Sensual and Intellectual **Reality** Is Key to Mental Health in Family of Origin and in Organizations: Lessons from Schizophrenic Systems

Carl V. Rabstejnek, P.E., M.B.A., Ph.D.

EXECUTIVE SUMMARY

After World War II a group of pioneer psychotherapists explored how the family environment ameliorated or exacerbated the functioning of patients. Returning GIs were seen to improve their mental status when they returned home. On the opposite end of the sanity spectrum were schizophrenics. Before medicines, doctors looked to the environment for causes and remediations.

Drug therapy was introduced to America during 1955-1956, with the acceptance of Thorazine. This allowed reducing the number of residents at state hospitals. In 1983, E. Fuller Torrey published the first edition of *Surviving Schizophrenia*. This book crusaded to absolve parents of "blame" for their child's mental illness and he went on to condemn the contrary researchers who are cited below.

Drugs and the pushback by parents to silence any implication that they are to blame effectively silenced the pioneers who studied families. Nevertheless, I believe these early researchers observed interpersonal interactions that can still inform us. My reading of the literature determined that *fundamental in all family system theories is parents collude in fostering the* ***absence of confirmed reality*** *by the patent.* In organizations this pattern is carried on by public relations and other gambits.

Three basic and inclusive theories were developed: the communications theory, the general systems theory, and the Murray Bowen Theory. In each, unrealistic demands by one parent are reinforced by the other parent. Family lessons also apply to corporations that manipulate messages. Workers can be confused by how their experience differs from the party line. Therapy takes many forms—conjoint, concurrent or individual—but, in all, ***reality*** **must be introduced into the patient.**

This paper will trace the modern history of schizophrenia, that started in 1896. Then it will discuss the contributors and describe their contributions and the three main family systems frameworks. Finally, a brief description of the essence of family therapy will be included. As organizations take on the emotional framework of family systems, their study informs industrial and organizational (I/O) psychology.

Schizophrenia is of special interest because "the basic themes are more readily detected in emotionally disturbed persons because they are more set, more clearly repetitive, and perhaps more familiar to the practiced ear that has heard similar themes so often before" (Lidz, 1983). Much of what we know about normal psychology stems from the more extreme reactions of the mentally ill.

To broaden our understanding, this paper will cover the major contributions to the field of family systems theories of schizophrenia. Three basic and inclusive theoretical frameworks for a family system were developed: the communications theory, the general systems theory, and Murray Bowen theory.

These three paradigms create areas of emphasis, not contradiction. The pioneers were aware of each other, shared findings, commented on each others work, and generally interacted. From all these models consistent family therapy can be practiced. Herein, the new concepts, vocabularies and theories that were developed to explain the relationships of schizophrenics in families are discussed.

Murray Bowen's theory has been well accepted by many organizations, including churches, nonprofits, and corporations. This essay advocates broadening coverage to emphasize the importance of consistency between **reality** and what is communicated or practiced. It is important that an organization determine if its avowed message and policies are consistent with what is being done. Often management emphasizes good deeds that are not consistent with how they treat employees, customers, and suppliers. Most people will not react with the intensity of the schizophrenic, but they teach us about precipitating factors that cause less extreme mental distress in more resilient victims.

History of Schizophrenia

A brief history of schizophrenia casts it in a developmental framework. Earlier medical models were biological and intrapsychic, and were an advance over prior belief in demons. Medical models also provided observations and concepts that are consistent with family systems theories. Family system researchers were able to practice unabated for a decade after the Second World War because there were not yet effective drugs that at least treated the symptoms.

Schizophrenia's history as a disorder can be traced back to Sanskrit writings of 1400 B.C. (Tsuang, et al., 1988). The modern history, however, started in 1896 and this brief history follows the more detailed outlines by Arieti (1974). In 1896, Emil Kraeplin differentiated a pathological entity which he called "dementia praecox" and separated its victims from a morass of mental patients. Dementia, because of the disruption of perceptual and cognitive processes, and praecox, because of its early adult onset, not senile initiation.

