SIX BEHAVIORAL SCIENTISTS

IN SEARCH OF A PHYSICIAN:

(A one-act play with commentary)

SINGLE PERFORMANCE ONLY!
September 20, 1993

THE 14TH FORUM FOR THE BEHAVIORAL SCIENCES IN FAMILY MEDICINE

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Family Physician.....Yves Talbot

Chorus:
Don Bloch, Susan McDaniel, Sam Romano

Program Notes

SUMMARY OF SIX CHARACTERS IN SEARCH OF AN AUTHOR

by Luigi Pirandello
(adapted from Umberto Mariani, "The Delusion of Mutual Understanding;" Structure, Language, and Meaning in Six Characters)

A wealthy, self-styled intellectual makes the gesture of reaching out for "normalcy" by marrying an ordinary woman. A son is born, and the father immediately delivers him to a healthy country nurse to raise while the mother, unoccupied in the large house, seems more able to communicate with the husband's down-to-earth secretary than with the husband himself. The husband, noticing their affinity, decides to rid himself of his wife by favoring their union. The two set up house in another part of town; soon a daughter is born, and years later a son and another daughter. The Father keeps an eye on the new family for a while. Occasionally he meets the older Stepdaughter on her way home from school and presses some little present on her, which arouses suspicion in the parents, who move away leaving no trace behind. Unfortunately, the secretary dies and poverty takes his place. The Mother brings the family back and takes in sewing jobs for a Madame Pace who behind her atelier runs a secret house of prostitution. Every time the Stepdaughter, now eighteen, comes to deliver her mother's work, Madame Pace complains about the quality of the work and cuts the payment, while trying to make her understand that both complaints and pay cuts would cease if she would lend herself to Madame's other business. The daughter agrees in order to save her mother constant humiliation. And one day one of Madame Pace's clients is the now fiftyish Father; his attempts to undress the Stepdaughter are interrupted by the Mother, whose suspicions about her daughter's fate have brought her to the atelier to put an end to the sordid trafficking. The Father, having thus rediscovered his little family, takes them out of the squalor of their rented room and brings them home. Here, however, the first son, now twenty-two, decides to treat the Mother he has never known and the bastards who have invaded his home "with frowning indifference" and the Father, the author of such surprises "with reserved anger." The one who suffers most intensely from the rejection is the Mother, and the intensity of her suffering is felt by the younger children as if through physical contact; they clutch her hands constantly without uttering a word, observing everything with wide eyes. Finally, the intensity of the gnawing torment they sense in their mother overcomes them. The girl drowns herself in the garden fountain, and the boy shoots himself. While the mother continues to pursue her first son from room to room, "her arms stretched out to him," imploring understanding, the older daughter leaves to become a streetwalker.

SIX BEHAVIORAL SCIENTISTS IN SEARCH OF A DOCTOR:

FAMILY MEDICINE AS TRAGICOMEDY

(Johanna) Last year, Dr. Talbot and I raised the question in the journal, Family Systems Medicine, "Is there a future for behavioral scientists in family medicine?" and examined this question in more or less academic fashion. This morning we would like to return to some of the issues implicit in this question; however, we intend to examine these issues from a rather different frame - using the play, Six Characters in Search of an Author, written in 1922 by the expressionist Luigi Pirandello. Six Characters is categorized by literary critics as tragicomedy, but we hope that our exploration will be more comedy than tragedy, more optimism than bathos.

As you can see in your program notes, Six Characters is a play within a play. Six characters, created by an author who no longer wishes to have anything to do with them, are looking for a stage, a forum, in which to come to life. They stumble upon a provincial stage manager and a troupe of actors, going about their business of rehearsing another play by the playwright Pirandello, a play which they all intensely dislike. The six characters belong to a traditional bourgeois drama about a wealthy, high status husband who marries an ordinary woman, has a son by her, then casts her off. This woman, designated as the Mother, takes up with another man, has a daughter and then two other children with him, and suffers poverty and hardship. Eventually she is reduced to taking in sewing, while her oldest daughter secretly doubles as a prostitute. The Father rediscovers the family and takes them in, attempting to reunite them all. But to no avail: estrangement, cynicism, resentment, death, and suicide are the result. Results are no happier in the larger play. The characters cannot communicate adequately with the actors, who find the characters ignorant about dramatic training, arrogant, intrusive, and impossible to understand since they speak in an incomprehensible philosophical jargon. When the characters see the actors' attempts to portray them, they are horrified--this is not what they are like at all! The play ends in chaos, both sides disillusioned and unfulfilled.

