

## IV - VECTOR THERAPY

Neurosis (personality disorder; psychonosis; emotional disorder) does not originate within psychotherapeutic interviews. It thus follows that, if neurosis originates outside the psychotherapeutic interview, measures taken outside these interviews might aid the resolution of neurosis. It is claimed that this is possible with Vector Therapy, a form of psychotherapy which is extra-interview, though guided from the interview. The value of interview psychotherapy is not denied; Vector Therapy is complementary to it, but, in the right circumstances, can be more effective than interview psychotherapy.

### *Theoretical Background*

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Vector Therapy arises from fundamental, social and clinical observations, and is supported by them.

At the fundamental level, we find that creativity through evolution is essentially a re-patterning of phenomena in such a way as to allow a more harmonious functioning of those phenomena. A hurtful biochemical agent can become a drug of great benefit by a re-patterning of its elements. In the evolutionary process, re-patterning occurs by chance and the resulting new pattern survives because it is more harmonious with the developing changes occurring around it. However, man's increasing insights, themselves a product of evolution, also allow for directed changes of phenomena. Vector Therapy has this fundamental capacity of reshaping phenomena, in its case psychic phenomena, and does so in a systematic directed fashion.

The second observation concerns neurotics in society. As neurotic individuals are studied in society, it is noticed that their condition fluctuates – sometimes it deteriorates, sometimes it improves and sometimes it resolves completely. Therefore the capacity to improve without psychotherapeutic intervention is there. Indeed, on study (Frank, 1961) showed that the neurosis of more than half of the patients under observation resolved spontaneously while their appointments remained on a clinic's waiting list for one year. What causes this spontaneous improvement? What circumstances are at work outside interview psychotherapy? If we knew the answer, we could utilise the responsible therapeutic factor or factors. Vector Therapy has gone a long way towards finding an answer and utilising it in treatment.

The third observation springs from clinical work which daily produces examples of **spontaneous changes** in neurosis. To quote but a few examples taken from recent meetings with families:

*Family 1.* The family entering the room consist of father, mother, maternal sister, a young child and an infant. The infant is the referred patient for his refusal to feed. The infant, held in his mother's arms, enters the room crying. The family sits down. The crying increases and with it the annoyance of those present. Then there is an intervention; maternal sister puts out her arms and takes the infant, who immediately ceases to cry. The infant is responding to a new pattern of vectors, which indeed brings relief to the whole group.

*Family 2.* The family recalls their adolescent son's turbulent life. There was only one period of respite remembered with satisfaction by parents and boy. This was when the parents were abroad for six months and the boy, aged ten at the time, stayed behind

and was looked after by his paternal grandparents. In their care his disturbance seemed to fall away from him. This boy too responded to a new pattern of vectors.

*Family 3.* A husband presents with depression. The whole family comes for treatment. Therapy has hardly begun, when the son of 25 is transferred to a post abroad. The family reports a sudden improvement in father's depression which lifts dramatically. It emerges later that he was locked in conflict with his son. Here we had a spontaneous alteration in the pattern of the vectors to father's advantage.

The examples are legion.

## ***History***

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During 25 years, work with families at the Institute of Family Psychiatry, Ipswich, England, brought to light cases in which the morbid process of neurosis was resolved or improved by extra-interview procedures complementary to, or divorced from, interview psychotherapy. Clinical work and research supported the hypothesis that therapeutic factors were at work outside the psychotherapeutic interview and efforts were made to identify these factors. Careful assessment supported the belief that the most significant pattern of forces is that within the family, although occasionally the pattern outside the family may also be powerful. When a pattern of forces were producing psychopathology, changing the pattern would remove or attenuate the trauma. Thus, more emphasis was placed on the therapist's capacity for reshaping the pattern of forces in the life space of an individual or a family in a systematic and purposeful fashion. Having arrived at a rational theory of Vector Therapy, its application developed into a useful and economical technique.

## ***Definition of Vector Therapy***

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A vector denotes a quantity which has direction. Force, including emotional force, is a quantity with direction and therefore can be represented by a vector. Neurosis results from an experience, of short or long duration, whereby an individual's psyche suffers damage by noxious, stressful, emotional forces, termed noci-vectors, coming from an emotional source – another person. They are in contrast to health giving, benevolent vectors.

