Vector Therapy in Family Therapy

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Summary. Family psychiatry has evolved as a new system for the organization of psychiatric practice; it takes the family group rather than the individual as the functional unit. In therapy, as in all other aspects of family psychiatry, the family is the unit. Family Therapy includes all procedures for the treatment of the family and can be divided into Family Psychotherapy and Vector Therapy, the subject of this communication.

A vector denotes a quantity which has direction. Force, including emotional force, is a quantity with direction, and therefore can be represented by a vector. Furthermore, as direction is a property of a vector, and direction implies movement, it results in a dynamic situation. The individual can be regarded as an element in the family's field of emotional forces, and both the individual and the family as elements in the community's field of emotional forces. Vector therapy is concerned with evaluating these forces and readjusting their patterning within the life space to produce a more harmonious field of emotional forces within and around the family.

Résumé. La psychiatrie de famille est devenue un nouveau système dans l'organisation de la pratique psychiatrique; c'est le groupe familial plutôt que l'individu qui est considéré comme unité fonctionnelle.

Family Psychiatry

Family psychiatry [1, 2] whereby the family is the functional unit, represents a practical and theoretical system for psychiatry. Individual psychiatry, taking the adult as the functional unit (adult psychiatry), the child as the functional unit (child psychiatry), or the adolescent as the functional unit (adolescent psychiatry) is obsolete. Family psychiatry applies to the referral service, to the systematization of symptomatology, to the procedures of investigation, and to the processes of management, or treatment.

Family Therapy is a term embracing all methods of treatment of the family and includes two main procedures. 1. Family psychotherapy which utilises the direct influence of the therapist on the psyche of the individual or collective psyche of the family by procedures such as individual psychotherapy, dyadic therapy, family group therapy or multiple family therapy, and these employ respectively one family member, two family members, all family members, or a number of families. 2. Vector therapy, which is the subject of this contribution. The two procedures are complementary.

* Based on paper given at the International Congress of Psychotherapy, Wiesbaden 1967.

Psychotherapy, individual or group, is a difficult art. Good results are not easy to obtain. Even in situations when psychotherapy is effective, the lack of resources limits its value. Results are difficult to assess, methodologically satisfactory surveys are seldom encouraging. In the present state of knowledge it is understandable that precision should be lacking. Yet the prestige of psychotherapy is high. Patients need emotional contact, relish hope, and are even less able than clinical workers to evaluate results. The appeal of psychotherapy to the therapist is high, as it represents direct personal help to the patient. When an investment is large enough there is an unacknowledged conspiracy of uncritical acceptance. Resources which would be more effective in vector therapy are wastefully deployed in psychotherapeutic quests. Even some social workers desert their field in favour of psychotherapy. Yet in the social field, by the use of vector therapy, the special skills of the social worker could revitalise the therapy of the emotionally ill.

Vector Therapy Defined

Constant efforts to produce harmony in the intra-psychic life of the individual by re-alignments within it have been made for the last 70 years. The emotional force brought to bear has been that of the
therapist. But family psychiatry, selecting the family as the unit, exposes the individual as being the field of forces within the family, which in turn is in the wider field of forces of society. Within these fields there are potent emotional forces, continually bearing, for good or ill, on individuals and on families. These forces, if positive, can be deployed in therapy, but have to be counterbalanced, or removed should they be negative.

A vector denotes a quantity which has direction. Force, including emotional force, is a quantity with direction and therefore can be represented by a vector. Vector therapy readjusts the pattern of the emotional forces within the life space to bring improvement to the individual or family within the life space.

Vector therapy can involve:
1. A change in the magnitude of the emotional force, e.g. father's aggression may be diminished.
2. A change in the direction of the emotional force with no change in its magnitude, e.g. father abuses mother instead of child.
3. A change in the length of time during which the emotional force operates, e.g. father works away from home, spends less time at home and his aggression has less duration.
4. A change in the quality of the emotional force when one force replaces another, e.g. father treats his son with kindness instead of with aggression.

In a given instance, psychotherapy and vector therapy are often complementary. As an example at a simple level, consider the young infant of a highly anxious, ill-adjusted mother, put to the breast and, because of the disharmonious influence from mother, being unable to feed. Direct psychotherapy might effect a change in the mother's personality, so that in time she may be able to mother her infant adequately. The situation can also be broken into by a simple rearrangement of the people who provide the emotional influences playing on the child in the feeding situation. By placing the infant on the bottle, and allowing the relaxed, well-adjusted grandmother to feed him, the infant can have a happy and satisfying feeding experience. By the use of vector therapy a change of forces has been effected and a disharmonious situation has become harmonious.

Psychotherapy is worthwhile for the mother as a long term project. The infant is best served by the immediate satisfying relationship in the arms of his grandmother. Thus, both psychotherapy and vector therapy have a part to play; they are complementary.

**The Sources of Emotional Influences**

Vector therapy is concerned with emotional forces which must spring from a personal source and which are directed at a personal object. It may be useful to list the personal sources of emotional influences which play upon an individual family member and which have to be repatterned through vector therapy.

1. Influences from within the individual.
2. Influences springing from outside the individual and within the family, as follows: a) from one individual; b) from family members who may form a coalition with common features, such as the female members of the family together, or the parents together, or the paternal or maternal relatives together, or the children; c) from the family group as a whole.
3. Influences outside the individual and family and within the community, as follows: a) individuals in the community (these may be enumerated as—relatives, friends, neighbours, schoolmates and teachers, workmates, and casual acquaintances); b) collective community influences.
4. Influences from outside the individual, family and community and within the culture. Cultural pressure exerts powerful control over the major values. Communication media like newspapers, radio, television and national organizations convey these values to people at large.

**Principles for the Application of Vector Therapy**

To be effective, a number of general considerations have to be borne in mind when practising vector therapy.

The extent of the family’s co-operation depends on the degree of rapport achieved by the therapist. This rapport calls for effort and time in its development; the greater its depth the greater the readjustment of forces that can be tolerated by the family.

An individual and his family must co-operate with insight. Insight springs from understanding. This may be induced by individual, dyadic or family group sessions. The family must see its own predicament and work to define the procedures that will help itself.

There must be a reliable diagnosis of the pattern of the emotional forces within that family. By using family group diagnosis, supplemented by individual methods of investigation, it should be possible to achieve an accurate picture of the family situation. Unless this picture is accurate, the forces will be incorrectly adjusted and a poor therapeutic result obtained.

Change induces insecurity which must be combated by the therapist’s continual emotional support. Again, the manipulation of forces is concerned with changing the emotional rather than the material events within the family. Emotional prescriptions are required for emotional ills.

Also, just as damage to the personality is produced by negative influences working over a period of time, so it becomes necessary in reparative work to allow time for the positive influences to bring results.