the family can adapt in changing circumstances. It may not be the same family as in the past; it may be a case of the family is dead, long live the family!

However this preference for family life noted by Parsons and Bales (op cit) may be retreat into family life owing its impetus to the size of modern societies, their complexity and the rate of change. The size, the complexity and the rate of change may be contributing to a feeling of powerlessness on the part of the typical citizen. Public life, that is life outside the family may be perceived as incomprehensible and unpredictable leading to a feeling of anomie that can only be assuaged by retreating into family life.

In large social units also, the individual is subject to the norms of universality and specificity (Dreeben 1968). Instead of being treated as an individual, a person is treated as a member of a category and his individual differences are not taken into account as they are in the family; instead of



being treated as a whole person, the individual is treated as a representative of a specific role. In universalism for example, an employee is treated by his employer as a member of the category of employees and may not receive any special treatment. In a big business or factory no-one is going to make allowances for the employee's private affairs, it is the performance on the job that matters. In specificity, the employee and the employer interact on the basis of their role relationship and do not interact as whole persons.

The incomprehensibility of the large, complex swiftly changing society and the norms of universality and specificity make the family an emotional refuge.

This may account to some extent for the preference for family living but it may also account for some of the difficulties encountered in modern families. The family may be expected to do more than many families are capable of doing; that is to reduce the tension of its members and restore in them a feeling of individual competence, wholeness and personal identity.

Murdock (1968) argues strongly in favour of continuance of the family as a social institution because

of its utility.

"In the nuclear family or its constituent relationships, we thus see assembled four functions fundamental to human social life - the sexual, the reproductive and the educational.

Without provision for the first and third, society would become extinct; for the second life itself would cease; for the fourth, culture would come to an end.

The immense social utility of the nuclear family and the basic reason for its universality thus begin to emerge in strong relief."

It would appear from the evidence that the family may be necessary to society and to individuals. There is no doubt that the family system is linked to pathology but perhaps the system can be improved by more respect shown for family life on the part of the greater society. The family as an institution seems to be adapting to social changes in the direction of greater differentiation and complexity and in doing so, new integrations may emerge from what seems at the moment to be disintegration. (Parsons and Bales 1956). The present apparent disintegration may become stabilized into a new developmental stage. (Burgess and Locke 1960).

"The pattern changes, but the threads endure."

(Mac Iver 1937)

Chapter 4.            Family Health and Society.

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"The nuclear family's internal activities and the functions they serve are always intimately related to the position of the family in society. Hence before taking up the activities internal to the nuclear family, it is necessary to examine the relationship between the nuclear family and other social systems."

(Bell and Vogel 1968).

The discussion of the relationship of the family and society will first be general and then somewhat more specific.

The family and society.

The Transactions of the First International Seminar of the International Scientific Commission on the Family (ICOFA) 1967 on the theme of "National Family Guiding Images and Policies" are illuminating, both in general principles relating to the interaction of society as a social system with the family system, and in applying these to the specific countries of Norway, Belgium and the United States.

Grønseth (1967) presents a definition of family policy as:

"Activities aimed at influencing the ability of families to carry out their functions in relation to society and to the individual members concerned."

In this definition, family policy is policy measures aimed at facilitating the family's fulfilment of its various tasks or functions for the individual and society. That is to say, not only the functions of reproduction and that of providing an effective labour force or economic support for the members of the family, but also that of contributing to the individual's well-being by securing emotional contact and satisfaction and the building of the children's personality and to their socialization.

However not all members of the seminar were in agreement with this. The view was also presented that family policy can be subsumed under public policy and social policy; that the individuals who make up the family, rather than the family, should be the source of concern.

In any society the relation of the society to the health of the family could be examined in terms of family policies, whether they are explicit, or implicit and built into other areas of public policy.

How far national family policies are the expression of values, and how far they are primarily the results of the specific historical power constellations between

conflicting social-economic groups, is a moot point (Grønseth 1967).

Van Loon (1967) states that:

"Family development plans must concentrate on health and education as the central forces which must guarantee personal development on the one hand and economic and social development on the other. The development of abilities and promotion of health go hand in hand. One of the essential goals of health promotion is the need to develop abilities so that adaption to social change can take place."

Van Loon then goes on to suggest that abilities-development and health promotion within the family have to be directed towards a dynamic concept of society with a positive approach, providing for innovations in the functioning of the family, and the development of new attitudes and habits of family members to insure the necessary psychohygienic resistance against stress in modern life. The combining of and complementing of family development and education policy development is a structural element.

These ideas fit into the definition of health proposed in Chapter Two, at least the sections which see health as a process of development and intelligent adaptation. But they say nothing about the framework of values, that is the direction of the development.

Webster (1967) raised this point in connection with family policy.

"Among all the matters that have not been considered, the one that is most critical is, in my thinking, that of human need and human possibility. Behind all that I say is a belief that both individuals and society develop along an ascending scale of human possibilities and that these possibilities depend on their emergence on the dependable fulfilment of prior needs."

Etzioni (1968) and Maslow (1964) would support this position.

Schorr (1967) reported to the ICOFA conference that he had come to the conclusion during his study of European family policies that what is meant by family policy is in fact a policy aimed at the child's well-being. This is not really a "family" policy.

#### Major political and economic systems.

There are three major types of political and economic systems (Freeman et al 1963).

