A Psychosocial Kinship Model for Family Therapy

BY E. MANSELL PATTISON, M.D., DONALD DEFRANCISCO, M.D., PAUL WOOD, M.D., HAROLD FRAZIER, M.D., AND JOHN CROWDER, M.D.

Family therapy has traditionally centered on the nuclear family and thus has been typically oriented toward urban white middle-class families. A variety of modifications in therapeutic technique has evolved for work with the many modern families whose structure consists of a functional psychosocial family kinship. The authors have developed a formal theoretical framework and model for family therapy that encompasses the total psychosocial network, i.e., the extended kinships of the nuclear family and the functional kin such as friends, neighbors, and associates.

THE FIELD OF family therapy has grown to a position of major theoretical dominance in the past decade. For example, in his 1974 presidential address, John Spiegel (1) termed family therapy the major organizing concept for the psychotherapy of the future. Yet the development of the theory and technique of family therapy has been based primarily on clinical experience with nuclear families. By "nuclear family" we mean a married couple and their children who have not attained legal majority. It is assumed that this is the typical American family structure. However, we shall present evidence that it is typical only of white urban middle-class families. Further, the focus on the nuclear family structure ignores the psychosocial importance of the extended kinship system of families and the psychosocial network of neighbors, friends, and family associates. Therefore in this paper we will present a theoretical framework for family therapy, based on family sociology, that encompasses the total primary psychosocial system. This includes the extended kinship system consisting of people related by blood and marriage and the functional kinship system of neighbors, friends, and associates. We also present a model for psychosocial system therapy.

Presented at the 128th annual meeting of the American Psychiatric Association, Anaheim, Calif., May 6–10, 1975.

The authors are with the Department of Psychiatry and Human Behavior, University of California, Irvine, where Dr. Pattison is Associate Professor and Vice-Chairman, Drs. DeFrancisco and Frazier are Clinical Instructors, and Drs. Wood and Crowder are Assistant Clinical Professors. Dr. Pattison is also Deputy Director and Dr. Wood is Assistant Director, Training, Consultation, and Education Division, Orange County Department of Mental Health, Orange, Calif. Address reprint requests to Dr. Pattison, Orange County Medical Center, 101 City Drive South, Orange, Calif. 92668.

CLINICAL EXTENSIONS OF FAMILY THERAPY

The pioneer literature on family therapy deals almost exclusively with intact nuclear families. We will not review that literature; however, it is of note that Bell (2), one of the early pioneers, noted as long ago as 1962 the psychodynamic importance of the social kinship system for nuclear family function. Bell observed that "well" families achieved satisfying relationships with family kin, who provided a social resource to the family, whereas "sick" families lived in obvious conflict with their social kin system. Bell reported that the sick families used the extended kin system in a variety of pathological ways, as follows: 1) to reinforce family defenses, 2) as a stimulus for conflict, 3) as a screen for projection of nuclear family conflict, and 4) as competing objects for support.

The first clinical experiment with a system of therapy beyond the nuclear family was probably the development of married couples' group psychotherapy, in which 4 or 5 nuclear couples were treated in a group (3). The second step was the introduction of multiple family therapy, in which 4 or 5 nuclear families were treated in a large group. The technique of multiple family therapy has been described as one in which the family learns how to operate as a family system within a larger system. Laquer (4), one pioneer of this method, described it as a "system" therapy.

A third step developed as the consequence of the conduct of family therapy in the home of the nuclear family. Here family therapists reported that friends, relatives, and neighbors would occasionally be included in the family sessions by chance, invitation by the family, or even invitation by the therapist because the extrafamilial person was noted to play an important role in the dynamics of the family (5–7). Thus these rather casual clinical experiences began to demonstrate the importance of other persons in the psychodynamic function of the nuclear family.

A fourth step, then, was the formalization of family therapy groups to include not only the nuclear family but also persons related by blood, marriage, friendship, neighboring residence, or work association. The clinical pioneers in this effort reported their work as an attempt to collect, organize, and use the total social network of the identified patient. Thus far the method has been termed "network" therapy by some (8–10) and "ecological systems" therapy by others (11–14).

