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INTERPRETAION IN COUPLE AND FAMILY PSYCHOANALYTIC THERAPIES: THE FINAL TOUCH.

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Analogies and differences

From my point of view, the analogies and the differences between group psychoanalytic therapy on one hand and couple and family psychoanalytic therapy (CFPT), on the other depend on the nature of the object being studied. The family is a natural and particular group: it has got a specific and trans-generational history which plays a decisive role in how it functions; its members have specific duties, father, mother, child and they set up filial, fraternal or couple links. The family is different from other natural groups such as an institution or from artificial ones as in group therapy. No other group will propose to conceive and bring up a child nor offer anything like transmission. Its unconscious functioning structure, its defences, shared fantasies and myth are established before therapeutic care management. But as soon as therapy starts with one or several therapists, a regression occurs so as to develop a new unconscious reality where the group therapists-

family shows itself to be equivalent to any other therapeutic group. The therapists analyse the family and at the same time are inserted in a groupal functioning. Transference and counter-transference contribute to the formation of a new intersubjective link.

The therapeutic group as well as the family set themselves very clear goals and the means to achieve these. Both will find good reasons to justify their existence or their improvement. They have ideals shared by all the members. These goals, means, ways and ideals, of course are different in each case, but they will always drive forces which federate their members by developing a kind of fundamental complicity and intimacy. This groupal mentality or groupality helps emotional closeness and mutual trust to occur (*cf.* Bion, 1956).

So, and in general terms, the method used to treat a family can go along the technical lines of therapeutic groups. The convergence group – family enables the FPT and CFPT objectives and devices to be directed toward analysing groupal unconscious mechanisms, which are decisive in the onset of symptoms and dysfunctioning: the family members becoming aware of these will trigger changes. For them, it will be a matter of integrating the thought that they are a collectivity in which everybody is involved for it to function. An important part of the process will be devoted to analysing the archaic functioning at play: loss of interpersonal limits, mistaking identity, primary process, primeval fears of being swallowed up, invaded, abandoned, of fading away or being annihilated.

Reading someone's emotional state

Other levels of group functioning are mobilised in sessions, the level I call *oniric*, for example (A. Eiguer, 2013). Everybody wishes to fulfil

some individual desires in relation to the other. The group offers the possibility to satisfy these. But the subject finds there another one with the same objectives: to fulfil desire, whatever its nature; he is a desiring subject, who mobilises his mental functioning with similar longing. A kind of meeting of desiring subjects happens: this is probably the source of hostile or affectionate feelings, of contempt or empathy, of disaffection or communion. Intersubjectivity goes through stormy weather...

Once this intersubjective field is strengthened, it furthers mutual bonds; each is in pursuit of acknowledgement of his singularity, his interiority. By observing that the other has similar needs, he will have to admit that if he wishes to be acknowledged by the other, he will have to show interest. The key word is being affected. Acknowledgement will become mutual.

I can list other intra-subjective functioning, but I'd rather mention that in a family, the members have already orchestrated for quite a while these functioning but people involved in GPT do not know each other and have to build their intersubjectivity through their regression during the process.

A father, a mother and their offspring do acknowledge each other relatively quickly after the profound change caused by the birth. Then they identify their family, relatives and genealogy. Various movements contribute to this: *designating* each person, *pointing out* and *interpretation*. (pointing out is naming each object -chair or electric sockets-, expression, attitude or behaviour – « Your auntie is smiling, she must be happy today » « This child is going to school »-, and also verbalisation of their use « It's a rubber, you use it to erase your

drawing ».) But living together enables us to better characterize each person's duties and attributions. These mechanisms find their equivalence in the therapy process, when the group's participants are introduced to each other. However, they do not know how important their symbolic impact will be. This seals their union, their alliances (R. Kaës, 2009)...

In the case of GPT and CFPT, it is therefore interesting for the participants to work on this groupality which is developing without them being aware of it. The family members are not aware of this at all either. Generally they are surprised and ill at ease when they get to know this because normally, and specifically if they are in open conflict, they live their lives as enemies and don't like to be seen as people who are close or whose desires are convergent and tied. The one who accuses or complains about others does have the same difficulties, animosities or neglect he cannot tolerate in the other. A relatively early analysis of these common denominators would help with this regression and the setting up of the process. The key word is « groupalising ». This even becomes a tactic which takes shape during the therapist's sessions: The identification of this group functioning puzzles those in conflict. « If my fantasies coincide with those of others, if our desires have convergent goals, I'm fighting myself by fighting the other. » You can see in this one of the reasons why wars happen... You hate your enemy because he is too much like you. *It is the narcissism of small differences* (S. Freud, 1914). We'd rather see the other as a rival because we fear being confused with him..