(a) The Western-European type which includes the Welfare State. The system meets the safety needs of families and individuals. Freedom from basic insecurity enables citizens to choose their way of life without the

constraint of only being able to attend to their needs for shelter, food and clothing. In fact this means that they then have to solve problems of a higher order if they aspire to more than just life itself.

(b) The American type where as much as possible is left to the initiative of the individual, as little as possible is accepted as the responsibility of the State. Because of an increasing world concern for humanitarian values as exemplified by international organizations like the United Nations, the pure American type is slowly changing. But America still has about a tenth of its population which has to wrestle with the basic problems of human existence, about the same proportion that England had before the advent of the Welfare State.

Chilman (1967) has emphasized that there is no "image" of the family in American social policy, but that there were instead various values such as optimal development of the individual, which are important to the family and affect both it and policy. But the value system in America does value family behaviour.

The American type differs from the Western-European

on the presence of extremes within the one society. The presence of a sizable proportion of families at the lower end of the scale means that an undue amount of social pathology is linked to those particular families. So the society itself has to pay a price for this type of political and economic organization.

(c) Then there is the Russian type in which health and disease cannot be considered a private affair. Physical and mental health (by their standards) is good, family life is stable but exploratory behaviour is not permitted in the field of values. Diversity is only encouraged within the limits of acceptable political belief. (Luokey 1964).

Which of these types best fits the definition of health? Both the Western-European and the Russian type allow for diversity and choice to a greater extent than the Russian type. But the American type does not provide a safety net for all its people. The Western-European type endeavours to balance up the inequalities of the economic system through a redistribution of income in the form of welfare benefits by the political system.

The following are some of the attributes that a society would have to exhibit to fulfil the criteria



suggested in the definition of health.

1. That if health is a process of open-ended development within a framework of values including respect for persons and the conditions for rational choice and decision, the society which is open could then be regarded as more healthy than the society which is more closed, ~~than open~~. An open society is one which allows diversity within the limits of the capacity of the society. A society that is relatively closed denies its members the knowledge of alternative ways of life from which they might choose. A society in which the bulk of the population are uneducated and therefore do not have the capacity for rational choice and decision developed in any way, who have not learned to think, judge and discriminate, may be justified in taking the responsibility for its members and from its members in choice and decision making. Then the judgement of health would depend on the desire of the leaders of the society to allow the society to become open, together with their plans and efforts to provide the conditions necessary for an open society—education and free elections for example.

Open societies themselves may be diverse. Being open does not necessarily entail that all societies be the same; except to the extent that they value open-endedness and do not see change in itself as threatening, but only change that would result in the society's

becoming closed. Social critics such as Aldous Huxley and George Orwell reminded men that the open society is not functionally autonomous, that an open society can change into a closed one if complacency smothers the watchfulness of the leaders and the citizens.

2. If health is a process of open-ended development through intelligent adaptation within a framework of values which includes respect for others, then the society which stimulates desires in its members that the structural arrangements of the society (such as socio-economic class) do not allow to be fulfilled, cannot be regarded as positively healthy.

Culturally defined goals, purposes and interests, are held out as legitimate for all or diversely located members of the society, as aspiration, the things "worth striving for." But some groups in the society may not have access to the institutionalized means for the attainment of these goals. The members of the lower socio-economic class and/or a minority ethnic group may find that they cannot become committed to the majority dream of economic affluence for example, because there is no way in which they can legitimately realize this dream. Or if they do become committed to the dream, such groups or individuals may have to choose means of attaining it that the society does not allow as legitimate. (Nerton 1949). The adaptations which are made to this situation

may be intelligent, such as organized crime, but demonstrate a lack of respect for other persons.

3. If health is to include such attributes as intelligence, and the values of respect for the self, others and the environment, together with the conditions for rational choice and decision, then it would appear that there are basic social conditions necessary for the development of health, just as physical health for example, requires air, sunlight, food and rest at the very least.

It is suggested that health as conceptualized here requires these social conditions. The degree to which these social conditions need to be present is a matter for empirical investigation.

The social conditions which would facilitate the development of health are: economic sufficiency; protection from foreseeable hazards of the environment; the kind of law and order that protects the rights of individuals and shows a respect for persons; a positive attitude towards equality of opportunity; a political system which permits freedom of opinion; an education system which is freely available to all and is "education" (Peters 1966) and not indoctrination; research in the social sciences as well as in the pure sciences; a capacity on the part of the society to integrate as many diverse peoples as it has in its population.

Even if these conditions were met, the millenium would

not have arrived because of the constant challenge of change. Societies themselves have problems to solve in relation to the political and international situation and the economic situation. But these problems have to be met by men or groups of men on behalf of society. The society which provides the conditions conducive to the development of healthy persons, may find in its midst the very persons who can help grapple with the constant challenges and tasks that are part of a process of development.

"Social change is almost universal and makes the same recurring demands on human adaptiveness and human capacity to fashion a new and living way of life from old and superseded ones".

(Lambo 1967)

Family health and society in which the approach is more specific.

(The approach used is adapted from Bell and Vogel 1968).

The relationship of the family to the other social systems is one of functional interchange, between those contributions made by the family and those received by the family. Some sort of balance is achieved in this interchange, between the contributions made by the family and those received by the family, even though the balance is not necessarily stable or perfect, particularly in the short run. These exchanges need not be concrete goods, but may consist of behaviour and behaviour response.

