ABSTRACT: Many political families are ultra cautious about seeking therapy because of the stigma it carries in the political arena. Various cases on record show where an aspiring political candidate's chances to run for high elected office were destroyed because of publicity over her or his involvement in therapy. Nonetheless, members of families in politics do seek treatment and bring with them their idiosyncratic circumstances. This article attempts to provide an interior view of the politician's family life as seen in the therapist's sanctuary and a consideration of how media coverage may impact politician and family. Clinical data and information from interviews with six acquaintances whose main occupation is politics are presented. It is hoped that the data will enable therapists to understand and treat "political families" more effectively.

During the past dozen years I have treated a number of families in which one or more members were involved in politics at the county, city, state, or national level. A perusal of the professional literature to see what the special therapeutic issues are yielded naught. Nor was anything found regarding the impact of media coverage on politicians and their families. The only source of material came from popular books like Nancy Reagan's own biographical account (1989) and exposés such as Kitty Kelly's book (1991) on the Reagans.
latter work is the kind of volume that causes many would-be political aspirants to pause and ask if they wish to risk such eventual notoriety.

To attempt to fill this gap, I reviewed my clinical files to look at repetitive issues, concerns, and patterns that had emerged in my treatment of members of political families, separately and conjointly. Since there were six treatment families, it seemed advisable to collect data about six non-clinical families also. Therefore, in spring 1990, I contacted six individuals—three men and three women, whom I knew casually—all of whom were at that time actively engaged in politics, having run for and won major elections. Each was told about the project and agreed to either an in-person or telephone interview. Each interview lasted approximately 45 minutes and focused on their contacts with the media and how these had affected their life and that of their families. None was in therapy at the time of the interviews and none reported having received treatment in the preceding two years.

Both the clinical and non-clinical families on which these observations and hypotheses are based were, by general standards, reasonably well functioning and in prestigious positions within political hierarchies. The two populations included a city councilwoman, several state representatives and senators, several judges, several senators in the United States Senate, and candidates for governor and the U.S. House of Representatives.

When members of political families seek treatment, confidentiality must be protected in an even more extreme way than usual. A public figure’s suspiciousness about what will happen if he or she is identified as having been in therapy may be well grounded in reality and should not be diagnosed lightly as paranoia. Many of the patients whose thoughts and feelings this paper summarizes travelled great distances to receive treatment in order to avoid detection.

All non-patient respondents were aware that a recent candidate for governor in Florida had received much adverse publicity when it was revealed that he had been taking the medication Prozac. Although he did win the election, the “exposés” about him had served to heighten caution about both psychotherapy and pharmocotherapy and any interviews related to the respondents’ private lives. Confidentiality was carefully discussed with each potential respondent, and they were assured that data would be reported in such a way that individual identities would be carefully protected.

Therapists treating families considering entering into politics as well as those already active in political careers would do well to pay