A benevolent vector can be illustrated as follows: A young couple look with admiration at their room full of new furniture. The husband exclaims "I will always sit on this settee, dear". Wife expresses surprise, "But why on the settee?" The husband replies "Because then I can always sit next to you, dear". Those few words are a benevolent communication, a benevolent vector, which will cause the wife to glow with emotional and physical pleasure.

We meet the same couple some years later. One night, after intercourse, the wife turns to her husband and exclaims "You did not have a climax". He replies "No. I am keeping that for someone else". These few words are a noxious communication, a noxious vector. The wife is likely to respond with despair and could even be physically sick.

Often the individual in his daily life is beset by one or many of such noxious emotional forces, and frequently by a pattern of harmful forces. Clinical and experimental work support the belief that the most significant and most dramatic pattern of forces is that which occurs within the family. The time of greatest impact is

in the years of personality development, infancy and childhood, when long-lasting damage can be affected and vulnerabilities to events in later life can be established. Occasionally, the adverse set of forces arise outside the family – in surrogate families, institutions, schools, work situations or social milieu.

A neurosis can resolve spontaneously. If our formulation on psychopathology is correct, the spontaneous change happens because the adverse pattern of forces changes and the change produces an attenuation of the trauma; the degree of change reflects the degree of reduction in trauma. If we can identify ways by which the pattern **spontaneously** changes, then we should be able to **direct** the forces causing these changes to take place. Vector Therapy relies upon our capacity to change patterns of forces, not haphazardly, but in a systematic directed fashion.

**Vector Therapy identifies the pattern of the vectors inside and outside a family and adjusts the pattern of the emotional forces within the life space to bring improvement to the individual or family within the life space. Vector Therapy improves on nature by directing rather than leaving to chance the re-patterning of fields of psychic forces.** (Howells, 1963.)

Psychotherapy means treatment employing psychic, or emotional, influences. Thus Vector Therapy is a psychotherapeutic procedure. Thus Vector Therapy is a psychotherapeutic procedure. But the beneficial psychic influences operate outside the interview; the interview is employed to assess and guide the psychotherapy in progress outside the interview. Thus Vector Therapy is an extra-interview psychotherapy.

## ***Illustrations***

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It may be useful to mention a few clinical applications. Simple and therefore clear illustrations will deliberately be selected so that the principle can stand out. Of course, in practice the situations are often far from simple and make great demands on the skills of the most experienced of psychiatrists.

*Situation 1.* We have a simple nuclear family of three – a healthy father, a highly neurotic mother, and a disturbed child. The mother and child are locked in an intense, disturbing relationship. Father has been taught by his own family that children should be brought up by mothers. He is concerned, but does not think it right to intervene and moves away to the calm of extra family activities. Vector Therapy can now intervene. The father is brought into an individual interview and he learns that fathers can assist in bringing up children; he unlearns his own family's rearing practices. Then the nuclear family meets and over a number of interviews comes to accept father as the main parenting agent. The new pattern of vectors brings an immediate improvement in the state of the child. It would still be possible for the disturbed young mother to receive psychotherapy; the two therapies are complementary.

*Situation 2.* A young wife presents with anxiety and depression. Exploration of the family situation reveals that the young couple live close to the paternal grandparents. The paternal grandmother is a hard, harsh, dominating woman. She sweeps into the house everyday and always has something to criticise. The young wife cannot even anticipate at what time of the day her mother-in-law will descend upon the house. Her life is full of tension and expectant anxiety. The birth of her child offers more opportunities for criticism to the mother-in-law.

Over a number of interviews the young couple, and husband in particular, are strengthened to the point when, without precipitating a quarrel with the grandparents, they can move some distance away. The husband is also supported to the point when he makes arrangements for his parents to visit infrequently and at expected times. The young wife's anxiety and depression lifts. Should the situation dictate it, it would still be possible for the young wife and her mother-in-law to receive psychotherapy.

