

# **Family groups and anorexia. Therapeutic and interpretative indications in systemic approach**

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## **Abstract**

Author referring to a systems oriented thinking proposes a conception of mental anorexia as a complex syndrome in which socio-cultural, family and individual components are interconnected.

Particularly, following the preliminary data of a research in progress, he examines the family groups as an interactional level as well as at a mythical one. Finally he underline the complementarity between these family aspects and the psychological dynamics of the individual patient.

**Key words:** anorexia, complexity, systemic perspective, family groups, individual / family complementarity.

## **Introduction**

The grouping dimension which I refer to in this article has particular and specific value; it's about the patients' natural groups of belonging : families .

In the family it finds its most frequent (certainly not the only one) clinical application, the psichotherapeutic approach to which my clinical and research work inspired: the systemic approach.

It is known that epistemological foundations of such model are inspired by circularity concepts, both in the reconstruction of "causal processes" and in the definitions of "relations"; so the group as a "system" acquires specific connotations: while reinforcing the importance of individuals' subjectivity, it is configured as "more than the sum of the individuals that are part of it".

It therefore presents functional modes, balancing dynamics and its own historical genesis to which individuals constantly participate and that are in constant and circular relationship with the individual subjectivities.

These quick preliminary considerations certainly do not pretend to face here, by a systemic frame, the hard issue on group and "mental space", an extremely complex problem open to research. (See the interesting proposals from a recent article by Rugi 2003) [30].

This is to be considered only as a reference base that allows to introduce a reflection on the utility of systemi approach to the eating disorders disturbances, and therefore give reason of an epistemological choice that inspires our theoretical and clinical research.

## **1. Usefulness of a systemic and complex approach to mental anorexia**

In the scientific field in general and in the psychotherapeutic one in particular, there is a tendency to a growing need to overcome school dogmatisms' rigidities; it is a need that expresses the recognition of a plurality of view points of which complementarities rather than oppositions are searched; it expresses therefore availability to critically reset its own epistemological assumptions and to prefer complexity methodologies.

In fact, it is considered that complexity methodologies are extremely necessary when one is faced with forms of human discomfort that are so problematic and complex like mental anorexia.

In anorexia, there is a clear evidence, that multiple components are involved and correlated to each other :

- A psycho-biological individual level is interested, because the disturbance interests mainly an age of deep somatic and psychic transformations such as adolescence and prevails largely (with an equation of 10 to 1) in female sex rather than male;
- A family level is involved, because the families which anorexic patients belong to, even avoiding to fall into rigid typological frames, however present characteristics on which we shall return to further on;
- A socio-cultural level is finally involved as epidemiological data and transcultural psychiatry research show, given that anorexia clearly prevails in economically wealthy countries, while being nearly unknown to third world countries. [24]

Systemic approach, which our work is inspired to, proposes the existence of a reciprocal influence, of a circular correlation between these levels and underlines that none of them, on its own, is sufficient to justify the rising of anorexia, which is instead the result of all the indicated components co-influence. Being inspired to a systemic point of view means today, in our opinion, placing in a methodological perspective that searches for correlations among multiple components which tends to overtake dichotomies and fragmentations, that refuses therefore, reductive and abused equations that assimilate it to "family therapeutic techniques".

The frequent choice of working, mainly, with the family or with its subsystems, is born from the need, on operational level, of having to, any how, the fine an intervention field, as much as this definition can sound arbitrary on the conceptual level.

This choice however is justified, more over, by important theoretical and practical reasons.

We wish to mention at least two of them:

a) The first is that the family is for everyone a primary learning and experience context, a field where both identity acquisition processes and identification and differentiation movements are developed or fail. In families therefore it is easier to start relationship difficulties, emotional influences that link in a circle the patient and her symptom to the family system. It must be underlined that, in a concept that can be genuinely defined as systemic this relation has no

connotation leading to the idea of condemning the family as “pathogenic” or as “bad”.

b) The second reason is that the same family system defines itself immediately as a complex system of intersections among different levels: a synchronic level of interactions and communication models crosses a diachronic level of individual and collective stories, meanings and shared values, myths, phantoms of both the individuals as the entire family, that cross the past to continue living in the present and influence the future.

