

From System to Psyche §

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In this chapter we present clinical material as a basis for a dialogue between ourselves, in the hope that you, the reader, may join in the discussion. We add comments on theory and technique from systemic and analytic points of view.

Theory underpins therapeutic practice, but, like the underpinning of a building, it comes to be taken for granted. We could not be free to eat, sleep, fight, argue or love if we constantly feared falling into the cellar. There are times, though, when we need to tread carefully. As family therapists and psychiatrists we want to limit the constraints of theory, but that liberty only comes from the security provided by the ideas underpinning our work: systems theory, psycho-analysis, structural descriptions of families, inter-generational influences, and medical models of mental and physical illness. These are ideas that inform, but do not dominate, practice. Our goal is an informed spontaneity in which respect for our own experience is as important as respect for the patient's. Therapists know what they know, and patients, too, know what they know. When both are free to acknowledge this they may learn something new, the difference that makes a difference (Bateson, 1969).

The same may be said of 'technique'. Asking people to change seats a la Minuchin, or circular questioning a la Milan, are 'techniques', which we may use but not rely on. As Carl Whitaker often said "If you're a black belt in Karate, and a man comes at you with a gun, what do you do?You run like hell".

SK

Sora was referred to me by a paediatric colleague. She was 11 years old and had temporal lobe epilepsy, but she was also bad tempered, immature and wet the bed. Her fits were fairly well controlled by carbamazepine, but she continued to have apparent absences, when she was awake but not conscious. The epilepsy started when she was 3 after her family were attacked at their home in a war-torn country by armed men, who killed her paternal grandmother, one of father's uncles, and her teenage sister, Dara, who was holding Sora at the time. The family went through several countries and finally arrived in Britain, a few months before this referral. There are six surviving children, aged from 20s to 8. The eldest three do not live with their parents.

§ with apologies, and thanks, to Carl Whitaker (Neil & Kniskern, 1982)

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I invited the parents to bring Sora, and arranged for an interpreter. Father brought her, without mother. He is a fine looking man of about 50 with a charming smile. He spoke no English, but Sora had a few words. She told me that men with guns came and stole everything from the house. Father smiled benignly at this narrative, saying that she could not have remembered it, adding that Dara was killed by a bullet in the back, saving the life of Sora, then 3 years old, in her arms. I could not see any sign of father's grief but Sora could not wait to tell me about her sister, the memory of whom 'makes my body burn'. She always wants to look at Dara's picture. I asked if mother could come another time with the photograph album and talk with Sora about her sister, but father says mother has diabetes and high blood pressure and should not be upset too much. Sora wanted to take one of the children's books in the waiting room, but I said no, but that I would get one for her.

I found this consultation incredibly moving. Working in very basic English, or through an interpreter creates a poetic sense; Sora's few words were well chosen. I thought that this consultation would be helpful, just because it felt so powerful.

JS

Do you mean only that you were moved by it? If so, why should the session have been helpful? Certainly, I have frequently been surprised by the apparently 'helpful' result of seemingly banal low-key sessions. Nevertheless your feeling was important.

SK

I worry that I might sometimes be carried away by the process in the room, without knowing how much others are affected. Yet as you say the feeling is important, because we can never be just participant observers, we might be making things happen if we succeed in making sense of bits of information. Never before have I offered to buy something for a patient. I found Noah's Ark in a bookshop and gave it to her the next time, a month later. Father recognised the story, it is familiar in his country too. Sora was very pleased. Mother still did not come, and I said I needed her to.

JS

I have often been tempted to give something to a child. With a story like Sora's it is hardly surprising that you felt that way. Nevertheless the temptation is information worth considering as it is so often awakens a memory, an echo of our own life experience. Have you wondered why you chose Noah's Ark? The story of Noah is a wonderful and apparently universal rescue myth. I was also intrigued by your statement that you 'needed' mother to come to the session.

SK

I did not think of that. My only criterion was that I should not choose a parochial story such as the typically English ones or obviously Christian ones. That didn't leave me much to choose from! Needing mother to attend felt like little more than wanting to get both parents in the room for a consultation, as one might make an effort to engage fathers in therapeutic work in our culture.

Sora said that her mother thinks a lot about her dead daughter. Father wanted Sora transferred to a special school, and I agreed with this idea. I said that Sora was alone in the family in expressing any grief for their losses, but I told them I knew that she was not the only one who felt it.