(Yves) We would like to analyze Pirandello's play, and its relevance for behavioral scientists in family medicine, using Schutz' FIRO model. This model provides a conceptual framework, based on the three constructs of inclusion, control, and intimacy, to describe the development of various social systems. Inclusion, an In-Out dimension, refers to such issues as identity, role, belonging, and boundaries. Control, a Top-Bottom construct, examines issues of influence, power, and conflict. Intimacy, a Open-Closed continuum, represents the temporary resolution of the previous two phases, and focuses on sharing and I-Thou relationships through structures that emphasize connectedness and shared values and meaning. The FIRO is a developmental model, in that it asserts that in the early phases of any organization,

institution, or social system, or whenever a new member (such as a behavioral scientist) is introduced to the system, or whenever a crisis occurs within the system issues of inclusion, control and intimacy will have to be addressed and either resolved or stalemated. The FIRO model has been expanded on by Collangelo and Doherty, who have applied it to family systems, especially within the context of family medicine. Whether talking about family systems or academic systems, such as family medicine departments, inherent in this model is the implication that no resolution is ever final, and the nature of the resolution may look and feel very different depending on the circumstances.

What does Pirandello's play tell us about inclusion, and how is that of importance to behavioral scientists in family medicine? The first inclusion issue pertains to identity, role, and belonging. The quest for identity defines the dramatic tension of Pirandello's play. This same process provides a metaphor for behavioral scientists, who have been searching to establish a secure identity ever since they became associated with family medicine. In Pirandello's play, we must ask, "Who are real--the actors or the characters--and who are illusion? Who are permanent, and who are temporary? Who matters and who does not?" One might ask similar questions in family medicine: Whose reality is most important, we wonder, family physician or behavioral scientist? Who defines the core of the specialty, who is simply passing through? Pirandello's play raises the intriguing possibility that the full expression of identity is an interdependent phenomenon: both actors and characters are incomplete on their own. A potential parallel exists for behavioral scientists and family physicians as well. In a professional vacuum, without the context of family medicine, the behavioral scientist clearly is in a chronic state of incompleteness. But is it perhaps a more symbiotic relationship than we might suspect? Is it possible that family physicians also rely on behavioral science input for full completion of their identity?

In Pirandello's play, the concept of interdependent identity is suggested, but never fulfilled. Both actors and characters remain incompletely realized. In family medicine as well, we have seen how limitations placed on the expression of identity can degenerate into stereotypic and shallow roles.

(Johanna) BEHAVIORAL SCIENTIST: Excuse me, sir, I and my companions here are six behavioral scientists in search of a doctor.

(Yves) FAMILY PHYSICIAN: I happen to be a family doctor, and a residency director as well.

(Johanna) SCIENTIST: Perfect! We lack only the guidance of a physician to make our reality complete!

(Yves) PHYSICIAN: This sounds intriguing. (Aside) Right now, we have so many problems--difficult patients, worse residents, and don't get me started on the faculty--I'm not too particular about whom we hire. These people are out of work, they don't seem too particular about what they do (who can be choosy these days?), maybe I can hire them to help take this messy psychosocial training off my hands. (To SCIENTIST) So, who are you, anyway?

(Johanna) SCIENTIST: (Excitedly) Allow me to introduce my companions. This is the Mother behavioral scientist, long-suffering, wounded by the injustices done her, a real martyr. She is holding the hands of her second generation little children behavioral scientists, so overwhelmed by their precarious circumstances in family medicine they have virtually become mute. Then there is my half-brother over there in the corner, angry and resentful because nothing has worked out as he thought it would in family medicine. And my step-father, who has made some really bad mistakes as a behavioral scientist, just keeps trying to reconcile us all and pretend we have no problems.