Indeed the link frightens: the subjects dread they will lose their ascendant or supremacy on the other, to be dominated by him and finally disappear. (W. R. Bion, 1956).

But on the other hand, when the subjects are in conflict, each through overestimating his difference feels that he does not have to take into account the other's singularity. It is not hatred which helps us find our place and singularity, but rather mutual acknowledgement. Our true difference finds its meaning when we accept we depend on the other.

In therapy, the group members also want the therapist to acknowledge them and at the same time to become the witness of what they are living through and their troubled history. But they will also identify the work going on in the therapist's subjective interiority, before identifying themselves with this functioning and take it on board. Although acknowledging is not in any case knowing somebody better; probably it is just accepting that a part of this person will remain totally unknown to us.

Differences

Unlike other groups the family develops specific roles, like father, mother and child and links, filial, fraternal and couple's. It is, of course, well known that the members of any other group reproduce functioning which look like those of their family, but this is a psychic displacement when in the family, it happens naturally. Somebody participating in group therapy may feel as if he was the therapist's child, but he is not. Similarly, in a family, a functioning unfurls fully whereas in a therapeutic group, it will be only partially. In a group, it is an unconscious desire which is started; in a family, it is at the same time a desire, a need and a request for which a symbolic satisfaction is not enough. A father has to accept his role.

Family therapists and group therapists do not analyse these functioning and their dysfunctional troubles in the same way. As an example of therapeutic group: one of the participants may complain that another does not fulfil his expectation of behaving like an older brother. Interpreting this, the therapist can integrate this into echoing displeasure expressed by other participants and suggest that it could be the expression of an idealised expectancy of friendship with a brother, and then highlight that this has its roots in a very strong rivalry. But it cannot be the same in psychoanalytic family therapy. In that case, the analyst will take into account the psychic reality of the family group, its history, other disappointments regarding the ideal expectations in the present generation or in previous ones. These disappointments are felt even more painfully when it comes to what we expect when brothers and sisters get on well with each other. The analyst will highlight what helped idealisation: promises of unfailing solidarity, of being devoted to others...

In a family the symbolic reality is present.

The final touch

To interpret in group or family therapies, we take into account the associative chain produced by the people participating in the sessions and their collective psychic production. It seems to me that this dimension applies to both techniques. We express interpretations. My feeling is that they often are constructions. It happens that we intervene on defences, fantasies or transference. However putting together a motley material and giving it a common meaning by suggesting a synthesis which highlights a central dynamic element, often linked to the past, refers us back to reconstruction and construction. Groupality is underlined as if encompassing the whole; it is the therapist's intervention's final touch.

Freud (1937) proposes two notions, reconstruction and construction. In reconstruction, the analyst takes into consideration various memories from the patient over a long period of his life and suggests a synthesis by underlining the link between them and highlighting his meaning. As for construction, the analyst also takes as a basis the patient's associations, but to render them coherent, he takes it upon himself to add new elements which seem to him coherent with the rest, just like an archaeologist who reconstructs the shape of an antique vase from fragments. The patient then confirms whether these interpretations are likely. In the case of construction, more often than in reconstruction, the analyst uses his *intuition*, but resorting to intuition or deduction depends on the analysts' psychic functioning during session, shot through by his personal experience and by them being put at work in self-analysis. This experience in the end inspires his choice of interpretation. Interpretation is not the product of intellectual work but of the therapist's subjectivity echoing that of the patient. For all these reasons, I think it is useful to add to the types of counter-transference usually described an *extra counter-transference* which would take into account the products of the analysis' imagination, or even its mythopoietic work. (Eiguer, 2013).

Furthermore we currently recognize that both techniques, construction and reconstruction, are applied, beyond the patient's history to his recent memories.

Let's see two examples of therapy.

How construction is configured

The G. family came to see me to talk about their 3 year old boy's difficulties. The child, Pierrot, became disobedient, unruly, violent and prone to tantrums after the birth of the second child, Jeannot, 8 months

previously. The older boy suffers from a congenital hip dislocation which had required a lot of care and operations. His physical condition has greatly improved: the parents talk with feelings of the care he has received, of their anxiety, the child's physical pain. This latter seems to be developing well, he speaks already quite well, appears alert and ready for psychological work. Jeannot came to the session with his parents and is smiling, calm and sensitive. He doesn't show any physical issues. To start with, Pierrot accepted his brother's presence, but then he became violent towards him. During the preliminary session, he seems to ignore Jeannot but cannot bear when we pay any attention to him.