In 1911, Eugene Bleuler went beyond the purely descriptive approach and renamed the syndrome "schizophrenia" and, for the first time, implied the psychic phenomenon of splitting. Bleuler thought many of the cases were latent and many of these patients went unhospitalized because the symptoms were not severe. This humanized schizophrenia by pointing out symptom occurrences in more normal people. Bleuler saw the syndrome as a loosening of associations and a splitting of basic personality functions. Also, as a specific syndrome and not a progressive deterioration to dementia. Adolph Meyer interpreted dementia praecox as the substitutive outcome from conflicts of the patient's instincts or experiences and an incapacity for harmless adjustment.

Sigmund Freud developed psychoanalysis as a study of neurosis, but he was predisposed to feel that all psychopathology had a common theoretical base. Some of his concepts are usable in understanding Schizophrenia. In 1896, Freud introduced projection and enlarged upon it in 1911. In 1914 he applied libido theory to schizophrenia and to quote Arieti (1974) "Freud felt that the essential characteristic of schizophrenia as the change in the patient's relationship with people 'and other objects' in his environment" (pp. 19-20). In 1924 he interpreted hallucinations and delusions as an *attempt to re-establish contact with the world*. In 1923 he likened the psychosis to a conflict between the ego and its environment, while the neurotic conflict is between the ego and the id. In essence, the ego gets overwhelmed by events that are external to the person.

Carl Jung, in 1913, applied psychoanalytic theory to schizophrenia. He held that hysterics are extroverted types expending energy centrifugally toward the environment; people with dementia praecox are introverted types expending centripetally away from the environment toward the self.

Harry Stack Sullivan was the first psychiatrist to propose an essentially non-organic mental structure and interpersonal model. Sullivan made psychotherapeutic treating of schizophrenics his life work. While his early papers had libidinal overtones and attachment to Freud, by 1927 he felt that underlying most cases of schizophrenia was interpersonal relations; "there seems little reason to doubt that *cultural distortions* provided by the home are of prime importance" (ital. mine, p. 105).

Nathan Ackerman is considered to be the father of the family therapy movement (Foley, 1974). He was a psychoanalyst and served as a bridge between intrapsychic approaches and the system approaches to mental problems. His 1938 article on the family was a first of its kind and portended many of the to-be-developed concepts that are used in family theories of schizophrenia.

By the decade prior to Second World War there was not only the basis for psychobiological and psychodynamic theories, but a foundation for a developmental theory. It was in the two decades after the Second World War, however, when interpersonal and family systems theories were the focus of studies as to the etiology of schizophrenia. During this time biology and blamelessness had not yet censored their activity; as science is not totally neutral because it operates in a political sphere.

Origin of Family Studies

After World War II, psychologists wondered why this was so many psychotic soldiers recovered after they returned to their families and began to look at the surroundings of psychotics. Also, intrapsychically trained therapists observed that family's influences were affecting their patients.

Virginia Satir (1986) describes how she treated her first family in 1951. Her 26 year old woman patient was diagnosed as an "ambulatory schizophrenic." After treatment the woman "improved immeasurably." When the mother came in the patient regressed. After treating both and obtaining a new balance, the father came in, and mother and daughter were back in their original place. So, Satir treated the mother-father-daughter triad until a new balance occurred. "Then the older 'perfect son' made his appearance. When he came in, again the same imbalance occurred" (p 281). Satir treated the entire family and her follow-up showed the new balance was holding. System disturbances can be brought about by imbalance in any of its elements.

Ludwig von Bertalanffy (1966) proposed a theory that was not unique to the mental health field, the General System Theory. Von Bertalanffy was looking for a general theory that would apply to all systems and has applied it to psychiatry. The theory maintains that mental dysfunction is not the loss of a single function, but system disturbances. This disturbance will readjust itself to keep its *disturbed* equilibrium.

Von Bertalanffy (1966) explained open systems, having inputs and outputs flowing across its boundaries, tend toward a steady state condition in which the interactions remain constant. The constancy remains by the continuous interchange between the members of the system. Steady state is maintained by certain properties of the open system. Three properties make up a system: wholeness, relationship, and equifinality. Wholeness refers to the interdependence of the parts, they cannot act independently or be observed independently. Something done by one member interrelates to all the other members. Relationship means that you cannot change one element of the system without affecting the other elements. And equifinality means that the same conclusion can be reached no matter what the starting point or the process steps. Closed systems, not having flow across its boundaries, are not equifinal as the outcome is determined by the initial conditions. Initial conditions can be viewed as something people bring to a marriage.