Meanwhile, there has been some explicit recognition

by family therapists that the typical nuclear family is not representative of all existent family structures. For example, Sager and associates concluded their work on black family therapy by observing:

> the traditional definition of family that guides acceptance into a family clinic must be expanded. The notion of a legally bound adult couple or of the primacy of the nuclear family over other kinship ties is not germane. . . . "Family" has to be redefined. . . . The therapist frequently works with only fragments of the nuclear or extended family or with combinations [of relationships] . . . . (15, p. 236)

Another example is the seminal work of Minuchin and associates (16) in their book *Families of the Slums*. Like Sager and associates, they found that slum families often consisted of various fragments of nuclear families and/or extended kinship systems involving relatives, friends, and neighbors. On the basis of these observations, Minuchin and associates proposed a more crisis-oriented, reality-based modification of family therapy related to the actual family structure encountered.

Thus we have a sequence of clinical experience that points up a growing awareness of the limitations of family therapy based solely on the notion of the nuclear family.

CONTEMPORARY FAMILY SOCIOLOGY

A major topic of Western sociology has been the changing structure and function of the family. Up to 1945 the major proposition advanced was that the traditional extended kinship system of the family was gradually disappearing (17) and was being replaced by the "isolated nuclear family." Two factors—rapid industrialization and a shift toward urbanization—were thought to coalesce in the "nuclearization" of families. Family sociologists viewed this trend with some alarm. It was apparent that the extended kinship system had provided two major resources for individual and family sustenance. One resource was affective support, that is, emotional involvement, personal interest, and psychological support. The other resource was instrumental support, in the form of money, food, clothes, and assistance in living and work tasks. The loss of the extended family system that occurred when young couples moved to the city and assumed new jobs that differed from those of their agrarian small-town parentage was thought to represent a major loss of affective and instrumental support to the young nuclear family. Some theorists, such as Parsons (18), concluded that the nuclear family could not survive as a stable family form because it lacked the affective and instrumental resources of the extended kinship. It was hoped that voluntary associations would replace the kinship association system, although there were few data to support such a hope.

A number of studies since 1950 have questioned this industrial-urban nuclearization hypothesis. In 1946 Komarovsky (19) reported that urban working-class families did not associate in voluntary groups but did retain a high level of socialization with their blood kinship systems. In 1951 Dotson (20) replicated this finding with further data on high social activity in the kinship system. By 1968 Adams (21) had accumulated a sufficiently large repertoire of research data to firmly conclude that at least among the urban working-class families of America, the extended family kinship system was not only present but was the dominant family structure.

But what of the middle-class and upper-class nuclear families that had become the sociological prototype of the new American family? Here again the stereotype did not hold. In 1957 Bott (22) reported that middle-class couples did not live in isolation but formed coalitions with other middle-class couples in a new network of social kinship. In 1953 Sussman (23) reported that "many neolocal nuclear families are closely related within a matrix of mutual assistance and activity which results in a kin related family system." Similarly, in 1967 Gans (24) found that suburban communities rapidly organized into quasi-family kinship groups that assumed both the affective and instrumental activities of the typical extended kinship structure.

Lack of space precludes an adequate summary of the extensive literature on the family and permits only a brief note here (25–27). The major findings are that there are four principal types of family structure in the United States, as follows:

1. The traditional extended family, an interdependent social and economic unit, with each nuclear subfamily living in geographic proximity and depending upon the extended kin for major affective and instrumental resources.
2. The dissolving or weak family in which most kin functions have been assumed by large-scale formal organizations, leaving the nuclear family with few resources and few innate coping abilities.
3. The isolated nuclear family, a structure that retains fewer essential functions; these are concentrated in the family and are maintained with stability, although often at the expenditure of great effort to maintain family cohesion.
4. The modified extended family structure, which consists of a coalition of nuclear families in a state of partial dependence.

On a clinical basis, we suggest that the traditional extended family (type 1) is typical of the American working class and of the very rich upper class. The weak-dissolving family (type 2) is found in the slums and ghettos. The isolated nuclear family (type 3) is found in upwardly mobile and geographically mobile middle-class families. This type of family may be overrepresented in family therapy clinics because it is so vulnerable to stress, whereas the modified kinship family (type 4) is the more usual middle-class and upper-middle-class family that makes a successful adaptation.

In summary, these data suggest that the American family still retains a significant extended kinship system, even in the face of industrialization and urbanization. Further, those working class and middle-class families who have lost their blood-marriage kinship system ac-

tively recreate a kinship system comprised of the functional kin of friends, neighbors, and associates.