For example, the family which lives up to the model aspired to by the community receives prestige and status in return. If they fail to live up to the expectations of the community, they can expect interference in the form of the social worker, for example.

The systems of the economy, the polity, the community and the education and value systems are concerned with certain fundamental problems which any society must solve, such as adaptation, goal gratification, integration and pattern maintenance of the social system. The same kind of functional problems arise within the family. What the family receives from the polity may help solve not only goal gratification problems within the family, but adaptive, integrative and pattern maintenance functions as well. Welfare state provisions would be a pertinent example.

The following framework has some universal relevance but is more relevant to modern societies than to primitive or under-developed societies. The family unit taken for the purpose of this discussion is the nuclear family which Murdock (1968) finds is the universal form.

#### The nuclear family and the economy.

The family contributes qualified labour in exchange for rewards or services. The individuals that the family of

orientation provides for the labour market must have acquired the necessary skills, and the emotional integration and control to allow them to operate adequately. The individual members of the family also need the basic information about, and attitudes toward work that are necessary for the performance of the tasks of the economy; that is the family is responsible for the basic motivations and basic skills of its members in relation to the economic system.

Society therefore has the responsibility of providing the formal education also necessary for the motivation and skills of members of the work force. It also has the responsibility for providing the conditions which enable the family to adapt to its role as an educator of its children. It is the society's responsibility to provide the jobs, or if it cannot do this, then some other form of economic sufficiency.

Members of families participate in the economic system but the economic system interacts with them as individuals, not as members of families. For example, the economy may need the contribution of a working mother, but fails to take her role as mother into account and therefore there may be a lack of provision of part-time jobs which would enable her to be home with her family when necessary. If this requirement cannot be met by the economic system, then the system has the responsibility of making

available the best kind of child care centres.

The father's occupation may make such demands on him that his instrumental role is highlighted and his expressive role in the family is minimal. This may or may not be a source of strain in the family, depending on the emotional strength of the mother.

Employment opportunities which require families to be migrants may affect the health of the family. In New Zealand, for example, there are families who have to move frequently because of the nature of the father's employment; teachers, public servants, seasonal workers and armed forces personnel. Social and geographical mobility are almost essential for the economy to function and such mobility necessitates adaptation. The father is usually favourably motivated, especially if he has been promoted and has a social group at his place of work with whom he can share common interests. But such shifts may create strains for other members of the family. If the migration is within a country the strain is not so great, but if it is to another country or an area of the country where the majority belong to a different ethnic group, the strain may be such as to affect family health, if the family has not the capacity for intelligent adaptation and the inner resources to counteract lack of community support.

The nuclear family and the polity.

In contemporary societies this approximates to what might be called the government. The first exchange that the family makes with the government is loyalty in exchange for leadership. The family at least recognizes the legitimacy of the political order and in exchange receives legal protection and community facilities. In times of national crisis, such as a war, families are required, and are usually willing to forgo many routine gratifications. The family also exchanges compliance for decisions made by the government. Most families have little power to influence decision-making at national level, and as the family has no spokesman, the government is more interested in family compliance than in family opinion.

But in the modern state which has taken over the management of many of the affairs of the society, the state must provide very broad welfare benefits to ensure the compliance of individuals in the family. It is clear that in many ways the individual is the significant unit in the eyes of the State. But in fact families are apt to share political opinions, which is recognized by those politicians who project themselves as "solid family" men (or women) and who come out strongly in support of the values of family life.



A political system which has the power to coerce its members may affect the family directly as did the Russian political system in encouraging one family member to denounce another for political deviation, and in producing actual and potential conflict between parents and children in requiring the children to be socialized in such a fashion that they would become loyal future citizens of the State. (Geiger 1968).

The nuclear family and the community.

There are usually reciprocal obligations between the family and the community. The community expects that the strains and involvements inside the family should not be so evident as to interfere with community activities. The community is able to make subtle adjustments to families which the polity and the economy cannot. In another functional exchange, the community gives the family an identity in exchange for adherence to community patterns. The identity provided by this membership and a specific position with the group, gives the family a feeling of belonging and prevents anomie.

New housing areas, however, are sometimes created in such a way that there is no community. The housing development may become a dormitory suburb with no structural features which can encourage a sense of community.

Government sponsored housing developments can result in a community setting or rather the lack of it, which in turn creates problems not only for those living in the housing development, but for society generally, if the housing development becomes a social worker's nightmare.

If the family's ties to the community are very strong then this attachment prevents normlessness. The family is motivated to adhere to the group norms, including the norms of what family life and stability shall be. But the community might be an anti-social community with norms which include violence and lawlessness. Community pressures can induce conformity and therefore be inimical to the development of health. However, an autonomous family, like an autonomous individual may choose to conform because of the rewards that accrue from community participation.

#### The nuclear family and the education system.

The family exchanges with the education system some loss of control over its children in exchange for the education of the children. The education system provides education for personal development and for future participation in the economy. As half of intellectual development has occurred by the age of four years, the education system is dependent on the family to

provide children who have the motivations and the skills necessary for formal learning. If the quality of education is held constant, the variation in the educability of children is mainly accounted for by what has occurred in the socialization of the children by the family. It is the family which provides the experiences necessary for learning, especially the language experiences, and it is the family which instills the aspirations and disciplines which are also necessary for learning.

