Family History

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I found my brother in the day room of the psychiatric hospital looking confused and very scared. At age 20, he had never been hospitalized before, and although he seemed happy to see me, his fear was obvious. I'd worked in the local state psychiatric hospital for two summers during college—ignorant of how relevant this experience would become to my personal life—and I thought I could help Roger cope. In this odd setting, which looked a bit like a living room but full of strangers sitting in silence, we reconnected quickly; he, the younger brother, and I, the sister who'd often played the role of an older brother, wrestling on the floor with him and pulling him out of the neighbor's lily pond when he'd walked into it in a deep snow.

With the thought of helping Roger acquire some sense of security in this strange place, I proposed that he approach a staff person and ask what the visiting hours were. The task seemed doable and useful. I didn't know myself how much time I'd get with Roger, having just flown home to Philadelphia from the Midwest for a two-and-a-half– day visit. Looking around the room, I located a reasonable-looking young intern, who was standing by the large plate-glass window enclosing the nurses' station. Roger balked at first, looking even more frightened than before, but with my coaxing and walking beside him like a guide dog, Roger eventually made his way toward the intern and managed to ask the man about the hours. Without the slightest glance toward Roger, the intern looked at me and said, "You can stay 'til five."

Stunned by the intern's complete disregard for Roger, and struck by the instant failure of my project, I briefly imagined pushing this young man through the glass window of the nurses' station to wake him up to our significance. In reality, I simply walked with Roger back toward the center of the day room.

As Roger and I began anew to assess his new surroundings, I was still ridiculously optimistic about his prospects, basing that feeling on the now ludicrous-seeming fact that the architecture and furniture in this private hospital were top notch and nothing like the drab and dirty surrounds of the state hospital I'd worked in. We talked of his life there so far and the other patients in the room, and I tried to coax Roger into seeing the place as a little less threatening, if not actually benign.

We were soon interrupted by a well-groomed young woman in a white lab coat, Ignoring Roger, she asked me if I was able to give a family history for "Mr. F." I looked at my watch; it was 4:30, and going with her, a psychiatric resident, would end my visit with Roger. I had only two more days to spend in Philadelphia, and the hospital's limited visiting hours meant my time with him would be counted in minutes. I stifled my protest about being torn from Roger who, despite my efforts, looked just as frightened as when I'd arrived, gave him a painfully brief goodbye, and headed down the hall with the resident. Maybe my cooperation would somehow benefit Roger.

The psychiatric resident was about my age and, like me, still in graduate study—I was 25 and hadn't yet gotten my Ph.D.—but, unlike me, she was fully in charge.

"What's your relationship to Mr. F?" she asked.

As I began to explain that I was one of three siblings and the second oldest, she interrupted me; she seemed to have a time limit for answers, and "sister" was all she needed. She asked about Roger's and my parents' education, family members' jobs, and medical conditions and health history. I struggled to be clear yet brief, because her finger tapping seemed to indicate impatience. She asked about religion in the family and Roger's views, especially. After I'd uttered a few halting sentences, striving to give a sensitive description of the rather abstract but deeply personal Protestantism that Roger and my family shared, she murmured, while writing on her pad, something that I heard as "religiosity." That didn't sound right to me; my family's religious belief was solid, stable, genuine, not the sort of behavioral show that "religiosity" conjured up. I started to clarify, but she seemed satisfied with her understanding and moved on.

Questions about Roger's childhood evoked more complicated thoughts; I fumbled for words, finding myself demoralized by her desire for brevity. I was failing to give this doctor an accurate picture. I sensed she had a multiple-choice format for answers that I didn't have access to. I'd have to talk differently, more quickly, more compellingly.

"Tell me about your parents in their relationship to Mr. F."

I gathered my resources; this was going to be particularly tough to do in the required abbreviated format. How could I convey my mother's take-charge gusto—the legacy of years of elementary school and Sunday school teaching—and my father's quiet unease with concepts "psychological" but with a seemingly unstoppable twinkle of affection in his eye? Did she want history or an account of recent months as the pain of Roger's bizarre-seeming behavior reverberated through the family?

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My family was a shifting scene; we were aching at present, all of us frightened and not really ourselves. I decided to start with the near present, describing my parents' roles since Roger's routine activities had slowed to a standstill and his pursuits had come to consist most notably of jarring incidents of ritualistic actions, like muttering oddly while walking in circles around the backyard birdbath. I was describing my mother's search for professional expertise as she and my father tried to manage Roger's hostility to them, when the psychiatric resident interrupted.

"Domineering mother, passive father," she said.

I gasped inwardly, shocked at the image and embarrassed for this young professional's mistake. She'd forgotten that I was Roger's sister; his parents were my parents. No one would intentionally speak in such a derogatory way, would they? I tried to correct her impression: my mother was talkative, my father taciturn. My interviewer swiftly revealed her disinterest; she'd gotten the picture and wasn't seeking refinements. We continued with the interview, although I don't remember what we covered thereafter. I was still intent on giving the right answers, hoping to pass this test for Roger and promote his cause, but I was increasingly disheartened by the failure of communication surrounding the resident and myself. Eventually, she stood up. Were we done?

"Thank you very much," she said.

On the drive home, aching for Roger, with whom I'd had so little time, and feeling confused by the events of the day, I contemplated my failure. I hadn't been able to make Roger compelling or otherwise promote his case to the staff. As I mulled it over, I realized the resident hadn't really much cared about my version of the story. I'd become a "family member" in her parlance: I was part and parcel of Roger, who was a "patient." Roger now lived on the other side of the glass window, spoken about and not spoken to, and we, his family, had been moved to the other side, too. We were objects for the professionals' study. We belonged to them in some way. They had rights to us, to our experiences, to our information. I'd given the psychiatric resident our story, sort of, but she had telescoped it into her preferred format and formula. Hers was the version that mattered; in Roger's files, her story would be written over ours. Slowly, the insult sank in.

In the intervening 40-plus years, I've reflected on this experience through a succession of different lenses. Roger died about 15 years after this first hospitalization of a blood cancer apparently unrelated to his schizophrenia, and much of the hurt of his pained life has ebbed. He'd ultimately begun to assemble, after a series of additional brief hospitalizations, something of a recovered life, but it ended abruptly. Through my experiences as a researcher and, briefly, as an administrator of mental health services, I've had much time in which to ponder the gathering of personal information in mental health treatment.

Certainly, at this point in history, all mental health institutions and providers strive for a more sensitive interviewing process than I experienced in 1972, and most of them probably succeed most of the time. That said, getting the patient's story can so easily become part of the process of alienation that too frequently compromises our efforts. We can incrementally reduce people through small gestures, losing the possible support of those who care deeply.

Some surrender of information and consequent objectification is an understandable part of being helped, but how much is truly intrinsic to the process, and how much can be countered by genuine regard? Perhaps it is useful to keep this question alive.