

A Book Review

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Medical Family Therapy: A Biopsychosocial Approach to Families with Health Problems, by Susan H. McDaniel, Jeri Hepworth, & William J. Doherty. New York: Basic Books, 1992, 295 pp.

Medical Family Therapy is a remarkable and valuable book on several counts. First, it is the first full-scale, systematic effort to define medical family therapy as a unique field, drawing on and integrating both traditional family therapy and medical science, but differentiating itself from both. Second, it successfully combines a strong theoretical foundation with a practical, clinically oriented approach full of utility for the aspiring medical family therapist. Third, it promulgates a visionary and creative model of health care possibilities at a time when the entire country is desperately seeking a reformulation of how we understand and deliver health care.

This book is written primarily from the perspective of the family therapist; as such, it would be an ideal textbook for programs that train family-oriented non-M.D. clinicians who intend to work in medical settings. However, the book also contains highly relevant insights into patient care that incorporates a family systems perspective. For this reason, *Medical*

Family Therapy would make a contribution to the primary care practitioner's library as well.

In their introductory chapters, the authors review the historically equivocal relationship between family therapy and medical illness. They also provide a brief but useful overview of four bodies of knowledge deemed to be relevant to medical family therapy. These include relevant research on chronic illnesses, the field of behavioral medicine, family and health research, and systems theories about families and health.

These early chapters carve a unique specialty niche for medical family therapists by differentiating their function from the brief psychosocial counseling practiced by the busy family physician. *Medical Family Therapy* targets especially difficult patients whose health problems are often refractory or chronic, and who may suffer from an overwhelming combination of emotional and medical difficulties. The authors are also careful to articulate precisely the broad therapeutic goals of their new specialty, encapsulated by the terms "agency" and "communion." Agency refers to the empowerment of the patient and family to take more control of the patient's health care. Communion focuses on repair and nurturance of the emotional bonds that are so severely taxed during the course of illness.

Medical Family Therapy makes explicit two concerns that have preoccupied many of us working in the field of medicine. The first is that being a skillful and well-

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trained family therapist is insufficient preparation for adequately dealing with the kinds of patients encountered in a typical medical practice. In a book directed at family therapists, one of its bravest assertions is that these professionals need more specialized training before successfully venturing into the realm of medical patient care. The second concern is the reminder that, while the biopsychosocial model receives much lip-service in the world of medicine (at least within family medicine), it is more accurate to describe actual teaching and practice as a "split biopsychosocial model—a transitional phase in which psychosocial issues are recognized as important but are not integrated into clinical care." This book proposes a model by which this gap can be bridged.

The model presented is an unabashedly collaborative one, stressing mutuality and cooperation between physician and therapist in formulating and implementing patient care treatment plans. McDaniel and colleagues offer us a promising vision that incorporates a biopsychosocial approach, multiple constructions, and a commitment to interdisciplinary problem analysis and problem solving. Several collaborative models are identified, as well as the sites in which such collaborations might occur, and their pitfalls and challenges: language barriers, differences in theoretical orientation, turf competition, and conflicting time frames, among others. The authors' suggestions for reducing conflict, especially how to communicate regarding a referral and how to invite the referring physicians to a joint initial session, are practical and useful.

The chapter on medical family therapy techniques is especially valuable because it illustrates some of the subtle differences in emphasis and focus between this approach and traditional therapy. For example, soliciting information about the patient's disease, as well as health belief models

about illness, becomes crucial. Addressing issues of denial and blame also assume centrality, as well as the normalization of negative feelings. One real strength of the medical family therapy model is that by and large it rejects deficit model interpretations of family functioning, and stresses family resources, assets, and strengths. This approach challenges the (incorrect) conventional wisdom of many family therapists who appear to believe that all illness is the result of family pathology.

The chapters addressing lifestyle modification from a family perspective and how to deal with somatizing patients and their families also offer new understandings and interpretations. These are two areas where both family physicians and family therapists often have very poor outcomes, in part because of the constraints of each field's theories and tactics. McDaniel and her co-authors offer step-by-step guidelines to working successfully with these groups of patients, in the process illustrating how medical family therapy can effectively bridge the two traditional specialties.

Much of medicine remains geared to diagnosis-treatment-cure, despite the fact that more and more patients are experiencing medical conditions that have a chronic course. Both physicians and society as a whole are ill-prepared to deal with illnesses we cannot fix or completely resolve. *Medical Family Therapy* explains the concept of a "chronic relationship" between patient-family-physician. Because chronic illness extends over a significant portion of the life-span, *Medical Family Therapy* takes a developmental perspective in analyzing its input and suggesting interventions.

Of special value is the section on ethical issues for the medical family therapist. Obviously, both family therapy and medicine are guided by a strict code of professional ethics. However, exploring topics such as informed consent, patient autonomy, and confidentiality from the ethical

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interstices of the two established professions yields some interesting variations and questions that should give the traditionally trained family therapist pause; for example, the patient right to refuse even potentially life-saving treatment may be a bitter pill for a therapist to swallow. Equally sensitive is the section addressing the personal development of the medical family therapist, acknowledging that embarking on this journey has personal as well as career implications. The authors' observations about illness-related anxiety, concerns for personal health, and family-of-origin issues will resonate deeply with anyone who has engaged in this challenging pursuit.

This is an unusually rich yet unpretentious book, easily accessible to students and neophytes, yet with a great deal to offer the established medical family therapist or primary care physician. Written in clear, understandable language, and with a multitude of illuminating case examples, it can be used as a sort of desk reference, to dip into for various discrete problems such as obesity or death and dying. But taken in its totality, it invites us to apply and expand on a vision of comprehensive health care that has remained stagnant for far too long. Finally, after a decade of theorizing and trial-and-error experiments, we have been given tools to begin to turn vision into reality. Let's use them!