One of the underlying assumptions of the definition of health is the necessity for the person to be educated if he is to be able to adapt intelligently and be able to profit by the conditions of rational choice and decision. For rational choice, knowledge of the possible alternative courses of action is required as well as knowledge of the possible outcomes of decisions made. This knowledge which is intellectual, practical and imaginative has to be learned in the family and in the school. Therefore the families which cannot provide the conditions for intellectual development cannot contribute this important element which is needed for the development of health. The interaction of the family and the education system is of constant concern to educators, as children from different sorts of families do not start their formal schooling on an equal footing.

Intelligent adaptation to society, change and one's self cannot take place without some understanding of the entities involved. Education is a necessary tool for both individuals and families in comprehending the society and predicting what might

occur. The family rooted in tradition, contributes members to the society who have not been socialized into the skills, aspirations and social roles which are necessary for modern living. Neither the society nor the family benefit by this interchange, in which case the society can either choose to ignore the problem and pay for it in unemployment benefits or perhaps social deviance, or apply its knowledge and skills to the finding of ways and means of providing the sort of educational provision which compensates for disadvantage rooted in the family. The latter would be for the benefit of the individual, the family and society.

A society which is perceived by its members as incomprehensible and unpredictable will probably suffer social disorganization. The remedy is a free flow of information to the members of society which will help them to understand. Two of the social systems which assume importance here are those of the family and education, both concerned with the socialization of those who are going to participate in society.

As was mentioned in the previous chapter, those who feel incompetent and powerless in the larger society might turn to the family for compensation. Some groups like the hippies may withdraw from society, some may hit back at the system and vent their frustration through socially deviant behaviour, others seek

to destroy themselves by suicide or drugs. Those who perceive the social system as failing to respect them as persons may become revolutionaries.

The nuclear family and the value system.

No society can exist in an orderly fashion without general orienting principles. These orienting principles are reference points for patterns of behaviour. From the basic alternatives facing any society (such as the answers to what is the nature of man, of his relationship to time, nature and his fellows) each society must select certain solutions as guides to behaviour.

Value patterns do not only influence family behaviour; there is an active interchange between the family and the value system and problems may arise in trying to integrate the values. Some societies have values which are sufficiently flexible to allow for adaptability to contemporary situations, but as a whole, the ultimate values have considerable stability over time.

Members of a society may feel that some values conflict with other values.

"It is also possible that consensus need not mean simply that all the members of a society have the

same values. Instead we might be able to say that it occurs when the members of society agree that the values of other members of society are acceptable even where they are different."

(Swift 1969)

An over-arching value of the sort suggested by Swift could be tolerance within certain limits. The definition of health being used, would suggest that tolerance would not stretch to include the opposites of "respect for the self, others and the environment and the conditions for rational choice and decision in so far as these are possible."

The nuclear family is the smallest social unit responsible for the preservation of the value system, because the nuclear family socializes children. The nuclear family is highly suitable for this task, as what is learned in the early years and in an atmosphere of trust and affection is likely to endure. (Broom and Selznick 1970). The value system and the norms associated with it defines what behaviour is desirable and legitimate.

The family which unthinkingly conforms to the value system without having made a choice within the limits of its knowledge of alternative values, would not by definition, be

regarded as healthy.

Cannibalism, infanticide and barbaric cruelty would still remain if both sanctions against such behaviour had not been applied together with the presentation of alternative value systems.

It is in relation to value systems that the family system can be linked with values that the rational man can accept when the conditions for rational choice have been met. The really healthy family is well-educated enough to be able to agree or disagree with the value system or facets of it, and to choose for itself.

Values are implicit in behaviour, and are caught rather than taught to young children during the socialization process. The child who is involved in the irrational behaviour of his parents may not learn to be rational. The family is a mediator between its members, and the value system of the society.

In some societies it would not be possible to survive as a free man outside the prison or the mental hospital, if the member of society did not apparently conform to the value system. The leaders of such societies, who are educated sufficiently to know of other value systems, and who still persist in not allowing

the conditions for rational choice and decision, demonstrate that they do not value health. They may argue that their ends justify any means. The family in such a society lacks one of the conditions conducive to the development of health.

Socially ascribed statuses of age and sex.

Because the family is a unique social group based in a sexual relationship and in a group in which the statuses of age and sex affect the interaction of the group, it would seem appropriate to discuss these in relation to health.

The statuses of age and sex are statuses ascribed to members by society. In modern societies these are reflected in the legal code and in the unwritten norms of the society. These statuses affect the society, the family and the individual.

The position or status of women is under scrutiny in all developing societies, but particularly in the contemporary Western societies. But the position of men and children is equally important as a change in the position of women towards greater freedom and autonomy will affect the reciprocal positions and roles of men and children.

Edmund Leach (1967) sees that there is a genuine clash of interests between the right of a woman to be treated as a



free and self-respecting individual and the right of her child to demand care and attention.

Leach says:

"We have set ourselves noble ideals: social equality of men and women, permanence of the conjugal relationship, life-long love and cooperation between parents and children, but we have created a social system in which it is quite impossible for these three factors to co-exist. .... Sooner or later we will have to devise some variation on the theme of the local community taking over the supportive parental role which has been exercised in the past by the family."