CLINICAL SIGNIFICANCE OF THE KINSHIP SYSTEM

These kinship considerations assume clinical importance as we look at the social dynamics of family function. In the family therapy field we have become accustomed to the importance of family dynamics in the generation of individual symptoms and the treatment of the family system in order to effect therapeutic change in the individual family member. Our thesis here is that the nuclear family may not be the basic social system. Rather, we posit that the basic social system is often the extended psychosocial kinship system, comprised of nuclear family, some blood relatives, relatives by marriage, friends, neighbors, and close associates from church, work, or recreational activities. This collage of relationships forms the functional primary psychosocial group of the individual and becomes the focus of our attention.

How important is this primary psychosocial system? There are a number of provocative studies that suggest that the affective and instrumental resources of this psychosocial system have been seriously underestimated. In a study of normal families and families seeking treatment, Kammeyer and Bolton (28) found that the "sick" families had fewer memberships in voluntary associations, fewer friendships with relatives, and fewer relatives living in the same community. Alissi (29) reported a similar psychosocial system impoverishment in families applying to group service agencies. The lack of an effective psychosocial system among dysfunctional urban families has been noted by Collins (30), Curtis (31), Feldman and Scherz (32), and Hansell (33).

On the other hand, nonclinical studies of the help-seeking patterns of families with affective and instrumental types of problems have repeatedly shown that these families do turn to their psychosocial network for assistance rather than to formal organizational helping agencies. For example, Croog and associates (34) found that the psychosocial kin are the preferred resource for even severe physical illness. The extensive reliance on the psychosocial system has also been noted by Lebowitz and associates (35), Litwak (36), Salloway and Dillon (37), and Sussman and Burchinal (38).

One major clinical book on kinship (39) strongly supports a diagnostic focus that extends beyond the nuclear family. The authors conclude:

> We have argued that family diagnosis must not end with the nuclear family, because the family is no more a closed equilibrium system than is the individual. . . . Knowledge of the relationships between the family and its external environment is vital . . . this knowledge applies to kin, to occupational associates, to friends, and other non-familial relationships. . . . the possibility that this unit might be effective in some instances is no more far-fetched than the notion that the family rather than the individual is sometimes the appropriate unit of treatment (39, p. 230).

Mendell and associates (40) have also underscored the extended family kinship group as the target for evaluation and intervention. They suggested the following focus on this ongoing social system: "When the individual comes to a therapist for help, we assume that he is admitting the failure of his group as an effective milieu in which to find the solution he seeks. . . . Our data suggest that the individual seeking help frequently approaches the therapist to protest against the ineffectiveness of the group to which he belongs" (40, p. 127).

Litwak (41) summarized the clinical importance of the psychosocial family system as follows ("family" refers to the family kinship group):

> there are several classes of situations where the trained expert is of little use: in situations which are not uniform and where the minimal standards set by society are not involved. . . . The question arises as to whether the family as a primary group might not be superior to the formal organization in these areas. . . . the family structure is able to deal more easily with the idiosyncratic event because the family has more continuous contact over many different areas of life than the professional organizations . . . the family has speedier channels for transmitting messages that had no prior definition of legitimacy . . . it is less likely to have explicit rules on what is and what is not legitimate, it is more likely to consider events which have had no definition. . . . (41, p. 179)

This brief summary indicates that 1) the psychosocial system does exist, 2) it exerts both positive and negative sanctions and supports on the nuclear family and the individual, and 3) it is a fundamental social matrix that may prove to be either pathological or helpful and therapeutic. The evidence cited in this section supports Jackson's contention that we must move from the nuclear family to the larger context of the psychodynamic social system of the individual (42).

DEFINITION OF THE PSYCHOSOCIAL KINSHIP SYSTEM

Up to this point the definition of the psychosocial system has been loosely conceptual. Social psychologists have found that affinity by mere blood or marriage does not define meaningful kin relationships and that a casual definition of friend, neighbor, or work associate does not define a significant psychodynamic relationship (43). Similarly, the clinical reports cited seem to follow circumstance and serendipity in the collation of psychosocial systems, rather than an empirically based concept of a psychosocial organization. Indeed, the most frequent question is this: Who constitutes the psychosocial system?