*Situation 3.* A 14-year-old adolescent girl presents with aphonia, anxiety and insomnia. Exploration reveals over-protective parents, unable to support their daughter in meeting the normal trials of everyday life. The girl is quarrelling persistently with her schoolmates. Their retaliation depresses her. Her school work suffers. Further family exploration shows daughter looks back with pleasure to a three month period spent with the paternal grandmother, a widow, who apparently shared her pleasure. The girl is transferred to the care of her grandmother with an almost immediate relief in her symptomatology and a marked improvement in her school record. Should it be required the parents and the adolescent could still receive psychotherapy.

Three brief comments must be offered on these examples. Firstly, to say that father must look after his child, that mother-in-law must not visit, and that an adolescent must live with her grandmother is equivalent to a surgeon saying very forcibly "This appendix must come out". But a child cannot be torn out of his family any more than an appendix can be casually torn out of his body. To make a psychiatric, or a surgical, diagnosis, calls for experience and understanding of pathology, careful assessment (sometimes over a long period of time), the capacity to evaluate the essentials of a mass of data, the ability to formulate clear advice, an empathic relationship that dissolves the fears of the patient, and sometimes the patience to wait until the patient is secure enough to adopt the remedy that will bring relief. Vector Therapy is an exacting psychotherapeutic procedure. It may call for brave decision-making and sensitive management of the patient, his family, and the many agencies that can assist in the re-patterning of the vectors.

Secondly, in each of the examples given, interview psychotherapy could also be of assistance. Thus, Vector Therapy and interview psychotherapy are complementary. Indeed, the best results are obtained when they are employed together.

Thirdly, the change takes place not in the pattern of physical forces inside and outside the family, but in the pattern of psychic emotional forces.

### ***Successful Application***

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Careful assessment of an individual can bring to light the pattern of adverse forces that brought, and maybe still brings, trauma into his life. The main areas of exploration are threefold – the patient's life experience in his preceding family, the patient's life experience in his present family, and the patient's experience outside the family circle. An invaluable procedure for this exploration is to meet the patient together with his family – either his preceding or present family – a procedure termed Family Group Diagnosis (Howells, 1975). A particular development is worth mentioning here. Hitherto, the usual procedure in the exploration of the preceding family has been to invite an individual patient to remember and relate his experiences in it. How full of errors is this procedure! Far better is to adopt the practice, whenever

the preceding family is available, to put it with the patient and observe the adverse process at work. We have found this practice of great value at our Institute.

Starting with Family Group Diagnosis, it may be useful to summarise the essential steps in the application of Vector Therapy. Each step is concerned with assessing psychic factors or effecting psychic changes. The steps are:

1. A careful assessment through family group interviews to clarify the pattern of the emotional forces at work in a particular family, i.e. Family Group Diagnosis
2. To bring understanding of its particular set of forces to the family
3. To help the family, through a supportive relationship, to accomplish a change in the pattern of its adverse set of forces
4. When necessary, to put the family in touch with community agencies that can facilitate the change
5. To create community agencies able to effect changes in family psychic patterns. The agencies bring not material relief, but emotional relief, to the family. This may involve adjusting present community agencies or establishing new agencies.

Vector Therapy can be effective when facilities for interview psychotherapy are absent or scarce. This is a situation common in many countries. When resources are limited, Vector Therapy has the added advantage of being economical. It demands the same degree of skill in the psychiatrist as interview psychotherapy, but it saves the psychiatrist's time because it utilises less interview time as change is produced by monitored therapeutic situations outside the interview.

Vector Therapy can also be effective when there are facilities for interview psychotherapy, but they are unlikely to be availing; an example would be the treatment of a hard core or problem family. Again Vector Therapy can be utilised when the situation demands an urgent solution, when someone may be damaged or endangered during the interval before interview psychotherapy becomes effective, e.g. when an infant at risk of being battered in his own home has to be urgently removed to a safer milieu. Given ideal resources, the quickest and best results are obtained by combining interview psychotherapy and Vector Therapy.

Vector Therapy throws into relief the value of facilities in the community that can bring beneficial influences to bear on families. Thus around a family, particularly when its children are young, is a pattern of positive emotional forces. Over generations a system so developed creates a health promoting, salutiferous society.

## REFERENCES

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