He sees the question as not, "Are families necessary?" but: "Are civilized families at all possible?".

In modern Western societies, there have been marked changes in the position of women evident in the legislation from the 1870's to the present. Women have been agitating for improvements in their position themselves.

From Mary Wollstonecraft's manifesto, A Vindication of the Rights of Women (1792) to Simone de Beauvoir's The Second Sex (1952) to Kate Millett's Sexual Politics (1970) some women have been presenting their case for being treated as persons, not as property or playthings. But a certain confusion is evident in the equating of equality of status with identity of kind. Some women appear to want to become second-class men. ("Time", August 31, 1970). Many women in their role as sex symbol

or plaything seem to have lost their respect for the self by acquiescing in their own exploitation and even in defending it as right and natural.

In earlier societies and primitive societies where there was no knowledge of possible alternative relationships between the sexes other than what was practised, whatever situation prevailed was accepted as right and proper by society and both the sexes concerned. The division of labour which was necessary in societies with no technology and therefore more need for brawn than brain, had to take into account man's greater physical strength and the need of woman and the child for protection during the woman's childbearing years. This pattern of "man for the field and woman for the hearth" has been resistant to change.

The differences between men and women were not just related to the division of labour, but to beliefs about how men and women ought to feel and behave, so that there existed a life style for men and a life style for women. Margaret Mead's observations of the approved personality styles for each sex in three primitive cultures is relevant.

"Neither the Arapesh nor the Mundugumor profit by a contrast between the sexes; the Arapesh ideal

is the mild responsive man married to the mild, responsive woman; the Mundugumor ideal is the violent, aggressive man married to the violent aggressive woman. In the third tribe, the Tchambuli, we found a genuine reversal of the sex attitudes of our own culture, with the woman the dominant, impersonal, managing partner, the man the less responsible and the emotionally dependent person. These three situations support, then, a very definite conclusion. If those temperamental attitudes which we have traditionally regarded as feminine - such as passivity, responsiveness, and a willingness to cherish children - can so easily be set up as a masculine pattern in one tribe, and in another be outlawed for the majority of the women as well as for the majority of the men, we no longer have any basis for regarding such aspects of behaviour as sex-linked."

(Margaret Mead 1966).

Somehow the two sexes seem to want to dominate each other. The dominant stance is one we share with the animal kingdom but the danger of such a stance in human relationships is that it is apt to evoke submission or appeasement. (Russell and Russell 1961). Therefore dominance is useful in a confrontation; but is a confrontation necessary between the sexes? Dominance implies that the sexes can never be equal in status, but is this really so? This behaviour of dominance and submission does not fit in with the definition of health as including the values of respect of the self and respect for others. By definition then, a relationship based on dominance, submission and appeasement is not healthy.

Thurber's cartoon and short stories often depict woman as the dominant partner in the American home, and the man as

displaying appeasement behaviour. This seems very amusing in a wry sort of fashion, but could not the reverse be also seen as amusing? Maybe women have often in history been the power behind the throne because they did not have power in any other area of living. It could be supposed that the family has often suffered by the struggle for dominance between the sexes. The implied lack of respect for others in this struggle does not contribute to positive health.

The shift in the status of women entails a reconsideration of Parsons and Bales (1956) differentiation of the parental roles into instrumental (father's role) and expressive (mother's role). Those women who marry, have children and hold jobs, have to take on some of the male role and still have to carry out the female role in the home, and this may be source of strain. (Mace 1966). While women have been learning to fill male roles, very little attention has been paid to the possibility of men filling female roles, though many husbands do give some household assistance. The role specialization which has developed in the family may be dysfunctional in times of change.

It is not only women who suffer from role specialization. Men could find satisfaction in behaving more expressively towards their children, and could find some compensation for low status jobs, boring jobs or unemployment, in such behaviour. In existing

situations, men sometimes concentrate their instrumental role on the family, behaviour which the family rejects so that the man finds he has no worthwhile status either inside the family or outside it.

It is likely that many women do not reject the expressive role as such, but rather their lack of status outside the family and the conditions under which family living takes place. The isolation in little boxes scattered in a housing development, a desert devoid of cases of community focus, produces a strain which affects the mental health of mothers, and therefore the development of the family.

The status of men does not receive the attention it might as, in most societies, the able men with the power have achieved a status with which they are satisfied, and their satisfaction may depend to some extent on the knowledge that other men have inferior status. Social status and prestige or lack of it affects the concept of the self. It may be difficult to be healthy and respect the self when the social status held indicates to a man that he may not be respected much by others in society.

The status of men is also important as the status men have ascribed to them, or they achieve, is then conferred upon their families.

"Another function (of the family) is the status giving function, because the family of course, is the place in which the new member of society at birth, has an initial status. This must be shared with that of the parents in not merely their income level, but in all sorts of aspects of being advantaged and disadvantaged, including parental election for different types of future careers for the child, types of marriage and so forth. This is inseparable from the family system. You cannot have absolute equality except on Plato's terms, that is, children shall not know their own parents and vice versa. To achieve this, they would have to be brought up in what you might call child training factories, where there was no initial status difference of any sort whatsoever. Somehow the main trend of development does not seem to be pointed in that direction, certainly in Western society and in Soviet Russia. Whether the trend is in this direction in China in the long run, I personally am rather sceptical, but it might be."