To answer this question, our research team has developed an empirical instrument, the Pattison Psychosocial Kinship Inventory, to determine the exact nature of the psychosocial system. Our aim is to determine the *psychodynamic* social system that comprises the primary social matrix of the individual. The people in this matrix are related to the individual on the basis of interaction and valued importance. Thus the relationships in the matrix are determined by social and psychological variables. Fur-

ther, this social matrix represents the functional kin group of the individual. Thus we term it the psychosocial kinship system.

Our inventory is based on the empirical social psychology of interpersonal relationships (44). We have found that significant interpersonal relationships are based on five major variables.

1. The relationship has a relatively high degree of interaction, whether face-to-face, by telephone, or by letter. In other words, a person invests in those with whom he has contact.

2. The relationship has a strong emotional intensity. The degree of investment in others is reflected in the intensity of feeling toward the other.

3. The emotion is generally positive. Negative relationships are maintained only when other variables force the maintenance of the relationship, such as a boss or spouse.

4. The relationship has an instrumental base. That is, not only is the other person held in positive emotional regard, but he can be counted on to provide concrete assistance.

5. The relationship is symmetrically reciprocal. That is, the other person returns your strong positive feeling and may count on you for instrumental assistance. There is an affective and instrumental quid pro quo.

In the administration of the Pattison Psychosocial Kinship Inventory we ask the individual to list the subjectively important people in his life, under the categories of family, relatives, friends, coworkers, and social organizations. We then have the subject rate each person listed according to items on the five variables of interpersonal relationships. The subject then draws a sociogram of the social connections that exist among all the people he lists. This produces a social connectedness ratio of the proportion of people in this social matrix who interact with each other to the proportion who do not.

Using this method, we have collected preliminary data from a normative urban population of 200 subjects and small populations of neurotic and psychotic subjects. Although complete data will not be reported here, we do wish to present certain salient findings to demonstrate the possible clinical utility of this method in mapping out the psychosocial kinship system.

Our data on the normal population revealed that the healthy person has 20 to 30 people in his intimate psychosocial network. The relationships are rated positive on all five variables of interpersonal relationships. There are typically 5 or 6 people in each subgroup of family, relatives, friends, neighbors, and work or social contacts. About half to two-thirds of these people have social relationships with each other, so that the social connectedness/unconnectedness ratio is about 60:40. Friends are the most highly valued members of the network outside of the nuclear family and are most often sought for affective and instrumental assistance. Significant relationships are found in multiple areas of life interaction, and the social matrix is semiopen to other people. In summary, the normal person has a finite primary group of about 25 people, who comprise a stable but not exclusive psychosocial system.

How valid are these findings? Our empirical data bear striking correspondence to a series of mathematical formulations in the field of social anthropology (45, 46). In a recent report of their work on the theory of random groups, Killworth and Bernard (45) attempted to formulate the parameters for social group function. They stated, "In general, then, any individual is a member of several different social systems simultaneously; work, family, or social life. These may or may not be intersecting. Presumably people are able to process all these systems simultaneously precisely because they are never asked to do just that" (p. 336). Based on the theoretical predictions of Miller (47) and Milgram (48), Killworth and Bernard then estimated that the normal person has 24 to 27 direct personal relationships in life; these relationships involve 4 to 5 subgroups, each consisting of 5 to 6 people, and are all related in a pseudoclosed network. Thus this mathematical formulation is almost identical to the structure of the psychosocial network that we have defined through our empirical studies. Additional empirical support is found in the work on social networks by the Dutch anthropologist Boissevain (49). He mapped out personal social networks using a technique similar to ours and found an average of 30 people in the intimate social network. Consequently, we feel that our description of the primary psychosocial kinship system is a relatively accurate generalization.

We found a different pattern among our neurotic population. They have 10 to 12 people in their social network, often including significant people who are dead or live far away. Ratings on the interpersonal variables are lower than for normal individuals and usually contain a number of negative relationships. The network has a social connectedness/unconnectedness ratio of about 30:70. It is as if the neurotic person is at the hub of a wheel, with individual relationships like spokes that have no interrelationship. In sum, the neurotic individual has an impoverished psychosocial network that does not provide a supportive psychosocial matrix.