(Yves) PHYSICIAN: And who are you, miss?

(Johanna) SCIENTIST: I am the Daughter behavioral scientist, and secretly I have often thought that physicians don't understand much anyway, and people might be a lot better off if their medical problems were treated from a family systems perspective.

(Yves) PHYSICIAN: (Aside) Frankly, they sound like they may be more trouble than they're worth. But good help is hard to find these days. (Huffily to SCIENTIST) I find your remarks a bit impertinent. Perhaps you forget that without me, you are nothing. You are simply a manifestation of my need to address the messy, indefinite side of medicine. I am inviting you into my profession to do some unsavory tasks that I am too busy to do. However, let's not quibble. Here's a list of your roles and responsibilities (Hands SCIENTIST page)

(Pause, while SCIENTIST reviews a sheet)

(Johanna) SCIENTIST: But wait! This is not what we had in mind! You have completely changed who we are!

(Yves) PHYSICIAN: (With satisfaction) True, but don't you agree it's much better like this? If this isn't a description of your role in family medicine, then it should be!

(Johanna) In seeking to create a new, only sketchily defined identity and role, it is sometimes easiest for behavioral scientists to succumb to the stereotypical roles described above:

martyr, cynic, catatonic, enemy. In the absence of true trust and intimacy, we may fall prey to a repetitive cycle of complaints and victimization. Paralleling Pirandello's play, we must all ask ourselves, "How is identity established?" Can one person create it for another? Were behavioral scientists somehow created, or brought to life, by physicians; are physicians in some sense the authors of behavioral scientists? As Pirandello notes repeatedly in his writings, an author may summon a character, but once called, the character is unpredictable, uncontrollable, with a life and purpose of his or her own that longs to be expressed.

(Yves) The second aspect of inclusion has to do with boundaries, and one cannot have boundaries without territory or, in our literary analogy, the stage on which the dramatic action occurs. True, Pirandello's characters have a certain dramatic autonomy. But they need a stage, and actors, to enliven them. Similarly, the behavioral scientist, who may have started out as psychologist, family therapist, sociologist, or anthropologist, has an essence discrete and separate from these former selves which can only be expressed on the stage of family medicine. But no matter how intrigued stage manager and actors are by the presence of the characters, the characters remain guests in the territory of the theater.

(Johanna) SCIENTIST: (Looking around uncomfortably) Things seem to be going okay, I think I'm doing my job (although no one seems to know exactly what it is), the residents think I'm "nice"...but somehow I don't always feel at home here.

(Yves) PHYSICIAN: Well, of course it is our specialty, but you're welcome to stay as long as you like (expansively)...as long as you feel you're making a contribution!

(Johanna) The second dimension of the FIRO model is control. In Pirandello's play, the question arises who controls the action on the stage? Where does the power reside? On the one hand, the six characters come almost as supplicants, begging for a chance at self-expression. The stage manager appears to call the shots and control the action. But soon we realize that the locus of power is more indefinite and fluid. The stage manager may act as a martinet, ordering both actors and characters about. But without the inspiration of their characterizations, the actors must simply go on repeating their monotonous Pirandello play.

How do control and power themes operate in family medicine between physicians and behavioral scientists? Who has decisional authority? Who exercises fiscal control? If there is a pecking order, what is the position of the behavioral scientist? Who is on top, who on bottom? Power issues will be revealed in different ways in different settings, but their omnipresence is undeniable. Power is intimately related to inclusionary concerns, to a well-established sense of identity and a secure feeling of belonging. It is only

when issues of inclusion are resolved that people can take risks without fear of judgment, and behave in creative, innovative ways without fear of censure or punishment. In the absence of inclusion, power becomes an hierarchical, win-lose situation.