In our researches with anorexic patients and their families we studied indeed these two levels: the most evident one of transactions and relation dynamics, so us they phenomenologically appear, and in particular the deepest and most hidden level of family myths.

## **2. Anorexic patients families: relational characteristics and family stories**

### **A. Relational dynamics**

There are numerous researches on relational organization of anorexic patients' family systems (some are classic as Minuchin and coll., 1980, and Selvini Palazzoli, 1981)

From our data [13,15,19], it emerges that it is not possible to define a unique “typology” of family structure: we found multiple variables and specificity that do not allow too rigid frameworks. Nevertheless some relational aspects (already underlined in previous researches) even though not exclusive, nor constantly present, appeared to us particularly frequent and attention worth, for the possible correlations with the appearance and quality of the anorexic symptom. We shall indicate mainly two of them:

- The first consists of a marked lability of borders between individuals and generational subsystems which enables a continuous intrusion in the individual's physical and mainly psychoemotive “spaces”, reducing considerably every private and autonomous area. It can be therefore understood how this scarce or non existent definition of borders within a “family body” that appears like an undifferentiated amalgama, can create difficulties in identification and differentiation processes, and allows a first justification of those needs of control that characterize frequently the anorexic patients experience, that need not to allow to be invaded by external elements, which finds its extreme and ambivalent defence mechanism by refusing food.
- The second relational aspect that we often found in anorexic patients' families is that one traditionally known as “conflict avoidance”. With such a term, one does not have to understand absence of conflicting tensions, but the difficulty or the impossibility that these lead to a clearer and mature definition of relations, for the tendency not to allow conflict solutions that favour differentiation processes or, moreover, for the frequency with which

it is diverted on more neutral and less menacing areas: among them, mainly, the patient's eating difficulties, on whom, when they emerge, family contrasts often concentrate, covering any other problem. That is why therefore, that extreme protest the anorexic acts by refusing food appears like a suffered attempt, often desperate, to differentiate, but remains a silent protest, confined in the implicit sphere of the unsaid. This is not because in the anorexic patient there is no presence of emotional vibrations or symbolic abilities are missing, according to the classic but too simplistic concept of "alexitimia" [14], but because an anorexic is forced to conform to a family language, we could possibly say to a language of "a familiar body", that censors to explicit any conflict. Here we therefore find a second justification of the anorexic symptom that appears in all its paradoxical ambivalence: painful and often clamorous attempt to introduce conflictual tensions, and provoking differences in a family system that seems to rigidly avoid them, it ends up segregating them, through a nutritional problem, in a childish world that is, for all, the most reassuring and protective.

## B. Family Stories

Naturally this relational plot would have rather scarce significance if it is not put into a storyboard, if one did not attempts rebuilding its organization over time. Even under this aspect every generalization is arbitrary because nothing has such a specificity as a family story.

However, here too, it happens to find interesting redundancy. Exploring family stories, we found, in fact, frequently, deep unsolved, not cleared, not approached areas of conflict, that relate to marriage relations, the later being characterised by a severe reciprocal unsatisfaction. Parallely, we found those transgenerational alliances that involve an anorexic in coalitions with a parent against the other, in which the patient become tool of a cryptal and secret marital battle.

The anorexic crisis often coincides with the disappointment the adolescent feels when, more or less consciously, she understands to be more a tool than a person [24]. Therefore, also from these complex family ties, feelings of inadequacy, frustration, devaluation are born; these are, as can be see further on, characterize, under an efficient mask, an anorexic's personal experience and, inevitably, ripropose dependence needs. It is these deep involvements that structure themselves along a family story, remaining often completely cancelled, that have led us to explore "myths" of these families. We are here touching one of the peculiar aspects of our research. We however, find necessary to say first a theoretical and historical clarification of the concept of "myth".