(Parsons 1964).

If the status and therefore the life chances of children are inevitably linked with that of the family, the society which endeavours to minimize the social distance between the high status and low status groups in society by raising the level of the low status group, is improving the status of the children in that group and in doing so, is enabling them to become more healthy.

It is more difficult for families to become healthy when their social status is low. The incidence of crime, deserted families, poor physical health and mental health is proportionately

higher than in the more advantaged classes. Even personal troubles mean different things for different families located in different parts of the social structure. Money and the capacity for intelligent adaptation makes even tragedy more easily coped with by those who are well-educated and have a feeling of competence.

The status of children is ambiguous in regard to responsibility in modern societies. When is a child not a child? When he is an adolescent what responsibilities can he assume?

The rate of social change is relevant to the status of children, the adolescent in particular. Toffler (1965) implies that the critical rate of change is that which is less than a generation. This is implied in the "generation gap". With earlier physical maturity in modern societies and a longer period of dependency due to the necessity for an extended education, adolescents are in an ambiguous position both in the family and in the school. Strains arise which require intelligent adaptation on the part of the family.

The status of the aged is not quite so relevant to the family, but certainly it is relevant to some families who have an ageing grandparent living with them. Again because of the rate

of change, there may be a metaphorical two generation gap between the grandparent and the grandchildren, with the parents caught in the middle and having to act as mediators. Such problems, if they are to be handled intelligently, require not only knowledge and emotional stability, but a rather firm belief in the value of respect for others.

This chapter has endeavoured to highlight the links that the family has with the society. The health of the family is seen as somewhat dependent on the health of the society.



The health of the family is dependent to some extent upon the conditions provided by the society.

The society is also dependent upon the family's providing it with new members who are in the process of being and becoming healthy, and who can contribute to the health of the society. But some societies value dreams other than health as so defined, or would define health in ways other than is done in this study.

The weighting is more on the side of the society than the family, but they are still mutually interdependent. The society encompasses the family and the individual. It existed before the individual was born, and it will exist after his death. The continuing family over the generations is the link between the society and the individual. But in modern societies, many young people no longer progress straight from their family of orientation to their family of procreation. Many of them spend a few years as independent individuals. This experience may gradually have some effect upon families, as together with an extended education, it may help to weaken the linking of the family system over the generations, thus making the individual and his family of procreation more independent of the past, and more able to adapt intelligently to the social conditions which are different from those experienced by the family of orientation.

Because of this continuing linking of families in time, the family system can transmit pathology as well as health. Many pathologies associated with the family system find their origin in the location of the family in the social structure of the society. Pathologies of the family system can also be due to the difficulties that families have

in adapting to social change. Such adaptation to change requires the certain degree of flexibility within limits referred to in Chapter two. It also requires intelligence, rational thinking, and the anchor of values.

Societies which are changing from a traditional way of life to modernity may find the family a stumbling block. Russia sacrificed one generation of families in its struggle to become modern. In the short term this seemed brutal; but in the long term it appears to have enabled the Russian state to accomplish what it set out to do. Do the ends justify the means, however?

The health of the family is a tangled skein. One thread in this skein - the linkage of the family with society - has already been briefly traced.

Because of the generality of this study, it is not intended to be specific about the factors and the possible permutations of factors which interact to constitute the healthy family, but some general applications of the proposed definition of health will be made to the family, with the proviso that any family must be studied in its social setting.

#### Health is a process...

It is proposed that the family can be viewed as a social system which can be called either a process or an adaptive model of a system (Buckley 1967). It is a system within which some process is continually going on, including an interchange with an environment across the boundary of the system.

The individual can also be viewed as a system. Gordon Allport (1961) in looking at personality as an open system, says:

To be sure, it is an incomplete system, manifesting varying degrees of order and disorder. It has structure and also unstructure, function and also malfunction. As Murphy says, "All normal people have many loose ends." And yet personality is well enough knit to qualify as a system - which is defined merely as a complex of elements in mutual interaction.

Blumer (1953) says:

The human being is not swept along as a neutral and indifferent unit by the operation of a system. As an organism capable of self-interaction, he forges his actions out of a process of definition involving choice, appraisal and decision.... Cultural norms, status positions and role relationships are only frameworks inside of which that process of formative transaction goes on.

What Blumer is saying about the individual could also be applied to a social group such as the family. It is capable of self-interaction and its actions involve choice, appraisal and decision. The family is also a framework of norms, status positions and role relationships inside of which that process of formative transaction goes on.

So the family can be regarded as one in which the process is of open-ended development. The model is an adaptive model, but for the adaptive model to be regarded as healthy, it must meet the other criteria in the definition.

It would appear that modern systems theory, using the process model, together with information theory and graph theory, could be a powerful tool for handling the complexities

of the interaction within the family system, and the interactions of the family system with the other social systems.

Research inside the family system was in the past heavily focussed on individual adjustment, which has dominated the field of family sociology ever since. Burgess' definition of "the family as a unity of interacting personalities" has resulted in an approach which minimised the importance of the family's social structure by its concentration on the attitudes of individual members. This obscured the organic unity of the family as a group, by focussing on discrete attitudes, background factors, or particular sub-systems (Bell and Vogel 1968). The process model of a system theory may be the tool which can include the structure-function approach and the interactional or situational theoretical frameworks.