(Johanna) SCIENTIST: Well, even though I don't feel as though I belong, at least I control the behavioral science program.

(Yves) PHYSICIAN: I've been meaning to talk to you about that. We've switched all the resident rotations around, but we had to eliminate the behavioral science rotation. Also, there's no problem continuing those videotaping sessions (you're really good with a camera, you know), but we won't have time any longer for the review sessions. I'm not worried, though, I know you'll come up with something creative.

(Johanna) According to Schutz' model, it is only by addressing issues of inclusion and control that organizations and systems can achieve a (temporary) state of intimacy and harmony. In Pirandello's play, it is easy to get caught up in the drama of the Mother, Father, and Children, their grievances, injustices, and hurts. Their conflicts call to mind some of the early oppositional dialogues between behavioral scientists and family physicians, dialogues in which I at times had a voice, dialogues that often were framed in terms of exclusion and disempowerment. But the dramatic action in Six Characters is not really about this kind of melodrama, although it is superficially engaging. As Pirandello states, this is traditional theater, overworked and somewhat boring. He is trying to say something new, something about the synergistic effort of creation, in which the characters are dependent on stage manager and actors to reach true fulfillment, and the actors need to be inspirited and enlivened by the stories of the characters. This type of intimacy is precisely the sort of vision we seek in family medicine as well. Too often there is an uncomfortable feeling for behavioral scientists of stuckness and stultification. In Pirandello's play, both characters and actors are undone by vacillations between narcissism and vulnerability, mood swings are not unknown to behavioral scientists. At one moment we insist our way is the only way; the next moment we are devastated by our peripherality and marginality.

What happens in Pirandello's play is discouraging. It is filled with the imagery of rejection, betrayal, and abandonment. The characters reject the actors and vice-versa. In the play within a play, Father betrays Daughter, Brother rejects Sister. Rejection, miscommunication, and misunderstanding are familiar dead-ends in the interaction between behavioral scientists and family physicians. In this sense, Pirandello sounds a cautionary note, and provides a map of a self-preoccupied, antagonistic terrain that we would do well to avoid. In the tragicomedy of family medicine, however, we imagine a happier ending. The alternative to rejection is acceptance and reconciliation. A successful play depends on

balance, on everyone playing a part. A good director also realizes that plays are always works in progress, they cannot simply spring to life fullblown, but must evolve in space and time. This suggests that a certain amount of initial confusion and conflict are the inevitable result of family medicine's pioneering interdisciplinary vision. It takes time, and trust, and creativity to resolve issues of inclusion and power, and achieve a truly intimate relationship. It is also probably true that the exact expression of this intimacy will vary significantly depending on the setting and the personalities of the specific participants.

(Yves) PHYSICIAN: So what might be a resolution to our collaboration?

(Johanna) SCIENTIST: Well, Pirandello's ending is not a happy one. The little one stumbles into a fountain and drowns. The one brother shoots himself. The other withdraws into anger and alienation. The daughter becomes a streetwalker. But that is not the ending I have in mind. I want a different ending.

(Yves) PHYSICIAN: (Uncertainly) But if that is how it is written...?

(Johanna) SCIENTIST: That is what authors don't understand. Once you liberate an idea, it becomes unpredictable. It has a life of its own. It moves in unexpected and creative directions. Sometimes the author's task is to get out of the way.

(Yves) PHYSICIAN: Well, tell me your ending.

(Johanna) SCIENTIST: Like Pirandello, it too requires a leap. But not the stumble of despair, rather a leap of hope. We are always talking about building bridges between behavioral scientists and family physicians, but perhaps this is the wrong metaphor. Bridges are superficial ways to connect people while retaining the safety of separation. Besides, on the bridges we have built, the traffic seems to have been mostly one way, into the more prosperous, higher status city of the physicians. In my ending, we hold hands and jump off the bridge into the river.

(Yves) PHYSICIAN: (Skeptically) This sounds a lot like Pirandello.

(Johanna) SCIENTIST: (Excitedly) But we don't drown. Instead we join the river, a natural commingling of theories, approaches, concepts. We create something together.