## 3. Family myths

### A. Evolution Of Myth Concept

The concept of myth is not new in family therapy. It was introduced in the systemic field in the 60's by A.Ferreira [6] who considered it, initially, as a pathology's

manifestation, as an expression of “irrealistic beliefs” shared by the family. The concept of myth, however, presented in the last two decades a radical revaluation, parallely to the evolution of family therapy and, more generally, of epistemological systemic thinking. [18].

It is mostly the overcoming of the so-called “first cybernetic” that favoured this evolution and stimulated a renewed interest in exploring the family mythical dimension. We intend by overcoming of the first cybernetic in the sense that many family therapists started strongly to feel that evaluation and operative methods were inadequate and insatisfactory, when they were limited to considering models of family interaction and their pragmatic effects on individual’s behaviour. A few unrenouncable questions are emphasized: how have these interaction models come together overtime? And what series of meaning do they take for the family and its members?

It is evident that such questions are influenced by the fecund meeting between systemic thought and new paradigms, that have crossed, in the last twenty years, various domains of the scientific field: they are influenced by *evolutionary paradigms* which re-introduce time dimension in systems, which, if not, would risk being flattered by a purely synchronic study of “here and now”; they are influenced by constructivism *orientations* which underline the importance of meaning attributions inspiring and guiding human action; they are moreover influenced by the so-called “*second order cybernetics*” which shows how no reality description is neutral because it is always inseparably tied to the describing observer’s models of reference and interpretation.

In fact, to the change of family therapist’s interpretation thinking corresponds a change in descriptions they propose of families. And as therapist start questioning themselves on intentions, motivations and meaning individuals give to their behaviours, as they start exploring the internal individual, family world passing through that “black box” considered not important by the first cybernetic, as the subjectivity of the individuals gain full evidence on the systemic floor, as, therefore, family therapists propose these new interpretative thought, new “representations” of family systems start to emerge and define themselves.

Family is described like a “complex reality” like a complex articulation in multiple levels, among which particular importance is given to the more concealed and deep level, compared to the one of the phenomenologically observable interaction, that can be defined indeed “mythical level”. What is, therefore, the meaning taken by the family myth in the context of these new family representations? Far from being exclusively expression of pathology, it is proposed as normal made and family “founder” without which the same family would cease existing [5,20,12]. The myth from this point of view, is group of representations and values that organizes the family members essential roles during their life course and ties them together; the myth defines, therefore, in a game of prohibitions and authorisations, sex roles, generational positions, affections functions, social positions, giving to these representations a coherence that legitimatises and connects them to one ethic. Within

a myth, family funds its own completely unique and particular specificness (the fact that one is talking about that family rather than another) and finds therefore its own reason of existence.

When does a family myth link to manifestations of disease or suffer? As it always happens in pathological systems, this take place when a myth is rigid and not evolutive, i.e. is unable to adapt to transforming needs of the family life cycle; in such cases dialectics, which should be always open and flexible, between the two complementary poles of *family belonging*, vehicled by myth recognition and *individual identity*, linked to grown up personal needs, close itself and crystallizes, fixing mythical tie of belong and risking to constrain and to sterilize personal identity development.

These general considerations explain why, today, the passage from “pragmatics” of interactions to “semantics” of relations and of behaviours, lead often family therapists to research meanings that find in myth, in the image and in the exploration of myth, an extremely fruitful matrix for comprehension and sense attribution.

## **B. Myths and phantoms in families with anorexia problems**

Leaving now these general considerations, necessary, for concepts clarification, lets return to anorexic patient's families. Which myths are possibly found in these families?

Data emerging from our research, which is still ongoing on these aspects, show that with great frequency, one deals with *myths of family unity*, as a supreme value to be protected at all costs, rigid cohesive myths, which naturally have a specificness in relations to the singularity of family stories but that often are accompanied to these we call “*phantoms of breakup*”, i.e. to fears that each autonomy or detachment movements, each growth or separation issue, could represent a catastrophic family unit to disgregation, rather than an evolutionary transformation in emotional ties. We shall see further on how we explored these myths and these phantoms.