The mother confirms that this attitude is more and more prevalent. She explains that Pierrot has been often praised and coddled in the first two years of his life. Being very worried, the parents have always given in to his whims and surrounded him with as much tenderness as possible, avoiding the slightest disagreement. In spite of the improvement in his health, they say they are not totally at ease yet..

What the therapy process will show is that Pierrot did not necessarily expect that much and that a misunderstanding ensued with him understanding that if he was so well looked after and cared for and if his parents were so attentive towards him, it's because he was an « adorable child », especially for his mother. The truth is he never suffer from being different, it was his parents who felt stigmatised. For his part, he thought he was an exceptional child and probably thought that physiotherapy was another type of cuddling. When Jeannot was born, it was a real wake up call. There was another child at home; his presence meant the theory was wrong.

An only child often gets despondent after the birth of another child, but here, the genitors' psychic fragility led them to alter their relationship with Pierrot from the very start of his life; they did not think of treating him like any other child, with tenderness and sternness according to the situation. Furthermore, they gave me the impression that this psychic wound was a determining factor in the project of «having another one ». They thought of themselves as damned, cursed, even. Did they carry a genetic defect they would pass on to their descendants? It was imperative to know this as soon as possible.

Conceiving and giving birth to Jeannot totally upset the family dynamic. Pierrot was avenging himself in his own way by becoming unbearable and at the same time detestable. In spite of real progress in the first sessions, hatred and lies persisted between family members for a while. What might have helped with the appearance of a more cooperative behaviour from Pierrot's part was the analysis of each family member's rigid attitude which made him more agitated and aggravated his opposition.

This is an interpretation-construction. During a family session, I underlined the fact that this created an unbearable suffering for the mother as she couldn't understand why the child had changed so radically in the past year. I also brought to bear each person's *responsibility*. Each family member was focusing more on his personal suffering than on the other's emotional state. For example, unable to handle the situation, the parents became over-reactive and were not listening to what Pierrot had to say. I also added I felt that Pierrot did not seem to want to « acknowledge his parent's distress », and that Jeannot (still a baby), because he looked like all this was foreign to him, seemed to ignore that his family was being torn. In spite of their

extreme youth the children seemed to have heard my message: afterwards, Pierrot allowed himself to get closer to his brother. I believed it was important to include Jeannot in my interpretation so that it could be heard by the others, as I could see that the parents were already getting overprotective.

Afterwards, Pierrot showed signs of calming down.

At the beginning of the interpretation, I mentioned the group common denominators, the lack of empathy and then the difficulties in accepting one's responsibility towards the other. I talked about affects (the mother's and the other's suffering), of defences by pointing out the worried parents overreactions and finally the representation that each had of the others.

This way to present things was construction because I added an element I couldn't really know, the baby's psychological state, for example. The way Freud (1937) presents construction, he seems to act as a true groupalist, in the form and content too: in the examples of analysed adults he mentions in his article, he describes various inter-functioning, meaningful characters. Even though they are not there at the individual analysis session, their inter-relation, which brings up feelings in the children, is mentioned. Their behaviour patterns flow and combine with each other until they let Freud arrive at a new and synthetic understanding of what the patient has lived through. In Freud's work, the dimension of time is there to highlight the cause and effect mechanism: what comes before being possibly capable of determining what comes next.

In my example, I underline indirectly that the hostility following Jeannot's birth troubled the links to the extent of putting the reciprocal

alliances on the back burner. Each lived the other as an intruder or a stranger. The intrusion of a new-born is not just Pierrot's business, but everybody's; the family lived the dismantling of its identity.

At a later session, I referred to the misunderstanding caused by the realisation of Pierrot's handicap, putting the focus on the pain and the anxiety for his future.

The final touch enables the groupality's participation in the issues to be brought to light. The collective suffering reinforces anxieties and defences, but beyond that, the family is touched in its very core (dismantling of the family ego and disappointment when comparing with an ideal healthy family).

The work of construction happens simultaneously with our counter-transference auto-analysis. Here, I managed to see things more clearly after I became aware of how difficult it was for me personally to deal with the notion of hereditary « defect ». When I understood this, I could better hear the parent's distress.

Finally the family specificity in this case is shown with the stigmatisation of genetic defect. Its analysis is unavoidable.

The approach of this family is in some ways marked by filial issues. I have the feeling it is quite frequent in FPT. It is also the case in the following example. The origin of the filial unveils secrets about persistent dysfunctioning...