Don Jackson (1957) framed the general systems theory's concepts in a psychological framework. He introduced the ideas of homeostasis to explain the steady state nature or equilibrium of family systems. Like homeostasis in the person, a feedback and control mechanism to achieve balance in systems. Families are open or closed systems depending on their degree of pathology, or fixation in rules of interaction and rigidity of structure. Afterward, organizations perpetuate rules and behavior.

Three psychoanalytically trained researchers systematically observed the systems of schizophrenics and their families. Theodore Lidz studied families at Yale (1985) in New Haven, R. D. Laing at Tavistock Clinic in London (1976), and Murray Bowen first with hospitalized mother-child diad at the Menninger Clinic in Kansas and then mother-father-child triad at the National Institute of Mental Health (NIMH).

Others looked at family communication. Gregory Bateson, Don Jackson, Jay Haley, and John Weakland published, in 1956, what is now a classic paper (Bateson et al., 1976). This paper launches the Double Bind Theory which is interwoven in all the family theories of schizophrenia. Jay Haley (1959) observed that "One can listen to many hours of recordings of conversations between parents and a schizophrenic child without hearing one of them make a statement which is affirmed" (p 364).

The double bind theory is abstruse and based on paradoxes. Jay Haley (1976) presents many abstract examples, but "A more apparent one is the Epimenides paradox: "If a man says, 'I am lying,'

is he telling the truth? If he is telling the truth he is lying" (p. 60). The double bind places the child in a no win situation where a choice must be made between two equally bad alternatives.

R. D. Laing's (1976) concept of mystification covers a lesser form of confusion and conflict than the double bind. "To mystify, in the active sense, is, to befuddle, cloud, obscure, mask whatever is going on, whether this be experience, action, process, or whatever is 'the issue'" (p. 200). A mystifying conversation is:

MOTHER:	I don't blame you for talking that way. I know you don't really mean it.
DAUGHTER:	But I do mean it.
MOTHER:	Now, dear, I know you don't. You can't help yourself.
DAUGHTER:	I can help myself.
MOTHER:	No, dear, I know you can't because you're ill. If I thought for a moment you weren't ill, I would be furious with you. (p. 209)

At no time does the mother acknowledge and directly respond to the daughter's feelings. She just tells her daughter they are not her feelings. A pre-schizophrenic child's thoughts, feelings and emotions have been devalued repeatedly. Thus, **schizophrenia is an extreme loss of sensual and intellectual reality**. Corporate party lines and actual practice often create similar double binds.

Double Bind Family Communication

1. One or more parents or siblings combine in confusing the "victim."
2. It is a repeated pattern, not isolated instances.
3. It frames the injunction negatively so there is implied punishment for failures to do something.
4. A secondary conflicting injunction that is more abstract and is transmitted at a non-verbal level.
5. There is no way for the child to escape the environment.
6. Finally, the child is programmed to react to the repetitive double bind situation so an incomplete set of the above can promote panic, rage, even hallucinations. The schizophrenic's sense of **reality** and communication patterns are distorted. The double bind concept (Bateson, et al., 1976) is verbal and non-verbal communication patterns in which the child is sent opposing, conflicting, and sometimes paradoxical messages by a parent, or more likely both parents. The point that I am making is **the child cannot connect *reality* to what he sees, thinks, and feels.**

A common example is harried parents telling a rowdy child to go to bed because the child is tired, not truthfully because the parents are tired (Laing, 1964). More subtle is the mother that can't accept closeness pulling away from an embracing child while saying "of course I love you, I'm your mother." In this situation the child has no sensual validation of what he experiences. He's pulled toward his mother with professions of love that are then rejected. The child experiences conflict of his emotions, feels confused, and his perceptions of **reality** are further invalidated by being told that of course his "mother loves him." This inconsistency is further compounded by the father concurring with the mother. The child is trapped in a closed system and no outside **reality** is allowed to penetrate this family system. Thus, *the father is a collaborator in undermining his child's psyche!*

Searles thinks that "*the initiating of any kind of interpersonal interaction which tends to foster emotional conflict in the other person—which tends to activate various areas of his personality in opposition to one another— tends to drive him crazy (i.e. schizophrenic)"* (Searle's ital., p. 256).