It however seems already possible to propose a few reflections. First of all, it is of particular evidence to note how in light of this mythical plot, these interactive dynamics, we previously discussed, are charged of significance; the scarce definition of borders find now a new meaning attribution, following cohesive unity values; the impossibility to explicate and solve conflict justifies itself, now, seen the fears of deep disruption and irreversible loss that blocks differentiation processes. The two levels, the one that can be seen by the interactive models, and the deeper one of the myths and shared values, not only are correlated, but reinforce with each other in a tie of coherence.

Moreover, and in particular, rigid unity myths and disruption phantoms justify with a new light of sense the evolutionary blockage of a system, in which the separation and loss anxiety seems unabling any transformation process, freezing the family in a sort of mythical “time wharp”.

“Experience of suspended time” is how some psycodynamic thinking authors defined anorexia, by hinting at the illusionary attempt of “suspending” the problematic

transition of adolescence. This subjective experience of a patient finds then an extraordinary correspondence in difficulties of the entire family nucleus to act out the passage from one to the other lifecycle phase, in which the tie to a myth that cannot be trespassed seems in an eternal present without future: a “suspension of time” in fact.

There therefore, at a mythical level, anorexic proposes herself in her unreduceable ambivalence: champion of myth transgression because her “masked food strike” is a protest even if implicit; champion of myth protection because those that Bosscormenyi – Nagy [3] calls “invisible ties of loyalty” make regressive and protective values, prevail.

#### **4. The importance of three generational perspective**

To face the myth issue has further repercussion on family therapy, because inevitably it opens out a transgenerational prospective: it in fact becomes necessary to pose questions on how myths are made up and transferred on to the following generations, it becomes essential to reconsider family origins in all their real and phantasmatic implications in the present problematic situation.

One of the family therapy pioneers, James Framo, in a only recently published book, maybe not at chance, who has behind it a long elaboration period, whose title is “Intergenerational therapy” writes: “Difficulties a person, in the present, has in a couple, in the family or with oneself can be seen, practically as reparatory efforts with the aim of correcting, master become harmless, elaborate or cancel ancient relational paradigms that are felt as disturbing and that come from the family origin”. And further more: “The most part of people is not able to see husband and wife, and sons, and partners as they really are because old phantoms interface”. [8]

During the course of our research on families with anorexic problems, questioned ourselves too on how “myths of unity” are organised over time, from where do “breakup phantoms” come, that appear from individual experiences and that, at the same time, constitute the emotional glue that associates and keep them together.

Indeed we found some answers, through reconstructing a story that leads back to parent’s family origin, along an at least three generational process.

We were surprised by the frequency with whish it is possible to find, in the families’ past, the presence of traumatic events, such as non elaborate premature death, abandonment or ill timed separations or heavily invalidating illness: events in fact that recall the loss theme, that often seems to hang over these stories and associate with deep emotional experiences of “separation anguish” [25]. We therefore formulated the hypothesis that “unity myths” to be safeguarded at all costs, so frequent in these families, are formed like shared defensive constructions, which have a protective function against these separation anguishes. It’s a hypothesis that naturally requires verification and further researches. It appears suggestive to us however the fact it’s connected to an important theme in the “psychic life transmission through generations” which is also the title of a brilliant group of essays, edited by Renè Kaes [10], who writes in the introduction: “In this group of

researches, analysis refers to the way symptoms, defensive mechanism, objective relational organisations and meaning are transferred: it refers to the way in which objects and products of psychic transmission correlatively structure the intersubjective link and formation of the individual subject".

Without presumption of entering a so complex matter we would only like to mention that this seems to be a fertile field on which apparently far thinking processes can find convergence points and dialogue.

