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An unsophisticated observer might be very surprised to learn that the family is not the natural domain of child psychiatry. This same naïf might wonder why leaders in the field of child psychiatry would gather to grapple with the problem of how to train future child psychiatrists in the area of family therapy, when the field of child psychiatry itself is well over fifty years old. But the apparent rift between psychiatry for children and family therapy pits theories and therapies against each other which, we would agree with our wondering observer, do seem to belong together. Our first task, here, is to examine this problem with a goal to understand how the differences have been maintained, and how they might be reconciled.

DEFINITION OF CHILD PSYCHIATRY

As a beginning, let us try to define our terms. What is child psychiatry? First it is a medical specialty. As physicians, child psychiatrists are interested in the psychobiological aspects of children's behavior and development, and in this area can make medical interventions. But beyond the actual practice of medicine, child psychiatry refers to the humanistic attitude of the physician, the investment in the worth and dignity of people. It refers to the physician's responsibility to his patients, to their families, and to others concerned with their care. And it refers to the physician's responsibility for consideration of ethical matters and for decisions which concern life, death, disease and the overall quality of life.

Child psychiatry refers to the practitioner's concern for
children in the developmental process. The child psychiatrist is trained to be familiar with phase specific issues which are age-referenced, and he can say with certainty that children will change with the passage of time. He must learn to predict in what direction these changes are likely to take place and what forces will affect them, particularly, to support the most beneficial direction of growth.

Child psychiatry concerns itself with the behavioral sciences beyond the realm of medicine. The child psychiatrist must be familiar with the environment in which development occurs, the family, the school, the peer group, the society, and, he needs to understand the importance of these institutions to the child and their effects on children.

Child psychiatry, then, is the integration in one field of medical practice, developmental psychology and the social sciences with the goal of intervening in those situations where children do or will suffer from emotional disorders which threaten their opportunities for optimum development into comfortable, productive adults.

DEFINITION OF FAMILY THERAPY

What is family therapy? It is a therapeutic approach based on theory that behavior occurs in a context, and the psychological make-up of people is shaped and maintained in a context. Context refers to the climate of attitudes, expectations, and habitual modes of interaction around an individual as well as to the others in his environment. In a broad sense, we could look at the context of the planet earth in the solar system. The earth's movements are a function of its interaction with the sun and the orbits of the other planets. From another star, however, we could see the solar system as a whole, moving in a still larger context. Clearly, families are members of societies, ethnic groups, parishes, neighborhoods, work forces, extended families, and so on. The family itself, then, is a subsystem of a larger context.

Family therapy is a contextual therapy, and the family therapist holds in mind the larger context and other contexts relevant to family members. But the family having defined itself as such, has a distinct identity over time and may, therefore, be the most manageable group for ecological intervention. Particularly for children, the family context is most significant for shaping and maintaining behavior, since children spend most of their time and their most significant time in their families. Family therapists concern themselves with the fact that individuals resonate with their contexts and vice versa. In their practice, family therapists use this knowledge as a basis for intervention.