Family Interaction

Lyman Wynne (1958), observing schizophrenics at the NIMH, assumed that human beings need to relate with others and every human strives for a sense of mutuality in close relationships. Non-mutuality occurs in impersonal relationships, such as casual business meeting and small purchases from store clerks. The potential shizophrenic is involved in an engulfing, inhibiting relationship called "pseudo-mutuality," not a healthy mutuality or a non-mutuality. "In describing pseudo-mutuality, we are emphasizing a predominant absorption in fitting together, at the expense of the differentiation of the identities of the persons in the relation" (p. 207).

Families of schizophrenics have a shared set of rigid rules for the interplay of their participants. Any attempt to foster independence is counteracted by the family system and the family has an all-encompassing role structure. Wynne (1958) coined the "rubber fence," a concept which encompasses blurred boundaries, but still encircles the trapped players. Thus, the identity diffusion, disturbed perception and communication disorders are fragmented experiences internalized from the entrapping family of the schizophrenics:

> For a child who grows up and develops his perceptual capacities in a setting in which obvious contradictions are regarded as nonexistent, it seems reasonable to suppose that he may well come to regard his senses and emotional responses as tenuous and unreliable guide to understanding the expectations he has of himself and other. (Wynne, 1958, p. 216)

Acute schizophrenic episodes become chronic when the child finally gives up fighting for sensory validation. There comes a time when excessive frustration overwhelms the sane and the insane.

Salvador Minuchin maintains that a family system must exhibit proper boundaries and calls inappropriately rigid boundaries "disengaged" and diffused boundaries "enmeshed." "The function of boundaries is to protect the differentiation of the system" (Minuchin, 1974, p. 53).

Lidz (1985) looked closely at the mothers and the fathers of schizophrenic children and how they related to each other and their children. He noted two predominant types of marriage marked by schism and skew. A marriage marked by schism has one weak partner dominated by a strong spouse. With skew there is open conflict and no mutually supported parental roles.

He holds that children need certain roles to be assumed by the parents that provide nurturance, instrumental training, social representation to the outside world, the setting of boundaries, and role models to be imitated. The child forming too close an alliance with one parent against the other parent or acting as an engulfed emotional focus for a parent is not able to develop his or her self. He contends that outright rejection may be better than smothering attentiveness (Lidz, 1985). Describing parents as schizophrenogenic and egocentric, Lidz (1985, p.114) said:

> the so called "schizophrenogenic" mother, a woman who is extremely intrusive into her child's life but impervious to the child's needs and feelings as a separate individual. However, *the father is also important because he is often unable to counter his wife's strange ideas of raising children* and because he provides a poor model for identification to his son, either acting as another child or being intensely rivalrous with his son for his wife's affection and attention. Although the mother is usually unable to believe the child can survive without her constant concern and supervision. She cannot establish clear boundaries between herself and her son and fails to differentiate her own anxieties, needs, and feelings from those of the child. (ital. mine)

While admitting that it sounds extreme "it pales before the **reality**" (boldface mine, p. 114).

When both parents collude in presenting unreal admonitions, the child has no refuge. If the father would say something like "mommy's sick and does and says weird things that we accept because we love her" there would be a connection with reality. Children know bad things happen in this world but look for someone to protect them. Without someone to protect them they are isolated.

The egocentric parent, unfortunately, cannot properly attend to the child's needs, and perceptions are sacrificed and distorted to meet the parent's needs. This, requires the immature child to fit himself to the parent's orientation—to see the world as the parent needs to have him see it to help preserve the parents tenuous equilibrium (p. 423). Dependent children follow parental dictates.

Murray Bowen

Bowen holds that schizophrenia is a multi-generational transmission process. Newlyweds bring into a marriage a capability for adaptive healthy adjustment to another person or a fixed rigid personality plagued by rules and rigidity. The new husband and wife learned their roles and developed their personalities in their respective parent's homes. Bowen (1978) considers the extent to which people are able to separate their intellectual and emotional spheres *differentiation of self.*

Highly differentiated people are not controlled by the environment and interact harmoniously. The opposite pole is fusion and such people respond emotionally and function automatically. Fused patterns proceed from generation to generation with a reduction in differentiation at each successive family unit. Bowen calls the differentiated self a solid self and the fused self a pseudo self.