## 5. A clinical example: Enza's case

We would now like, so as to try a better clarification of the mentioned concepts, to outline synthetically a clinical example. It's about Enza's case, a seventeen year old adolescent, high school student, who presents since about two years a bulimic anorexia with bulimic crises and self induced vomit. The weight's fall is rather sharp, 12 Kg (now she weights 41 Kg por 1.70 m height); amenorrhea has appeared. Her family is made up by the parents, Francesco the 46 years old father, county worker, depending also on night shifts Aurora the 45 years old mother, housewife (she left work straight after their wedding), Enza, the identified patient and a younger sister, Loredana, age 12.

### A. Family Stories

The parents' family stories, of which should we necessarily present only the essential traits are, for both, marked by very painful events.

Francesco is left orphan of his mother very early by being the eldest of three brothers, he is, rapidly made responsible as his father's co-worker and is forced to take roles and charges no adequate for his age.

Aurora comes from a particularly numerous family: for family management needs, still in infancy, she is sent, together with her older sisters, to college where she stays until her adolescence, maintaining only rare contact with her parents. She comes back home for a death: her younger brother, hit by leukaemia. Soon after she meets Francesco.

So it often happens in these cases, the decision to marry stems from the illusionary expectation that each one can become, compensation and repair of the other's unsolved needs: Aurora expects from Francesco the protection she was not able to receive in her family and Francesco expects from Aurora motherly care he had not received.

However these illusionary expectations are, inevitably, destined to be frustrated. Therefore in the new couple rapidly appear signs of reciprocal dissatisfaction that are accompanied by the fall of a dream: renouncing of a transfer to Australia, still remembered and missed as a last prospective social elevation. On the contrary, Aurora has to leave her job (worker in a clothes factory) to look after the house and family. When she is pregnant of her first daughter (Enza) and during the entire pregnancy period, Aurora feels lonely: her husband, on one hand, is absorbed by work (doing also night shifts) and on the other, starts suffering of gastric ulcer

problems. At Enza's birth Francesco is hospitalised for gastroresection. For Aurora solitude is even sharper Enza's birth seems to better the family atmosphere. But not for long Francesco's health becomes precarious due to problems of various nature which lead him to a depressive state: therefore he prefers spending most of his free time in lonely walks outdoors. In such a climate Loredana is born. In order to face abandonment feeling, that are dramatically brought back to the scars born in infancy, Aurora gets closer and closer to Enza, who since birth seems predestined to fill a gap. Enza, in turn, is deeply involved in her relation with her mother who on one hand satisfies her, but on the other places her in an appropriate role of complicity and dependence. Inevitably the crisis explodes during puberty, when next to the fusion satisfaction other conflictual needs of autonomy and individualisation start emerging, and the dramatic dilemma of choice is posed. The synthomatic solution of anorexia sorts often from the not possible attempt to avoid this dilemma.

In Enza's case it's interesting to see that the becoming of the symptom coincides with the second gastroresection operation the father has to undergo, he is then forced to a rigid poor and limited diet. This, therefore, in very simple lines, is the plot of Enza's family history. As one can see, in this plot, is possible to trace, scars, repairs, gaps, attempts to fill them in a n illusionary but still protective manner. This plot is spoken by the family without any particular emotive vibration and without connections that would bring new meaning to the problem presented. This is why we found necessary exploring and to allow emerging another narrative plot, which would dig its roots in the deep domain of the family and its members, and it would bring up its "mythical" aspects.

## B. Family Mythes And "Family Time Sculptures"

How did we explore these myths? Through using a therapeutic language which was more homage neous to the symptom's language, a symptom that expresses itself through the body, a non verbal analogical language therefore, that proposes a metaphoric representation of the family in the form of family sculpture. It's such representation by images and metaphors, that allows expression even to what word cannot access and allows the "non said" to emerge, which is the family "myth". In our usual method, that we have been able to describe also in other occasions [16,17,21,22,23], and we have called method of "Family Time Sculptures". We ask each family member to create two sculptures, to "realize" in the therapy room space, two performances of family: one of the present and the other of the future. Working with families affected by anorexia problems we introduced a third sculpture of the past.