A third pattern emerged in the psychotic population. Their social networks consist of only 4 or 5 people, usually family. Their interpersonal ratings are uniformly ambivalent and nonreciprocal. Their social connectedness ratio is 90:10 or higher. In other words, the psychotic is caught in an exclusive small social matrix that binds him and fails to provide a healthy interpersonal matrix.

CLINICAL WORK WITH THE PSYCHOSOCIAL KINSHIP SYSTEM

It is beyond the scope of this paper to detail the clinical methods that can be employed in working directly with the psychosocial system; these methods have been described elsewhere (50, 51). The reader is also directed to the previously cited clinical research of others working with psychosocial systems (e.g., 7–16, 30, 31, 39). The clinical applications of the psychosocial system concepts that we have outlined are still highly experimental, based on clinical circumstance and acumen. Our intent in this

paper has been to develop a theoretical framework and an empirical data base to demonstrate the importance of the psychosocial kinship system.

The extension of family therapy beyond the nuclear family to the psychosocial kinship system raises a number of possibilities for clinical intervention. For example, in the case of a normal psychosocial system the clinician may focus on this system to cope with family crises. With exceptionally strong psychosocial systems it may be difficult or impossible to conduct traditional family therapy; and when the nuclear family does not exist, one is even forced to work directly with the psychosocial system. When a neurotic psychosocial system exists it may be possible to repopulate the system with real people, removing the dead or absent members, and to resolve the negativistic relationships that exist. In the case of a psychotic, it may be important to open up the totally closed system and to establish interpersonal relationships with other social subsystems so that an effective psychosocial system can be created.

COMMENT

We have attempted to extend the concept of family therapy beyond the theory and technique based on the nuclear family. Recent clinical experiments with psychosocial systems, pertinent data on the sociology of the family, and our own empirical research all point to the existence of the psychosocial kinship system and the importance of focusing on it in family therapy.