A dependent lineage will get more and more dependent. An undifferentiated "dependent" mother or father and an equally undifferentiated "counter-dependent" spouse will pair-up into a complementary relationship. The pattern is opposites attract the same level of dependency or fusion in a spouse. The dependent wife and macho husband or the shrew and the meek husband are all undifferentiated. Their marriage may flourish, but the union will be rigid and not adaptable to change. Not all siblings develop mental illness, however. Bowen (1978) explains differences in the pathologies of siblings by referring to the book by Toman, *Family Constellation* (1961).

Bowen considers a triangle the smallest group that can exist in a relationship. Everybody interacts with at least one other person. At birth the child reacts with his mother, but this diadic relationship cannot endure stress and must involve another person. The function of the third person is to counteract unbalanced forces between the other two. Pathologically, two will have an abnormal emotional closeness and the third will be outside. In the extreme imbalance the outside position is filled by a schizophrenic child. The identified patient siphons off the couple's anxiety.

Differentiated people are able to separate themselves from the emotional morass of organizations to which they belong. The undifferentiated are more dependent on "belonging" and being a part of a paternalistic culture. With paternalism goes the responsibility to protect loyal followers.

Triangles, along with differentiation of self, are what Bowen considers the core of his theory (1978). Overall, Bowen elaborates eight basic concepts in his theory:

1. Differentiation of self.
2. Triangles.
3. Nuclear family emotional system.
4. Family projection process.
5. Emotional cut-off.
6. Multigenerational transmission process.
7. Sibling positions.
8. Emotional process in society. (From Hall, 1981).

My web site has a longer coverage of Bowen Theory (http://www.houd.info/bowenTheory.pdf).

Expressed Emotion

Expressed Emotion (EE)is a concept that has survived since 1958. EE is accepted, even though it concerns excessive family emotionality. It stems from a *Lancet* article by Brown, Carstairs, and Topping that reported discharged schizophrenics did better when in lodging or with a sibling, rather than with his or her parents or spouse. The evaluation was empirically verified many times.

This approach survived not only because of decades of validation data but by written disclaimers such as: "Before we begin our discussion, one point warrants emphasis. Although the article describes a family variable that we have reliably linked to psychiatic relapse, there is no evidence that families cause disorders such as schizophrenia" (Hooley, 2007, p. 329). This disclaimer has placated those who advocate the innocense of parents and preserves empirical findings. After the diagnosis of schizophrenia familly members are willing to accept they are very emotional. Parents lament: Who wouldn't be with a schizophrenic child?

High Expressed Emotion families are predominantly noted for:

Critical Comments • Hostility • Emotional Over-involvement

However the family got this way (after the diagnosis of schizophrenia) is not important. Expressed Emotion was empirically measured and linked to relapse many times.

This type of environment can be toxic to all those who have the psychic wherewithal to tolerate it. Schizophrenics react more intensely and inform us of unsatisfactory environments. The more normal person may tolerate a high level of Expressed Emotion, but we need to consider the personal toll taken by tolerating undesirable conditions. Neurotic anxiety may be akin to psychosis on the continuum of mental health versus symptoms. Methods exist to evaluate a family that can be adapted for use in evaluating organizations. Corporations exhibit pathologies akin to families.

I wrote about Expressed Emotion in *Military Medicine,* in 2008. A direct link to a free copy cannot be provided because the journal owns the copyright. This is a government-funded journal and copies can be found in many medical and academic libraries. It is listed in full-text databases and a copy can be downloaded for personal use. My Website has a longer coverage of Expressed Emotion (http://www.HOUD.*info*/ee.pdf).

Summary

Various views of the schizophrenic's family environment were presented. Many techniques were observed to maintain a closed system. Put succinctly by Searles, "Each of these techniques tends to undermine the other person's confidence in the reliability of his own emotional reactions and of his own perceptions of outer **reality**" (p. 260). From the time of Freud it was realized that schizophrenics turned inward in their efforts to cope, because the family was not a refuge.