#### Health and the nature of man

The idea of health is interwoven into the question:  
what is man?

Perhaps it is too soon, perhaps it will always be too soon, to try to formulate an adequate definition of man. Perhaps the fact that he is indefinable by his own mind is an essential fact about him.

(Joseph Wood Krutch)

But perhaps it is part of the nature of man to continue trying to define himself? The value may lie in the journey toward self-knowledge, rather than in an arrival at any destination?

Russell and Russell (1961) say:

The human species is potentially intelligent, co-operative and communicative, and when it has realised these potentialities to the full, it will be homo sapiens indeed, and capable collectively and individually of unimaginably expanding progress. But full realisation is restrained by three perversions or corruptions of the human functions - rationalisation, exploitation and deception.... Far be it from us to suppose that this scheme is exhaustive. But it has served as a powerful stimulus to exploration and it provides enough strands to form a web of some complexity, if hardly approaching that of human life.

But man has to choose which potentialities he will develop.

The definition of health which has been offered parallels some of the findings and the ideas held about man.

Those capacities of man which differentiate him from the animal world are his capacity for intelligent behaviour, which is different in kind; his ability to develop intellectual, practical and imaginative knowledge; his ability to communicate and think symbolically; his capacity for rational choice and decision; and finally his degree of self-determination, his ability to choose in which direction his development can take him within the limits of his biological inheritance.

Though health has inherent and instrumental value, it is only one value among many. Therefore man may prefer to choose a value which is not compatible with "health", or at least not with this present definition of health. Families which would not have been regarded as healthy by this definition

have produced family members whose creative energy, and talent or genius was not stifled: for example, D.H.Lawrence, Samuel Butler, Tolstoy and Dylan Thomas. The instance of Butler especially suggests that the non-healthy family may serve to produce someone motivated to analyse its ills. Perhaps men like these would not have contributed so much to society and its culture had they been brought up in healthy families? Perhaps society, for its health, requires only a majority of its families to be "ordinary" healthy families, to carry out the everyday activities of the society so that the extraordinary families or individuals can pour their talent for self-expression into the arts and sciences? The extraordinary people create while the ordinary people maintain the culture; so that at the least, there may be room for - even a need for - some families who do not fulfil the criteria for health.

The various factors in health are interdependent, and relate to the family and the society, and to the interactions between the two systems. They also depend upon the genetic, constitutional and physical characteristics of the family's individual members, on the matching or non-matching of members in these respects, and on their related psychological and social development.

It is no wonder that Winnicott (1967) could remark that it is the good fortune of only the few to become mature. It is

the good fortune of only the few also to become healthy.

#### The healthy family

If society did provide the social conditions conducive to health, would all families then become healthy? It is doubtful that they would, because of individual differences in capacity for adapting intelligently to change. There are accidental occurrences which may affect any family - such as the personal tragedies of death of one or both parents, or of a child; or the birth of a physically or intellectually handicapped child. Being transferred from one town to another, the loss of a job, can present challenges which some families can take in their stride (or even benefit from) while others find the situation difficult. Therefore, the society not only has to provide conditions for families to become healthy, but helping professions for those who are finding the stress of daily living or of unexpected crisis too much to cope with.

The preceding sections of this chapter hint at the complexities involved in the concept of the healthy family. Can the proposed definition of health be useful in thinking about what "the healthy family" might be?

The idea of process can be applied to the family, as it can to "health"; it should therefore be applicable to an analysis of family life.

2. The family can be viewed as involving developmental process (Glick 1961; Hill and Rodgers 1964). The concept of development of the family as a unique social group is implied; it can also obviously include the development of individual family members.

3. Adaptation can be applied to the family, and to health as a process. "Adapting" is necessarily involved in living. The family and its members have to adapt to their own developmental tasks; to the developmental tasks of the family as such; to the tasks which are the functions of the family as set by its society; to the different personalities and their interactions; to the abilities and roles of family members; and to the membership of individual members in the other social systems. But there is a difference between adaptation that is intelligent and adaptation which is not. Intelligence includes the integration of the cognitive, emotional and motivational aspects of the personality. Intelligence is free from rationalisation, and depends on open-mindedness, a willingness to explore new ideas and experiences, for its on-going development and maintenance. In this sense, "intelligent adaptation" may be seen as a characteristic or behaviour of the whole family as a system, as well as of its individual members. Such adaptation would seem to depend upon a free flow of communication within the



family, communication which is clear and unambiguous, which enables the members of the family to comprehend one another, the family and the world. Intelligent adaptation of this kind is scarcely possible without education.

Therefore the healthy family exhibits a free flow of communication, open-mindedness, cognitive, emotional and motivational integration, and does not exhibit exploitive behaviour, rationalisation or deception. The family also values education and learning.

4. But intelligent adaptation, while necessary, is not a sufficient condition of health. The development which takes place through adaptation must be controlled by some system of values. In the earlier discussion, these values were not specified in any detail; but the ability to respect the self, others and the environment seems basic to any co-operation within the family or with the other members of society, as well as to individual development. Any theory of personality development is basically interactional, and such concepts as "self-esteem" and "self-worth" (which are individual) always assume as mediating variables such interactive processes as identification, modelling or affiliation. It is becoming clear that one of the limitations of personality theory, however, has been a concentration on the diadic model, most usually pre-supposing a one-way effect.