REFERENCES

1. Spiegel JP: The family: the channel of primary care. Hosp Community Psychiatry 25:785–788, 1974
2. Bell NW: Extended family relations of disturbed and well families. Family Process 1:175–193, 1962
3. Gottlieb A, Pattison EM: Married couples group psychotherapy. Arch Gen Psychiatry 14:143–152, 1966
4. Laquer HP: General systems theory and multiple family therapy, in Current Psychiatric Therapies, vol 8. Edited by Masserman JH. New York, Grune & Stratton, 1968, pp 143–148
5. Landes J, Winter W: A new strategy for treating disintegrating families. Family Process 5:1–20, 1966
6. Laskin E: Breaking down the walls, Family Process 7:118–125, 1968
7. Boszormenyi-Nagy I, Spark GM: Invisible Loyalties. Hagerstown, Md, Medical Department, Harper & Row, 1973
8. Attneave CL: Therapy in tribal settings and urban network intervention. Family Process 8:192–210, 1969
9. Finlay DG: Effect of role network pressure on an alcoholic's approach to treatment. Social Work 11:71–77, 1966
10. Speck RV: Psychotherapy of the social network of a schizophrenic family. Family Process 6:208–214, 1967
11. Auerswald EH: Interdisciplinary versus ecological approach. Family Process 7:202–215, 1968
12. Hoffman L, Long L: A systems dilemma. Family Process 8:211–234, 1969
13. Mannino FV, Shore MF: Ecologically oriented family interaction. Family Process 11:499–505, 1972
14. Minuchin S: The use of an ecological framework with treatment of the child, in The Child in His Family, vol 1. Edited by Anthony E. Koupernik C. New York, Wiley-Interscience, 1970, pp 317–324
15. Sager CJ, Brayboy TL, Waxenberg BR: Black Ghetto Family in Therapy. New York, Grove Press, 1970
16. Minuchin S, Montalvo B, Guerney BG, et al: Families of the Slums. New York, Basic Books, 1967
17. Sussman MB: The isolated nuclear family: fact or fiction. Social Problems 6:333–340, 1959
18. Parsons T: The kinship system of the contemporary US. American Anthropologist 45:22–38, 1943
19. Komarovsky M: The voluntary associations of urban dwellers. Am Sociol Rev 11:686–698, 1946
20. Dotson F: Patterns of voluntary associations among urban working class families. Am Sociol Rev 16:687–693, 1951
21. Adams BN: Kinship in an Urban Setting. Chicago, Markham Publishing Co, 1968
22. Bott E: Family and Social Network. London, Tavistock Publications, 1957
23. Sussman MB: The help pattern in the middle-class family. Am Sociol Rev 18:22–28, 1953
24. Gans HJ: The Levittowners. New York, Pantheon Books, 1967
25. Hsu FLK (ed): Kinship and Culture. Chicago, Aldine Publishing Co, 1971
26. Farber B (ed): Kinship and Family Organization. New York, John Wiley & Sons, 1971
27. Shanas E, Streib GF (eds): Social Structure and the Family. Englewood Cliffs, NJ, Prentice-Hall, 1965
28. Kammeyer KCW, Bolton CD: Community and family factors related to the use of a family service agency. Journal of Marriage and the Family 30:488–498, 1968
29. Alissi AS: Social work with families in group-service agencies: an overview. Family Coordinator 18:391–401, 1969
30. Collins AH: Natural delivery systems: accessible sources of power for mental health. Am J Orthopsychiatry 43:46–52, 1973
31. Curtis WR: Community human service networks. Psychiatric Annals 3:23–40, 1973
32. Feldman F, Scherz F: Family Social Welfare. New York, Atherton, 1967
33. Hansell N: Patient predicament and clinical service: a system. Arch Gen Psychiatry 14:204–210, 1967
34. Croog SH, Lipson A, Levine S: Help patterns in severe illness: the roles of kin network, non-family resources, and institutions. Journal of Marriage and the Family 34:32–41, 1972
35. Lebowitz BD, Fried J, Madaris C: Sources of assistance in an urban ethnic community. Human Organization 32:267–271, 1973
36. Litwak E: The use of extended family groups in the achievement of social goals: some policy implications. Social Problems 7:177–187, 1959–60
37. Salloway JC, Dillon PB: A comparison of family network and friend network in health care utilization. Journal of Comparative Family Studies 4:131–142, 1973
38. Sussman MB, Burchinal LG: Kinship family network: unheralded structure in current conceptualization of family functioning. Journal of Marriage and the Family 24:231–240, 1962
39. Leichter HJ, Mitchell WE: Kinship and Casework. New York, Russell Sage Foundation, 1967
40. Mendell D, Cleveland SE, Fisher S: A five-generation family theme. Family Process 7:126–132, 1968
41. Litwak E: Extended kin relations in an industrial democratic society, in Social Structure and the Family. Edited by Shanas E, Streib GF. Englewood Cliffs, NJ, Prentice-Hall, 1965, pp 176–204
42. Jackson DD: The individual and the larger contexts. Family Process 6:139–147, 1967
43. Ferraro GP: Some methodological observations on the study of urban kinship. Journal of Comparative Family Studies 5:117–124, 1974
44. Adams BN: Interaction theory and the social network. Sociometry 30:64–78, 1967
45. Killworth P, Bernard HR: Catij: a new sociometric and its application to a prison living unit. Human Organization 33:335–350, 1974
46. Bernard HR, Killworth P: On the social structure of an ocean-going research vessel and other important things. Social Science Research 2:145–184, 1973
47. Miller GS: The magical number seven, plus or minus two: some limits on our capacity for processing information. Psychol Rev

63:81-97, 1956
48. Milgram S: Interdisciplinary thinking and the small world problem, in Interdisciplinary Relationships in the Social Sciences. Edited by Sherif M, Sherif CW. Chicago, Aldine Publishing Co, 1969, pp 112-121
49. Boissevain J: Friends of Friends: Networks, Manipulators and Coalitions. New York, St Martin's Press, 1974
50. Pattison EM: Social system psychotherapy. Am J Psychother 18:396-409, 1973
51. Pattison EM: Psychosocial system therapy, in Handbook of Community Mental Health Practice. Edited by Hirschowitz RG. New York, Spectrum Publications (in press)

Change in 1976 Annual Meeting Site

The APA Executive Committee decided to move the May 10-14, 1976 APA Annual Meeting from Atlantic City to Miami, Florida, after hearing the APA Meetings Management Department report that it had ascertained that a major Atlantic City hotel had inadvertently committed several hundred rooms to another organization during the week the APA meeting was scheduled. This would have left APA with the unacceptable alternative of using a myriad of scattered small hotels in the Atlantic City area. It has been confirmed that Miami Beach can accommodate the meeting.

Further arrangements and developments will be reported in future issues of *Psychiatric News*.