We therefore try exploring and re-introducing the dimension of time in a system that seems having it lost; and it's right here, in confronting these representations that the mythical aspect of families' is revealed: the protection at all costs of family unity, through blocking any evolutionary potential, through an unpossible time stopping.

Placing the past sculpture at the end of sequence instead of at the beginning as would be chronologically more logical emerge in fact from realising that in these families,

as we shall see the future scenario (or the difficulty to represent it) paradoxically leads back to the past.

But lets go back to Enza's family.

We shall give some brief flashes on some of the represented sculptures, particularly on the patient's Enza. When Enza creates her present sculpture she places the family members sitting down in a semicircle: then she stands in front of them, opening her arm out wide, like in a big hug that would like to welcome and unite all family members, to them she asks to point their eyes on her.

The scene is suggestive and dramatic, because it's inevitable to associate this image to that of a cross on which a emaciated body is exposed as unifying centre of family looks.

But to empty oneself in order to fill a gap can also nail to a too rigid role (such like a cross) and can make one loose itself.

Enza manages to express this state of descomfort after the sculpture by saying: "I felt left out; I would not see them in front of me; I saw beyond... nothing!".

In the future scene (projected in time after 10 years) Enza tries to grow the distance: she places herself with her sister in front of their parents, far from them saying that now she can look at them; and leaves between them in mother lap, a teddy bear ( maybe as monitor of future births, maybe as substitute transition object). But the parents' emotive reactions in their comments after the sculpture are of depressing and alarming nature; the mother says to feel "emptied" in a situation that seems "breaking" the family attachment.

Therefore it's particularly suggestive what emerges from the past scenes (each one of them is asked to represent a significative episode that is impressed in their memory).

In the mother's sculpture a crib appears: a crib shaped as a basket with Enza who is a few months old: it's a basket that both mother and father transport on each side together, it's the link therefore for contact and unity for the parents.

And finally in the Enza's scene of the past, the crib gets bigger, becoming a boat, in which the trio is gathered: and though the father has an oar in his hand, it's Enza that, being between the parents holding their hands seems the journey's guardian and cox. But it's a backward journey! The time cycle, in fact, is completed closing itself in a circular fashion: and the present in the future's no possibility to develop, returns to the past in a sort of mythical time suspension.

What message are transmitted through these images? First of all as one can note, the "myths of unity at all costs", we "breaking phantoms" which do not find easy verbal access can, however, be represented in these scenes, almost materialising in front of the therapist's eyes. Through these representations a very particular narrative plot is made up, by images, metaphors rather than verbal language, a narration that can be legitimately called "analogical narration".

Two main streams can be traced.

The first is about the family's members dialogue. Each member propose its own representation of family reality, in the specificness of its own individual identity, but at the same time, a thin link of resonances messages, answers, goes through the

different sculptures and is encompassed within a common language: the family myth's language, of family belonging. And is particularly important to underline that, as seen, all actively participate to the construction and maintenance of the family myth, a myth that is so rigid and restraint that risks blocking the individual's identity development. But in the analogical sculpture representations, it's possible to see another dialogue stream, one that crosses the individual this time and that is instored among the diverse and conflicting instances in the patient's personal experiences. Enza can say with an analogical language: "I want to distance myself, to be more autonomous from a family embrace that is risking to crucify me" and here there is a need that opposes itself to the myth "of unity at all costs"; but the symptomatic solution that empties the body and in fact proposes a growth difficulty nails her to the cross and to the myth loyalty.

We meet again, therefore, the ambivalence and paradoxicality of the anorexic choice, that, as in paradoxes, is the impossible attempt reconcyle the unreconcylable: "change without changing". Even though is important highlight that, as demonstrated with clarity by Enza's future sculpture, it's often just the patient who sees and tries to indicate the ways of a possible change. What fails, therefore, is also a therapeutic attempt, she tries obscurely to carry out of herself and her family.

