

Pathological and pathogenic interactions in Multi-Family Psychoanalysis

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Abstract

This text treats a specific aspect of multi-family psychoanalytic groups in which it is sometimes possible to find that the pathological and pathogenic interactions frequently visible in a session with a parent and a child, also develop in a couple, between parent and child or even between brothers and sisters.

How is it possible then, to deal with this kind of interaction in a group in which one of the members of a couple, or a symptomatic parent and his child, or a sister and her symptomatic brother, interact ?

Keywords: multi-family psychoanalysis (MFP), group, pathological and pathogenic interdependence

The group context

The multi-family group we will be referring to in this text is one of the Mental Health Centers of the 17th district of the Local Health Authority RM/E.

The meetings began in Autumn 2009 and took place every two weeks in a room of the 17th district made available by the Council of Rome.

The group was made up of about 20 people, lead by M. Dr. F. Borgia, Ps. Dr M. Pavone, Ps. Dr. M.E. Winkler. Three observers were also present : Ps. Dr. A. Apuzzo, Ps. Dr. I. Pedoni, Ps. Dr. P. Soldo.

Our query

How is it possible to explore, within a MFP, the interactions between two members of a couple or between a child and a symptomatic parent or even between a sister and her symptomatic brother ? According to us, the interaction between siblings (one of the two symptomatic) has similar characteristics but differs in other ways from the interaction which takes place between a parent and a child displaying symptoms.

“One of the most important therapeutic functions is to “visualize” the similarities between what happens in one family and what happens in another. This allows us to metaphorize the situation”. (Garcia Badaracco J.E., 2004).

A clinical case study

In this first clinical example what is highlighted is the interaction between a couple immediately identified by the group as needing support due to the fusional dynamics displayed. Gianni and Laura are a couple. Gianni suffers from a severe form of depression diagnosed approximately 3 years ago for which he was treated

with electroshock therapy and several admissions to hospital. The first time he took part in the meetings he was so anxious that he could hardly sit still but slowly began to participate. Gianni's wife, follows his every step, talks instead of him and, in the first few meetings, completely took over not even allowing others to ask him questions. After one year what became apparent was the succession of three different phases : in the first phase, Laura expressed her worries and described how her life had become a struggle since the support of a strong and determined husband was no longer available. In the second phase, thanks to the support of the group, Laura appears to be feeling better, as if she recognized and accepted the absence of a strong person on which to depend. The absence perceived seemed to have elicited a caring behaviour which made her feel valuable; lastly, a third phase in which there was an improvement in the husband's clinical situation. At this point, Laura seemed to go back to feeling the initial distress. The hope of re-establishing a relationship with a strong person, which in her life was first represented by her father and then by her husband, fades. A new balance in the relationship needed to be found.

The following is part of a conversation which took place during one of the meetings. It refers to the third of the three phases described:

Laura : One of the things I wanted to say is that I don't feel at all well, in fact, as someone mentioned earlier, I come to these meeting mostly for myself. Gianni fell ill, almost three years ago now. I took good care of him, with love and without feeling he was a burden. However, lately I have been feeling inadequate as far as he is concerned, incapable of doing things. I think he is suffering and that it is all my fault.

Gianni : It is not the way things are, it's not true

Ms Winkler : Your husband is saying that it is not true

Gianni : Yes, it's not true. She feels left out

Laura: I see that he is nervous and on edge but when I ask him what is bothering him he doesn't reply or he doesn't tell me. This scares me because I feel insecure and afraid of not being able to do things. I have nightmares, I get dizzy, I see flashes of light.

Antonella : Are you getting any help ?

Laura: I started seeing doctors in the 70s for my epileptic fits

Ms Winkler : Gianni, what do think about this ?

Gianni : It is not the way things are

Laura : so why don't you ever speak, then ?

Ms Winkler : one moment, let's hear what your husband has to say

Antonella : allow him to speak

Ms Winkler : we also want to hear what he has to say

Gianni : there aren't any problems. I think things over and the situation I am in and the way I make her feel embarrasses me. I know it is a vicious circle but it's the way things are. She does nothing wrong and I am sorry that she feels this way. I rarely talk because I have nothing to say and because silence does not make me feel uncomfortable; it embarrasses her.

Laura : the doctors suggested you do something so, why aren't you doing anything? If we go out together we manage to stay out even one hour; if he goes out alone he is back after half an hour

Ms Winkler : what has changed lately ? If I remember correctly, you were feeling more confident some time back

Laura : I don't know. At the moment I am not well, I have also gone back to the doctor because I have broken out in spots again due to the stress; but no reaction from him at all

Gianni : I came with you!

Laura : Just because I asked you. It never comes from you, you never ask me how I am or say something, you are just not interested.

Ms Winkler: What you are saying is that at this moment it is you who needs support, is that right ?

