

Relational Patterns in Caring

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Introduction

Relational experiences in intimacy and caring stem from the initial nurturing interaction between infant and parent. According to *attachment* and *object relations* theories the therapeutic relationship can often be best understood in parallel process to the original dynamics between child and primary caregiver, generally the mother-child nursing unit. The implication is that a person's infant attachment history and family interaction patterns continue to impact and shape the adult in his or her personal relationships throughout the life span.

From an *attachment* perspective a person in life-challenging and threatening circumstances may well psychologically feel like a child again, yearning to connect or merge with a trustworthy and available attachment figure. In spiritual care this attachment is often addressed to God or to what is sensed as an all-pervasive spiritual presence, an ultimate source of comfort and safety.

In the theory of *self psychology*, residues of deficiencies in early parent-child interactions often present in caring interactions later in life. The caring relationship is related to what was lacking in earlier primary relationships. Here is a clear instance where the personal relationship in therapy constitutes the therapy. This casts the caregiver in a protective and reparative parental role for a person seeking to restore unresolved stresses stemming from what was neglected or left violated in early childhood.

I. Attachment Theory & Adult Attachments

- John Bowlby, psychoanalyst and scientist based attachment theory on:
 - *ethology* – biologically rooted, species-specific behavioral patterns and relationships with an innate propensity to maintain proximity to attachment figures that provide a secure base for further development.
 - *evolution* – environmental/survival adaptation through the process of natural selection.
- The theory of the *attachment behavioral system*:
 - a homeostatic process that regulates infant proximity-seeking and contact-maintaining behaviors with one or a few specific individuals who provide physical or psychological safety or security for the “exploration from a secure base” (Ainsworth)
 - A cybernetic, self-regulating process governed by two complex mechanisms:
 - one controlling its activation (when child is separated or threatened)
 - the other its termination (when child successfully engages in attachment behaviors to reconnect with attachment figure).

- The role of *internal working models* in noting the presence or absence of the attachment figure and the self in interaction with the attachment figure.
- The types of *Attachment Styles* (Ainsworth)
 - Secure vs. Insecure Attachment Styles
 - Two kinds of insecure styles:
 - Anxious/ambivalent attachment
 - avoidant attachment

In Adulthood

Restricted to *dyadic relationships in which proximity to a special and preferred other is sought or maintained to achieve a sense of security* (West & Sheldon-Keller, 1994, 19).

- Clinical Applications:
 - Loss (Bowlby, 1980), the grief support helper functions as a *companion* – providing a *secure base* for exploring the hurt and being lost in new territory.

The theory relates to evidence during WWII in London, England, with children separated from parents and their responses of mourning phases fluctuating between:

 1. protest
 2. despair, with two phases alternating:
 - hope turns to despair
 - despair returns to renewed hope
 3. detachment
 - Bereavement (Parkes, 1972; Beverley Raphael, 1983)
 - Marital Separation (Weiss, 1975)
- Adult variations of insecure infant attachment styles (Bowlby, 1980)
 - Compulsive care-giving
 - Compulsive care-seeking
 - Compulsively self-reliant
 - Angry-withdrawn

II. Self Psychology (Kohut)

Self Psychology originates with Heinz Kohut who in his psychoanalytic practice discovered the therapeutic requirement for being personally available to the patient. He described how his patients did not see or want him as a separate person or outside expert offering therapeutic interpretations. They were looking for his availability to serve as a *selfobject*, as a part of themselves, as a set of psychological functions to restore what they had not acquired early in life.

The following two *selfobject* functions constitute the *bipolar self*

- Mirroring selfobject: those responses that confirm a child's sense of greatness.

- Idealized parent imago: the presence of one with whom a child can merge as the image of calmness and strength.

In a later expansion (1984) to a *tripolar self*, Kohut added a third set of selfobject needs:

- Twinship or alter ego: the need to be like the therapist.

Kohut worked closely with those diagnosed with narcissistic disturbances. Rather than problems of neurotic obsessive-compulsive stress and guilt, many of these clients complained of feelings of emptiness and dissatisfaction in their daily interactions and relationships. These patients often felt vulnerable in their self-esteem and sensitive to being slighted in their intimate and social relationships.