JS

You state that you 'knew', and such conviction, I think, inhibits the possibility of a different 'knowing'. For that matter how can you be so sure? Sora's problems may really serve to stop the family members actually feeling grief. But I dislike the dishonesty of the phrase, so often used by therapists... "I was wondering if...". Maybe you could say "Do you think that Sora is the only one who feels grief". In that way you would hold on to your own idea while being curious, and, at the same time, allowing for the possibility of a new 'knowing'. "Curiosity is one of the permanent and certain characteristics of a vigorous mind" (Samuel Johnson)

SK

I deliberately said that I knew. If this had been an attempt to be subtly strategic, it was very clumsy. No, I said what I felt because I thought that Sora's experience was being disqualified. I was indignant on her behalf. This reminds me of where I started in psychiatry - by reading Laing (Laing and Esterson, 1964), who was really not systemic at all, but he did observe how people's suffering could be enhanced by others' not wanting to know about it.

JS

As we talk I have come to realise some real differences between us. The position of knowing/not knowing is crucial here. If therapists are on a spectrum between knowing and not knowing, then I am to the 'not knowing' end, and you to the 'knowing' end. This is very different from the issue of power, which so worries therapists. We agree, I think, that power is something we have to own; it comes with the job! It is important to accept that, and to deny it is dishonest. "I am here to help you help yourself", is the classic therapeutic double-bind, and I find it abusive. It is the abuse of power that is so damaging, but not the power itself. That power is a burden we must carry, and to which we must show respect (see Hoffman, 1985).

'Knowing', though, is a different matter. I start from the premise that we can never truly 'know' what another may think or feel, and I have too often been surprised by what a

person says they think or feel, to trust my own guess. To explain what we 'know', however, limits the possibilities of discovery, and that which is discovered might be quite different from that which was explained.

But you say you 'knew' that Sora was not the only one feeling grief. Does this different approach reflect our different professional paths? You have spent your professional life associated with the relative orthodoxy of the Tavistock (albeit as something of an 'institutional maverick') while I have wandered about, enjoying being marginal, and suffering from chronic eclecticism, originally acquired at the Maudsley. There must also be more personal stories, which might be interesting to explore some time.

SK

'Knowledge' is one of the sticks systemic therapists use to beat psychoanalysis with. Although 'not knowing' has a longer pedigree in analytic writing (eg Freud, 1922; Bion, 1970) it is a common prejudice that analysts make up their minds on the flimsiest of evidence and force their convictions on the patient. It is not true.

The next month I met mother. She wore fine printed cloth and golden jewellery. She is about ten years younger than her husband. Mother complained that Sora fights with her brother, and stares vacantly from time to time. But she also helps from time to time around the house as a good daughter "should". I thought more strongly that Sora was carrying a burden for everyone and was not therefore a popular member of the family.

Sora said: "I want my sister" but her parents explained to me that according to their understanding of the Qur'an one must forget the dead. My heart sank. They see Sora's persistent wish as evidence of bad faith, or of illness. I said that in order to forget, Sora first has to remember. Mother agreed that Sora could have her favourite picture to look at as much as she pleased, but drew the line at a framed portrait by Sora's bed. This would be too much remembering. The parents then told me that while they understood that the Qur'an gave no advice on how to grieve, it does allow the faithful to take medical advice. Sora meanwhile listened intently and drew a very nice picture of a painted hand, which she gave to me. Mother did not want to come next time though I begged her to.

JS

Again that strong expression of your wish for mother to be there. As someone who has written so eloquently about fathers, have you suddenly discovered mothers? I am interested in the symbolism of the hand. In my experience families enjoy speculating about these things, though it sometimes takes courage to introduce the idea. I like Carl Whitaker's way of introducing these ideas to the family.... "Well you know we therapists, we can have crazy ideas about anything."

SK

Yes, as a disciple of Whitaker's, I like to talk like that too, but I just said it was lovely, because it was.

I think my response above covers your comment about mothers. After all they usually turn up without fathers! But this man, for all his traditional patriarchal dignity, seems a very maternal figure for Sora. At any rate he is the one who takes her to all her appointments and champions her cause. I think mother is protected from having to deal with anything. That's where the patriarchy comes in.

JS

Or perhaps father represents the family in the world outside the family, as I imagine would be the norm in their culture.