Laura : yes, I need support. In the past if there was something he was interested in on TV he used to stay up until eleven o' clock. Now if I ask him to spend time with me, to watch something on TV together, he refuses. He has to take his medication at nine thirty and then he has goes to bed. In the afternoon he forgets to take his medicines, at lunchtime if I don't put them in front of him at table he doesn't take them. He is not interested in anything. In the morning he wakes up at eight o'clock, he takes his medication and he goes back to bed. I don't know, I don't understand.

Ms Winkler : is this a new reason of concern?

Laura : I am worried because he doesn't want to do anything. For example, in October we had the opportunity of going to the mountains with some other people. At first he accepted then pulled out at the last moment. Doctor B., my husband's psychiatrist, suggested I went alone since he thought I needed the break. But I feel insecure without him so I didn't go. After that we went to the Abruzzo region.. Now he is self-confident when he drives. I am the one who is not well. I don't know, I feel guilty, I feel insecure, I feel I am not doing things as they should be done. He doesn't speak, he never tells me what he needs, I get upset because I am dissatisfied and I feel useless. When he was ill I seemed to do him good, now I don't feel the same way.

Natalia : Has his suffering changed in any way?

Giovanna : He seems to have improved

Ms Winkler : I also think there has been some progress

Laura : In actual fact, a friend of mine, a doctor, came to lunch on Sunday. She said it was a sort of miracle.

Ms Winkler : I see a clear improvement. What do you think about what your wife is saying?

Gianni : As a matter of fact she is right, but she is exaggerating

Another clinical case study

Another case concerns a lady with a long history of depression and alcoholism. She comes to the meeting together with her daughter. Observing these two women in the group a clear case of reverse parenting emerges. The mother appears to be dependent on the child and the latter plays the role of the parent. This leads to an exchange of roles within the disengaging process not allowing it to take place. In actual fact, although the daughter states her independence, the pain she experiences in managing the difficulties of the complex situation she is facing, emphasizes the emotional fusion in the relationship with her mother. Besides, the parent role she plays seems to be constantly threatened by her need to be a daughter and by the desire to shed the burden of worries and responsibilities she has had to carry for years.

The following are two short dialogues which took place during two different sessions

Rita : My name is Rita and I am 55 years old. Let's say that I am here for myself and this consequentially reflects on my daughter. She is 27 years old. I am familiar with many of the things said by others so far. Maybe later on I will be up to speaking a little more. I am a patient of Dr. Borgia. I feel guilty, lonely and I feel that I have made many mistakes. I have been admitted into hospital several times and for different reasons. All this puts pressure on my daughter who lives in a state of constant worry about me. Dr. Borgia suggested I could overcome some of my difficulties by exchanging experiences with others. I have a good relationship with my daughter, we have always lived together with no one else but I would like to feel better so as to see her less stressed. It is only fair that she lives her own life, makes her own choices without having to worry about her mother. This is more or less the picture.

Following meeting

Anita: I think that for a child it is easier than for a parent. I had to face this situation when I was 14 years old. I was alone, without a father or a point of reference. I knew my mother's weaknesses from the beginning, I knew my

problems represented an even greater problem for her. I didn't know what to do but I knew I couldn't leave her. How can one abandon a mother? This is why six months ago I took a decision and said "you are not staying in Torino alone!". She was self-destructing. So I took her away, I found her a house and now she is here although we don't live together. She is slowly picking up the threads of her life. I told her that I want to live with my boyfriend and I that I am looking for a job therefore I will probably not stay in Rome forever. She needs to get on with her life, meet new people because I can't always be here (almost in tears). This is the way things are, there is no point in feeling sorry for oneself, it only makes things worse. Mistakes have been made, I admit it, but this has only made me stronger and now I am here. The past can only be useful for the present and for planning the future. Being far away helps. When I was away for my studies, I was always present, when necessary I was even more present. It was somewhat easier then, I could break away when I felt I needed to. When I left, the psychiatrist who was taking care of my mother at the time told me that there was a fifty per cent chance that she would decide to take care of herself and the other fifty per cent that she would try to commit suicide since she had already attempted to do so in the past. Yet the psychiatrist supported the fact of my leaving anyway. Now I am here, so we did help each other a little bit.

Clinical observations

Besides the spoken language, what is apparent in every group is a series of non verbal aspects such as the seating choice, the posture, the gestures. All things which are difficult to describe but which are particularly important. These interactions are apparent at both an individual level, between family members, but also between the families and the group as a whole. From these clinical expressions which became apparent in the group, it is possible to bring to light pathological and pathogenic interactions which play a part in reinforcing the resulting pathology.

However, in the cases under consideration, the history of the disorder is entwined in a different way with the history of the single people in which it has developed.

During the group experience important changes came to light even in these families. Although mirroring and resonance occur less easily due to the structure of this kind of group, it was nevertheless possible to observe new forms of interaction and to note how, at times, healthy communication replaced pathological interactions and how in every person it was possible to observe elements of healthy virtuality.

Conclusions

In the end, we ask ourselves, and we would like to discuss this with you, which might be the therapeutic factors present in the group setting in which parent-child, couples, siblings and children of patients take part. In our experience, these families find in the MFP the possibility of a significant change.

References

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