All the family system theories, however, reduce to unrealistic demands by at least one parent that are reinforced by the other parent. The child is a prisoner of this perverted family nexus. The parent's marriage starts as a husband-wife diad with each spouse a separate, but relating person. Their personalities were formed in their parents' family systems. Bowen feels that personality does not emerge until a legal marriage is formed and a triangle with a child is completed.

If the parents relate adversely, Bowen calls it "emotional divorce," Wynne calls it "pseudomutuality," and Lidz calls it seriously disturbed. Into this environment a child is born and must develop. Despite the different jargon the concepts are complementary.

Family Therapy's Influence on Organizational Consulting

There are adherents to individual therapy for schizophrenia that also accept the family nexus. Notably Searles (1986) who wrote that as the patient is "really the *more heavily burdened* with psychopathology" (p. 748), he should be treated individually. He did, however, acknowledge the possibilities for family therapy. As such, parents (i.e., the bosses) need to agree to treatment.

Family therapy may be conjoint, concurrent or individual. Conjoint therapy treats the whole family in the same therapeutic setting and concurrent therapy treats the members of the family in

many arrangements of individuals, diad, triads, and families. The important modality is the therapists are working on the interactions in the system. To treat the system it is necessary to get cooperation of the parent(s) (a.k.a. the boss). In contrast, individual therapy treats the patient apart from the family.

In organizations there usually has to be agreement by management to bring about fundamental change. The boss has to realize that unproductive policies will have to be changed. This usually happens when scapegoats can no longer absorb the results of top-down incompetence. Group meetings may produce useful results if the people in charge are willing to work with their input.

As with individual therapy, a coach, consultant, or therapist can work with the individual victim and **reinforce reality** in order to keep him or her from going crazy. Sufficiently differentiated people can exist in a rotten environment if they know and can accept that it is noxious and they do not have to believe it makes sense. While tolerating toxic situations, they might reflect on the extraordinary personal toll that is demonstrated by schizophrenics in a pure unvarnished form.

Significantly, family therapy concentrates on the dynamics of how the family system is making the "identified patient" schizophrenic. The identified patient is often used to indicate that the system is at least exacerbating the situation and the schizophrenic manifestation is a reaction, albeit extreme. This is a significant departure from the biological models that usually absolved the family of impetus in the disease. The "identified patient" in industry is the worker(s), singly or collectively. Note that firings usually discharge from bottom to top. The CEO of one of my corporate homes blamed the "workers standing around the water cooler" for his failure. His successor turned the company around.

The schools of family therapy have predominantly been developed by the key pioneers mentioned in this paper. A survey that listed the most influential therapists, cited in Foley (1974) listed "Virginia Satir, Nathan Ackerman, Don Jackson, Jay Haley, and Murray Bowen" (p. 53) at the top. Foley believes that Bowen's influence grew since 1970 when the survey was taken. At the present time, many churches, nonprofit organizations, and other companies adopted Bowenian approaches to understanding systems.

Salvador Minuchin's influence has also grown since Foley's book was published in 1974. He maintained therapy of a family must consider the effects of a treatment plan and the whole system on each person in the system. Minuchin (1974) describes the dangers of paying attention to only one subsystem. For example, a schizophrenic child performed dangerous and extreme acts when his uncommunicative parents were directed to focus on their relationship more and exclude their child. The therapist correctly assessed the family's dynamics, but the child's suffering was ignored. While tension in the parental diad admittedly may have precipitated the schizophrenic child's pathology, it cannot be rectified by merely uniting the parents and ignoring the child. A treatment plan must consider all the subsystems and everyone in the system because parts interact.

The style of therapy reflects the penchant of the therapist. The therapists mentioned herein are consistent with each other. Haley (1963) uses paradoxes to force the schizophrenic to relate to the therapist. Once a relationship, something schizophrenics avoid, is achieved, **reality** can be introduced. Bowen (1978) uniquely avoids relationship in the family's emotional sphere, while all others (Guerin & Kriskin, 1981) consider transference essential. Jackson (1968) concentrates on getting the family to live apart. Satir (1967) presents the therapist as a model of communication. Common to all methods is the basic premise of Ackerman (1966) that parental resistance to the healthy striving of the identified patient must be overcome and **reality introjected into the patient**.