SK

In the debate – and the rapprochement – between psychoanalysis and systems, the father is always available to be fought over. Freud's ambivalence about his own father, who died in 1896, contributed to his formulation of the Oedipus complex at the turn of the century. He made the family triangle the heart of his psychology, but it was to be another fifty years before family therapists brought fathers (and siblings) into the consulting room.

To deny the power of patriarchy is ignorant, but it is still so prevalent that it's easily mistaken for fact. After all, it has been around for at least 10,000 years, long before Oedipus (Kraemer, 1991). Even in a traditional society like Sora's we can see how paternal power can be exercised without abuse. Though there is no doubting his control, he is also very affectionate and devoted. We are both fathers brought up as children in the 1940s and 50s when few, including our own parents, questioned gender roles.

There were several more meetings with just father and Sora. She was terribly grumpy and said that the other children picked on her. In these meetings, we often spoke of Dara, but my hope was that Sora would go to a special school where she would be in smaller classes and maybe could have some individual therapy. Here it seemed was a classic case of post traumatic stress disorder (PTSD). I thought I did not see her often enough to deal with this.

JS

Mention of 'post-traumatic stress disorder' takes us straight back into the world of medicine. Medically trained therapists so often retreat into familiar territory when faced with ambiguity, intense feelings, and therapeutic impotence. Were you thinking of giving her citalopram instead of Noah's Ark?

SK

Yes, I looked up the literature on selective serotonin reuptake inhibitors in PTSD, but as they all lower the threshold for seizures, that was not a safe thing to prescribe. So I bought a book on Eye Movement Desensitisation and Reprocessing (EMDR) for children (Tinker and Wilson, 1999) as EMDR is said to reduce the threat of the memory by practicing specific eye movements while thinking of the trauma. I was told by a colleague, whom I consulted about this, that I would need to be trained. Reading a book would not be enough. So I didn't read it. But in pressing the parents to let Sora have her photograph I was using my authority as a doctor.

She finally got a place at a special school, where her behaviour was not much better, until the head made a dramatic decision; Sora was to be moved up two years, to a class of children slightly older than herself. Here she thrived. I continued to see her and her father at infrequent intervals and developed a way of dealing with her which was never to ask her father how things had been, but simply to welcome her and let her draw if she wanted and tease her when she grumbled, as she always did. Then she would smile a winning smile. A psychologist from a child and family clinic began seeing Sora at school each week. One of the key themes in this work (which I supervised) was Sora's developing beauty and sexuality, and her approach to the age at which her sister died so violently. Something of this was anticipated in the drawing of a painted hand.

The psychologist joined me in the family meetings each term at the hospital. For the first time we met two of Sora's siblings. They talked about whether they could ever go home again. "There are peacemakers trying to end the war", said father. It was just ten years since they had left. As if she had already left, Sora said "I didn't like it here" and then as an afterthought said some kind words about her psychologist and me. Mother missed her home, but was visibly upset when her son, using a map on the wall, started to piece together the family's journey, and the reason for it; the assassination of Dara, of father's mother and uncle. No one mentioned Sora's problems.

JS

This seems to be a critical change when the focus has shifted from Sora to a more generalised expression of grief and loss. Hopefully, this transition will free Sora from her awesome responsibility for the family.

SK

Sora says that she and her sister gaze at their dead sister's picture often, and feel sad. The psychologist said that Sora brought the picture of the Dara to the next session. In this portrait she is in Western clothes, without a scarf. Sora always wears a scarf in the hospital but also showed the psychologist pictures of herself in holiday in Europe without one.

JS

Not surprisingly, my first response to your case was to remember a paper describing the 'dazzle effect'. Therapists can be dazzled by the stories that families bring with them. Their stories are sometimes horrifying, they may evoke disgust, anger, shame, and they can be far from our own life experience. You clearly express the impotence we feel as therapists when hearing these stories. You actually question whether you might have treated her as a classic case of Post Traumatic Stress Disorder. Such stories might drive us to retreat into the more secure territory of the medical model. But, you didn't and you bought her a Noah's ark instead of giving her citalopram, and you listened to the family's story. You didn't even try a bit of circular questioning, which might have done the trick! Were there, though, echoes of your own family? What was their experience of the holocaust? And where was Noah then?