Reciprocal interactional models appear to be more easily handled within systems theory. But it has long been basic that values are implicit in, and learned from, these interactions; that there is interaction between a self and other selves, based upon and in turn shaping a system of values. The nature of the value system, then, has to be taken explicitly into account in analysing health as it applies to the family.

5. Rationality is clearly more conducive to intelligent adaptation than irrationality. Living is a process of choosing and deciding; so by definition, the family which chooses and decides rationally is more healthy than one which does not. "Rationality" here does not imply some special mode of decision-making, of an intellectual and consciously analytic sort on any occasion. It certainly entails some control over impulse, and the ability to relate choice to consequence. But these may be acts within the flow of behaviour - for a family as for an individual - to be judged as "rational" insofar as they relate realistically to the ends and values by which that behaviour is guided.

Katz and Felton have said:

One insistent task of the contemporary culture, therefore, is to restore strength, security and confidence to the image of the rational man, thinking his way constructively through life, but with the full acceptance and with no denial or disclaiming of the awful power of the irrational.

The difficulty with this definition of health here applied to the family may lie in operationalising it. But then definitions, at this level of generality, are not framed to be immediately operational so much as to state or entail the diverse criteria from which operational definitions may be framed. Because the definition implies several interacting elements or conditions, any operational application would need to relate the concentration on one aspect to the context in which it is set in the definition. However, these appear to be no more than the usual complexities in moving from the level of general statement to that of operational analysis.

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1. A case has been made for conceptual clarity as an essential requirement for such vague terms as "health". Yet such definitions must be of sufficient generality as to allow for diverse criteria to be drawn from the definition.
  2. The definition proposed seems to be one from which such diverse criteria can be drawn, particularly in the case of "intelligent adaptation". The concept of intelligence, and the extent to which it has already been operationalised by researchers, indicates that a concept of intelligent adaptation has utility in any field of human behaviour - and that it should have utility for the defining of health.
  3. The proposed definition of health is couched in terms which can already be applied both to individuals and to the family. Such terms as "process", "open-ended development" and "intelligent adaptation" can be encompassed in any conceptualisation of the family as a process model of a social system.
  4. The health of the family is inextricably interwoven with that of the society in which it is located. This can be accommodated in the concept of the family as a process model of a system.

5. But even if the society could and did provide the conditions conducive to health, there would probably still be families which were not healthy. That is, families have their own tragedies to which they must adapt as well as to their developmental tasks and to the functions which they perform for society. For a variety of reasons, families will differ in their capacity to do this.

6. The concept of health needs a multi-disciplinary approach. Not only philosophy, psychology and sociology, but also medical research and theory are involved. It might appear that medicine is dealing with applications or criteria for health which are less complex, or less abstract, but apparently this is not so (Freeman et al 1963).

7. There is no incorrigible knowledge of what the healthy family might be or might become.

#### Some implications for future research

The possibility for further research inside this present theoretical framework for the study of the family, using the process model of a system, has already been mentioned. Criteria drawn from the definition of health, it is argued, can be fitted into this model.

The developmental theoretical framework of family study (Hill and Rodgers 1964) would be suitable for studying intelligent adaptation, in that this approach is based on the developmental tasks of each stage of family development. For example, the married couple first have to adapt to each other, and to the establishing of a home. The birth of the first child is the beginning of another stage of family development. This seems a particularly interesting approach to be used cross-culturally for purposes of comparison.

Another source of information on healthy families is certainly the intensive study of discrepant cases. Why do some families become healthy in circumstances in which others become ill? Why may some individuals emerge as healthy from families which cannot be judged so - or vice versa? Any research in this area would highlight the variables which are important to health.

The Committee on Family Research of the International Sociological Association, and the National Institute of Child Health and Human Development have sponsored the Cross-National Research Studies of the Family. Marvin B. Sussman is the Principal Investigator. One of the projects under way is the empirical investigation of "The Competence Concept." This concept is to be used to

investigate family competence for modernisation. Competence, like "intelligent adaptation", is the ability of families to adapt to change, the change in this case being specified as modernisation.

Thus, one aspect of the definition of health has been operationalised and will be tested empirically. A similar empirical investigation would be relevant to the New Zealand situation in which the Maori and the Polynesian immigrants are endeavouring to adapt to modernisation.

Replications of overseas research would be helpful if undertaken in New Zealand. It would add to the general body of knowledge of the family, and to the knowledge of New Zealanders of their own family situations.

Another relevant area for research in New Zealand would be the explication of the national family guiding-images and policies. Any research which relates the society to the family is relevant to the concept of the health of the family. The general picture of New Zealand families presented by the Ritchies' study (1970) seems to suggest that the family views housekeeping and the rearing of children as very serious matters, to be wrestled with as duties rather than enjoyed. It appears likely that these patterns are imbedded in general societal images of the family and its interactions.

The health of the family, in any society, may depend to some extent on research and on the ready communication of the findings of such research to families, who - when they see themselves as others see them - may then, rationally and intelligently, adapt themselves and their values to a new view of what they may become. Research, that is, should not merely be on the family; it should and must be for the family.

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