Psychoanalytic therapy for an adopting family

In this case, we'll see a family where the adopted daughter (Carine, born in the Philippines) had problems at school and the parents felt they did not know how to help her. They would tell her to work more, without however bother to ask her why she was in trouble. She did not follow her parent's advice who drove her mad. Quite good students and thereafter brilliant at their jobs, the parents were surprised by this situation, lacking an alternative model to the one that served them so well. They knew that to do well, one had to listen attentively during class, persevere and do homework, possibly do without going out or even pastimes until the school results were good enough. They had difficulties recognizing that their daughter, tired easily, couldn't concentrate and was eager on the other hand to go and see her mates, activity which gave her a more concrete and immediate satisfaction than studying. Ashamed of her marks, Carine was hurt by her teacher's criticisms.

Parents and daughter showed an incredible capacity for not getting on. The end of the school year getting close and her having to repeat the year becoming unavoidable, the parents decided reluctantly to send her to a weekly boarding school, asking for her opinion nonetheless. The adolescent agreed to this, adding that this would free her from the « suffocating » hold her parents had over her and their « harassment » to get her to work. The conflicts were indeed very intense; there were many disagreements, but enrolling her in a boarding school did not cause any dissension.

But as soon as the school year had started, the adolescent was asking to go back home: she « missed » her parents and her friends too. The family therapy sessions were extraordinarily violent.

In fact, nobody had understood that if she was excluded from the family home, the girl would relive what had been around her adoption. The unconscious echo of the abandonment she suffered when only a few months old had remained a lot sharper than one could imagine. The idea she had been rejected, thrown out, seemed to force itself on her. To go away from home, another rejection? Once in boarding school, she expressed a surprising attachment to the family home, talking about what she could do there, her own space, happy family meals. During the week she missed chatting with her parents, even though until then she had never mentioned even in passing, any well-being associated with their home.

On the contrary, the previous year she was praising her friend's houses, their parents who were beyond reproach and amazingly understanding. And even during this year spent at boarding school, she sometimes trotted out the same arguments.

Carine's parents could barely disguise their pain and disappointment. A mother, a father who adopt a child can often see themselves as fragile when faced with such comparing. An adoptive parent can easily doubt he is fulfilling his role properly, going even as far as wondering if the child might not have been better off with its genitors.

The parents knew quite well where their daughter came from and knew how unhappy she would have been if she had not been adopted. But their despondency was so deep, they feared they'd make a mistake in their choice. The girl seemed unfair to me, and even perverse in the way she tried so hard to weaken them so that she could get back home. Her promises to work hard were uttered to back up her wish, but it only

made her parents suspicious because a few months before she'd claimed the exact opposite.

The situation calmed down somewhat when her parents realised that their home represented more than a cosy and safe envelope for her: it had been the witness of Carine's arrival, of her being welcomed, pivotal moments which had united them, moments of happiness and uncertainty spent together, of love and hostility. Just like a mother, the house made her feel safe and reassured: Carine was worthy of receiving a mother's love, a father's protection. The house was the witness of the alliance they'd agreed on when founding their family group. Without this marker, the alliance could be dissolved.

Conclusion

At the beginning, I suggested that the difference between GPT and CFPT is bound to the *nature* of the group. Along this research it turned out that this difference implies important consequences which could lead to bothersome drifts: CFPT treats, first and foremost, the position of the filial, fraternal and couple's links as well as between the subjects and their ancestors, trying to resolve their dysfunctioning. With this goal in mind, it uses several group notions, such as unconscious alliance inter-fantasy or shared affects, but these are just means. On the other hand, from a technical and practical point of view, the notions of group are very pertinent and efficient.

In practice, some couple and family psychoanalytic therapists tend to overlook these analogies and differences; they do not use the group field and go back to a practice of individual interpretations although the setting up of a group framework and reminders of this during the

process are maintained: the rule saying that all members of the family should come to all sessions, for example.

On the other hand, some GPT overlook the singular aspects of the family; in the groupal session, for example, they tend to minimise the differences between the fraternal and the filial; they claim that the members of the group function like brothers to say they are turning towards indifferenciation. But the fraternal is not just that. Among the virtuality of the fraternal, I have observed that a culture of alternative thoughts develops between brothers and sisters ; they develop together critical positions as regards to the adults around them, including the parents, who, eventually bring them to express their own opinions on things and on the world with confidence.

Group therapists can reduce the asymmetry between therapist and group members to a simple hierarchical issue, overlooking for example the difference between a trainer and a father. Finally, they show little interest in the trans-generational.

These drifts carry the risk of reducing the impact of the material gleaned during sessions and therefore of going down the wrong track, or even leaving out altogether some important issues. It is only through admitting their specificities that both GPT and CFPT will be able to benefit from their respective contributions.

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