SK

Well, of course there were, but that never occurred to me. In their twenties my father and his brother left Germany in 1933 as soon as Hitler came to power. Neither of them regarded themselves as Jews, but they were Jewish enough. In the sixties my father found out that their father had died in Theresienstadt camp, fourteen days before I was born. I did not grow up with these stories, but they must have an impact. In cinemas I can never follow the story because I have no part in formulating it, but working with families and indeed writing on anything that interests me I have to find out how it all happened, going back generations – or even millennia - if need be (Kraemer, 1991) to make it coherent, at least for myself. I did not have history lessons at school after the age of thirteen or fourteen, which I regret. A major feature of all history, whether recorded or not, is migration and loss due to war.

JS

We are encouraged as therapists to be aware of our feelings, but not to express them too freely, particularly if those feelings are negative or hostile or angry. At the same time we set out to enable our patients to express such feelings, not as an end in itself, but more out of respect shown to each person. And yet, we deny ourselves the same respect, and behave as if non-verbal signals are only what patients do.

SK

Systemic therapists have in the past resisted using the term countertransference, though it is the one that comes to mind here. The person or family asking for help brings with them expectations of help (or the lack of it) from previous formative relationships. The therapist is touched by these fantasies, which generate some of his own. This kind of primal communication is necessary in therapy, whatever words we use to describe it. A favourite systems concept, 'curiosity' describes a necessary but not sufficient condition for therapeutic engagement. You can be curious but not affected emotionally.

JS

Some years ago I was working in Sweden with a family in which the two step-daughters had been sexually abused over a number of years. The step-father was in prison, and released each week for therapy. The girls refused to attend. I was struggling with two complex emotions: the first was that I could not understand why the mother was prepared to welcome her husband back into the family home, and the second was my anger and disgust at what the father had done. They came to the fourth session, and the husband was very angry because his application for early release had been turned down. "It serves you right" I said, without thinking, "what you did was unforgivable". They were shocked, but it was only after my feelings were spoken that any work could begin, particularly since the way I felt was already part of what was taking place, but not negotiable until then.

SK

The more desperate the case the more we need to be desperately candid. This is nothing new, but I think all therapists have to learn this for themselves. We start off trying to do it right, by imitating supervisors or heroes, but that's someone else talking.

JS

Another story: when I was working in Sweden we had a close relationship with a family in-patient unit in Norway. On a visit there they asked me to see a family they had been struggling with for many months, and whom they had presented to a number of visiting therapists.

The family was a farming family of two parents and three children, a daughter aged 13 and two younger boys 11 and 9. The daughter was unable to move her legs or arms and needed help for all of her needs. As she was seen to move when asleep, and, occasionally, when awake and unobserved, her paraplegia was understood to be a conversion disorder. The family was socially isolated, but this was not unusual in southern Norway. They spoke in a local dialect, but also used standard Norwegian, if heavily accented. Norwegian and Swedish languages are very close, and they can understand each other when speaking their own languages. We agreed to use Swedish and Norwegian, and for me to have occasional help as my Swedish was by no means fluent.

I decided to meet with the family and the therapeutic team together, and we had a lengthy discussion. After some time, I took a break and went for a walk by myself. I was puzzled but impressed by the intensive work that had been done with this family, which included a number of consultations that had already taken place before I came along. Following the advice of Carl Whitaker I tried hard to think of a story, song, book, poem, and could only think of 'Sleeping Beauty'. Not surprisingly, the family knew the story, but seemed perplexed when I told it to them in my poor Swedish. Our meeting was then over.

The next day I met with the team and their colleagues who had been observing the meeting, and we reviewed the videotape of the session. To my initial embarrassment it became clear, very early on, that I had not understood most of what the family had said in response to my brilliant exposition of circular questioning, and that I had, in turn, understood very little of what they had said to me. Neither the family, nor my colleagues, with typical Scandinavian respect, had felt that they should comment on this during the meeting! The initial embarrassment changed to amusement.

Two weeks later the family cancelled their appointment as their daughter was out riding. One year later one of my colleagues asked permission to use the tape for teaching. The daughter, who was perfectly well, was adamant that the tape should be discarded.

SK

A wonderful story. Therapists can do magic as long as they don't think they can. Imagine trying to be a stupid foreigner. One cannot try to make things like this happen, only to work out afterwards what did happen.

They got to the consultation, that's the first thing, so were ready to be witnessed, if not actually to change. I have often felt that the family consultation is an anthropological event marking a transition (Perelberg, personal communication) and that what one says precisely is less important than tone of voice, 'body language', and all the things that contribute to a sense of occasion. A therapist who is impressed is part of that. The session can become a celebration of a forthcoming event that will change the family (such as a departure from home) but also to record what has already happened, but is too new to register in their 'history'. As they had had some previous consultations you must have been close to their last hope.