And the therapist? The therapist naturally participates to the narrative plot the family is unravelling; but he explores the family myth "collective transnational subject" as André Green [9] calls it, with respect, abstaining himself from too interpretative or directive attitude, creating instead, patiently, the conditions, together with the family, for a new narrative plot to be written and the same family myth to evolve in a new myth-birth.

We cannot pause, here, about the therapist work characteristics and developments, which in Enza's case has had positive response, because this matter would deviate from this article's contents.

We would like instead, leading to the conclusion to pick up again the subject mentioned at the beginning, the one on family and individual's complementarity.

## **7. The family and the individual: complementarity of two mirrored realities**

Given all these above considerations on interactive and mythical aspects that characterize the anorexic's family environment, it appears to us, in fact, that they can be correlated in a surprisingly mirroring way, with some specific traits of the intrapsychic sphere of these patients, as they emerge from the descriptions of psychodynamic thinking authors.

Let's consider, for instance, the scarce or inexistent delimitation of borders between generations and individuals within the family system which appears as an undifferentiated medley, this acts as a suggestive background to that constant need of "control" of one's own internal spaces that according to many authors like Boris and Sprince [1984] dominates these patients' intrapsychic experiences up to the decision not to assimilate any external element, for a deep need to define the borders of the I, evidently perceived as too fragile and unsecure.

Further, the more or less conscious sensation of being a “family game” tool rather than a person who has a value of itself, seems significantly connected to those often secret feelings of incapability and unadeguacy that according to authors such Bruch [1977] are so frequent in anorexic patients. Feelings of unsureness about identity and choices, often marked by an efficiency appearance, and of which the distorted bodily image, is just one of aspect.

Finally, the deep plot of family myths of unity to be safeguarded at all costs, seems justifying the separation – individualisation process failure that many authors like Sugarman and Kurash [1982] consider, under a psychodynamic profile, the basis of the anorexic syndrome: it's within this family matrix that any mention of separation and growth is associated to shared experiences of unrepairable loss, that enter, however then, dramatically in contrast with individual needs of evolution and autonomy that indeed characterize the adolescence phase.

This is why, as it has been seen, these patients' behavioural manifestation and experiences are always proposed under the ambivalence sign. The choice of a symptom such as food refusal appears to be, in fact, the illusionary attempt to answer to both, contradictory and unconciliable ambivalence's poles without operating a choice that cannot be carried out: food refusal allows the anorexic to act again the opposition of adolescence and, at the same time, not to abandon childhood and dependence needs.

It is the extreme attempt to maintain a suspension between past and future, which the family sculptures of time document with extreme clarity and that refers then, not only the psychological development of the individual patient, as some psycho dynamic authors has underlined [7] but involves together, the entire family system's lifecycle.

## 8. Conclusions

What is the general sense of this discussion? It's evident, given these correlations that a patient's personal experience and relational plot in which he is involved are necessarily two complementary sides of the same reality, such that one leads to the other and that one cannot be fully understood and faced without the other.

The individual with its subjectivity of its owns psycho emotional reactions, the family with its interactive dynamics and its shared myths and we could add, the social environment with cultural influences that are derived, are in close correlation among them and even though staying absolute distinctive levels, they reveals a struct complementarity.

What implications does this discussion have on the strategic therapy level?

It's obvious that the strategies should be interdisciplinary through integrated projects that, when applicable have confirmed their validity [22].

But what interdisciplinary are we talking about?

We do not believe in an interdisciplinary that is simply a mosaic of different models, or even worse the flat omologation of one model to the other, in the reductive presumption of finding an artificial and fully comprehensive synthesis place.

We believe, on the contrary, that confrontation, dialogue and integrations of viewpoints become possible when one paradoxically establishes plurality is maintained. And here is where we find the importance of what Bateson [1974] did not get tired in repeating: only difference is the matrix to information and knowledge. And it's here that we meet the great lesson of complexity! A complexity that, taking from Morin's [2] beautiful metaphor with which he remember its ethimology (from latin "complexus"), proposes itself like a plot whose threads, still each maintaining their own particular physiognomy, are at the same time woven together to build one unique fabric.

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