The family is the precursor to organizational life where conditions metaphorically mimic the problems discussed above. Executives announce grandiose plans that are not carried out in practice. Public Relations personnel proceed to assure the employee that the corporate plan is consistent. Brain washing often substitutes for fundamental change. An ideal operation that operates honestly and aboveboard gains benefits of a healthy and dedicated workforce. ***It is good business!***

REFERENCES

Ackerman, N. W. (1966). *Treating the Troubled Family*. New York: Basic Books.

Arieti, S. (1974). *Interpretation of Schizophrenia*. New York: Basic Books.

Bateson, G., Jackson, D. D., Haley, J., & Weakland, J. H. (1976). Toward a theory of schizophrenia (1956). In C. E. Sluzki, & D. C. Ransom (Eds.). *DOUBLE BIND: The foundation for the communicational approach to the family*. (pp. 3-22). New York: Grune & Stratton.

Bowen, M. (1978). *Family Therapy in Clinical Practice*. New York: Aronson.

Brown, G. W., Carstairs, G. M., & Topping, G. (1958). Post hospital adjustment of chronic mental patients. Lancet. 2, 685-689.

Foley, V. D. (1974). *An Introduction to Family Therapy*. New York: Grune & Stratton.

Haley, J. (1959). The family of the schizophrenic: a model system. *Journal of Nervous & Mental Disorders*. *129*, pp. 357-332.

Haley, J. (1963). *Strategies of Psychotherapy*. New York: Grune & Stratton.

Haley, J. (1976). Development of a theory: a history of a research project. In C. E. Sluzki, & D. C. Ransom (Eds.). *DOUBLE BIND: The foundation for the communicational approach to the family*. (pp. 59-104). New York: Grune & Stratton.

Hall, C. M. (1981). *The Bowen Family Theory and Its Uses*. New York: Aronson.

Hooley, J.M. (2007). Expressed emotion and relapse of psychopathology. *Annual Revioew of Clinical Psychology. 3*, pp. 329-353.

Jackson, D. D. (1957). The question of family homeostasis. In D. D. Jackson (Ed.) *Communication, Family, and Marriage*, Palo Alto, CA: Science and Behavior Books.

Jackson, D. D. (1968). Family therapy in the family of the schizophrenic. In D. D. Jackson (Ed.). *Therapy, Communication, and Change*. Palo Alto, CA: Science & Behavior Books,

Laing, R. D., & Esterson, A. (1964). *Sanity, Madness and the Family*, Vol. 1. Families of schizophrenics. New York: Basic Books.

Laing, R. D. (1976). In C. E. Sluzki, & D. C. Ransom (Eds.). *DOUBLE BIND: The foundation for the communicational approach to the family*. (pp. 237-243). New York: Grune & Stratton.

Lidz, T. (1985). *Schizophrenia and the family*. (2nd ed.). New York: International University Press.

Minuchin, S. (1974). *Families and Family Therapy*. Cambridge: Harvard University Press.

Rabstejnek, C. V. (2008). Family's expressed emotion to returning citizen soldiers. *Military Medicine. 173* (7), pp. xi-xiv.

Satir, V. (1967). *Conjoint family therapy*. Palo Alto, CA: Science and Behavior Books.

Satir, V. M. (1986). A partial portrait of a family therapist in process. In H. C. Fishman & B. L. Rosman (Eds.). *Evolving Models for Family Change*. (pp. 44-61). New York: The Guilford Press.

Searles, H. F. (1986). *Collected Papers on Schizophrenia and Related Subjects*. London: International Universities Press.

Sullivan, H. S. (1927). The onset of schizophrenia. *The American Journal of Psychiatry*. *VII*, 105-134.

Toman, W. (1961). *Family Constellation*. New York: Springer.

Torrey, E. F. (1983). *Surviving Schizophrenia.* Harper-Collins.

Tsuang, M. T., Farone, S. V., & Day, M. (1988). Schizophrenic disorders. In A. M. Nicholi (Ed.). *The New Harvard Guide to Psychiatry*. Cambridge: The Harvard University Press.

Von Bertalanffy, L. (1966). General systems theory and psychiatry.In S. Arieti, *The American Handbook of Psychiatry, Volume 3, 1966*. New York: Basic Books.

Wynne. L. C. (1958), Pseudo-mutuality in family relationships of schizophrenics. *Psychiatry*, *XXI*, No. 2, pp. 205-220.