You were probably quite respectful, because they were even more foreign than your usual clients, and you may even have been nervous. This adds to the dramatic tension. The sleeping beauty story helped I am sure but was the icing on the cake. They had visited the healer. Discarding the tape must be to do with wanting to save face and forget how stuck she was with her conversion disorder.

The Hungarian psychoanalyst Michael Balint (1957) described the doctor's 'apostolic function'. Family change takes place all the time but can be marked by the therapist at moments of high emotion or meaning. Being white male doctors, now both over 60, may make this easier for us but at the same time more open to the charge that this is a patriarchal attitude. Perhaps it is, but would it not be odd not to make use of one's training, role and gender? I am sure that, for example, a young female non medical therapist must also use her own qualities to make something of these moments, too, if she is to be effective.

JS

Yes, I was nervous as I always am before a meeting with a family, and even more so if I am to meet an individual patient. Indeed, if I am not, I worry. In retrospect, and only in retrospect, the story seems to me to have more relevance than first appears to be the case. Many 'princes' had been denied access to the princess because of the thick vegetation, and, in the story the family seem to be entirely accepting of the princess's state. The family would include the courtiers, or the therapeutic team. The prince who finally awakens the princess does so without a struggle, and with no great demonstration of strength. He just happened to be in the right place at the right time! The stories, tunes, metaphors and poems, which come to mind at the time need to be trusted. They invariably turn out to have a logic serendipitously related to the patients' experience, even if we do not 'know' it at the time. Remember your choice of Noah's Ark.

One tune that often comes into my mind before a session goes ".....if I should take the notion to jump into the ocean, it ain't nobody's business if I do....." Similarly, if we ask ourselves to describe our therapeutic work metaphorically, we may produce some surprising insights (Schlicht, 1991). Ask somebody else, and the result may be even more surprising! I am reminded here of Carl Whitaker's often repeated quote from Rabindrath Tagore: "A mind that is all logic is like a knife all blade. It makes the hand bleed that uses it."

SK

A core idea in this chapter might be described as the search for therapeutic intimacy. This is a risky term for a risky process, but one which we believe is necessary for change. In telling each other clinical stories we have found some examples of this. That was not the intention at the beginning. Indeed there was no clear aim, except to discuss our experiences of relatedness to families and individuals in them. If you set out to be intimate you may well get a slap in the face. It has to be a side effect of the primary task, which is to get hold of the drama by partly taking part in it.

EPILOGUE

JS

When Carl Whitaker had presented his work with a family at a conference one of the audience asked him how the family had 'done'. Whitaker replied " I don't know, but I'm doing fine."

At a party some years ago, a woman I did not recognise approached me. She looked angry and hostile. She said she had been wanting to speak to me since she had consulted me with her daughter some ten years previously when I worked in a psychiatric emergency clinic. She said that it had been a most distressing meeting, and that I had behaved cruelly, unprofessionally, and that I had insulted them both. The day before my

meeting with them, the daughter, who was then eighteen years old, had returned from a happy holiday in Greece with her friends. Later the same day she became very distressed, tearful, and demanding. She repeatedly threatened suicide. I learned that she was in analysis as she had an eating disorder. Her analyst was on holiday. Her parents were themselves due to go on holiday the next day. The same events had happened on the eve of their holiday for the previous two years, and they had not been able to go on holiday. I began to remember the meeting, and also the fear I had experienced after that I had behaved badly. I had said to the daughter that I thought she was a selfish young woman, and to the mother, that she was crazy to allow herself and her husband to be driven by such behaviour into missing their much needed summer holiday. I added that the daughter was old enough to look after herself.

The daughter then ran out of the room, crying bitterly, pursued by a very angry mother. I was left feeling bad, and desperately hoping that nothing terrible would happen. So my memory was as clear as the mother's, who then told me that, in spite of my appalling behaviour, her daughter was now married with two children, but that, because of my appalling behaviour, she had resolved, after the meeting, never to see a psychiatrist again. I further learnt that the parents had gone on holiday, but that it had been a most unhappy time as they were on the phone to their daughter, at least every day. Their daughter has kept her promise, and has never seen a psychiatrist or therapist again.

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