(Yves) What is necessary for us to stop walking across the bridge and jump into the river? Several things:

First, both physicians and behavioral scientists must recognize the interdependent nature of their roles. For the physician, this may entail a relinquishing of a power-over mode. For the behavioral scientist, it may involve the abandonment of victimization. Out of this acknowledgement must come an evolution of new identities for both. One outstanding example of this is the concept of a medical family therapist, pioneered by Susan McDaniel and colleagues, that begins to define a unique behavioral scientist identity that has its roots in family medicine as much as in psychology and family therapy.

But there is a danger of seeing this proposal as an endpoint, a permanent solution rather than merely one of an infinite number of role possibilities, some realized, some perhaps not even conceptualized. Our conviction is that the issue of role identity for behavioral scientists and family physicians can never be solved once and for all, in the static sense that this phrase implies. Rather, each time new challenges, such as managed health care, or the recent ascendancy of family medicine on the national health care scene, arise, issues of identity and collaboration must be reworked and reconstructed.

Second, we must redefine territory not as a boundary to be defended, but a resource to be shared. This is a difficult concept to grasp, but as long as behavioral scientists are considered in some sense as guest laborers, issues of belonging will never be resolved. Family medicine will be the loser because this chronic ambivalence will deprive the field of the full energy and commitment of its behavioral scientists. Old concepts of territoriality encourage behavioral scientists to sit on the sidelines and carp. In making the concept of ownership more fluid, behavioral scientists become full stakeholders in family medicine.

Third, we must continue to strive to achieve a true mutuality of purpose and function. Mutuality depends on a shared sense of power, a fluid locus of control, and an equal burden of responsibility. For these goals to be met, we must be prepared to change the way we actually do things in training and in patient care, as opposed to the way we talk about doing things. As has been frequently observed, currently we are in a "transitional" application of the biopsychosocial model, typically more talk than action, as true change is resisted by multiple homeostatic forces within the system of medicine. The possibility of real change, of creating something new is scary and confusing, as Pirandello points out, and we are easily defeated by the simultaneous operation of our narcissism and our vulnerability.

Beyond this, we must return to the tired truism of communication, and admit that after all these years, often we still do not understand each other very well, and more work needs to be done. In the language of the FIRO model, we need to increase our intimacy and sharing. Perhaps we do not sit down with our colleagues often

enough in an I-Thou context to share our innermost visions. Perhaps we are secretly afraid that our paths lead in different directions. But it is precisely this sort of constructivist, evolving dialogue that is required to enliven family medicine, and prevent it from degenerating into a specialty whose function is primarily that of economic gatekeeper.

(Johanna) We must persistently keep before us the essentially relational nature of the discipline of family medicine. Its essence is not specifically in its family orientation, or its cost-effective potential, or in its breadth of patient care, but in its ability to conceptualize the practice of medicine as an interactional process involving the viewpoints, priorities, needs, and fears of many people. The dynamic tension, the inevitable conflicts that result from this interaction and communication should be viewed not as problems to be overcome, but as a necessary and valuable part of the discovery process required by the evolving nature of the discipline. The goal of sharing and communication is not to eliminate different understandings, but to smooth their rough edges, and ensure their usefulness. Closure on any of these issues guarantees stagnation. Rather, we need to cultivate and nurture our creative differences through dialogue.

Perhaps most frightening of all, both behavioral scientists and family physicians must be willing to surrender and let go their cherished assumptions about how the profession of family medicine "should" look. A practice profession like family medicine also has a life of its own, as it is daily constructed in the unique and surprising interactions between patients and doctors, teachers and learners. To the extent that we resist recognizing this identity, and attempt to force static visions on a dynamic field, we will limit our own relevance. Although the characters and actors approached each other with initial enthusiasm in Pirandello's play, they soon became disillusioned. Behavioral scientists and family physicians cannot allow their unique collaboration to degenerate into this type of chaos and cynicism. We must listen to each other and learn from each other. Then we can leap together.