Kohut normalized these narcissistic strivings. He stated that rather than a pathological state that we need to outgrow, narcissism continues as a perennial human condition that does not impede but actually drives personal growth. Healthy development takes place in both narcissistic (self) and object (person) love. This is in contrast to Freudian theory where healthy maturation requires the relinquishment of the child's narcissistic focus on self in order to redirect one's love towards others. Kohut proposes that love for self and concern for others are not opposites but mutually inclusive – that human growth occurs in caring simultaneously for both self and others.

Questions

- *How does this relate to the universal religious rule to love one's neighbor as oneself?*
- *How do you understand the general discomfort about loving oneself?*

Implications for the practice of care

- *the Self as an intrapsychic structure*
The self when fragmented seeks to heal itself. Available others are recruited to contribute to and collaborate on constructing a more cohesive self.
- *from a theory of "conflict" to a theory of "deficiency"*
Contrasting Freud's "guilty man" with Kohut's "tragic man."
- *From a "one person" to a "two person" psychology*
From internal representations of others to an external presence of an "other" needed and incorporated for a restorative function of self – In contrast to the I-Thou relationship (Buber), the *selfobject* is not met as the other but is used (I-it) as a function for the self.

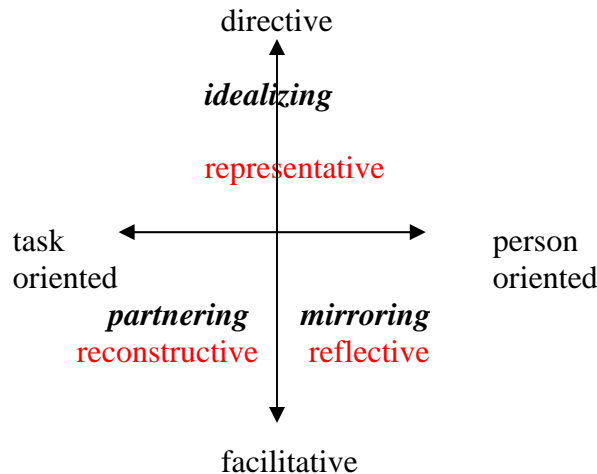
A good loving relationship "is one in which one partner or the other rises to the challenge of providing the selfobject function that the other's temporarily impaired sense of self needs at a particular moment" Kohut

Questions:

- How do you react, both with feelings and thoughts, to this quote?
- How do you see love and selfobject functions work together?
- How does this affect the caregiver's own relationship needs?

- Therapeutic Communication Styles and Selfobject Transferences

the *tripolar self* organizes and shapes three different styles of therapeutic communication: *representative*, *reflective*, and *reconstructive*. (see module *Caring Conversations*)



Dysfunctional Relational Patterns and Defenses in Object Relations Theory

In caring relationships we sometimes experience relational obstacles that can stem from the defensive processes of splitting and/or projective identification.

1. Splitting

In early childhood a child will dichotomize its experience in good/bad splits. In further maturation the person will be able to accommodate a more shaded, nuanced experience. However, some past traumatizing experiences can maintain splitting defensive behaviors in personal relationships and other interactions with the outside world such as:

- Alternating expressions of contradictory behaviors & attitudes
- Compartmentalization of environment into “all good” and “all bad” camps (idealization and devaluation).
- Ambivalences vs. coexisting contradictory self-representations that alternate with each other.

2. Projective Identification

An unconscious interpersonal interaction in three phases:

- 1-projecting disavowed part of the self for it to lodge in the other
- 2-pressuring the other to experience it
- 3-identifying with and introjecting/internalizing it from the other

MAJOR PROJECTIVE IDENTIFICATIONS

Proj. Identification	Relational Stance	Metacommunication	Induction
Dependency	Helplessness	I can't survive	Care-taking
Power	Control	You can't survive	Incompetence
Sex	Eroticism	I'll make you sexually whole	Arousal
Ingratiation	Self-sacrifice	You owe me	Appreciation

Taken from:

Sheldon Cashdan. (1988,77)

A Projective Identification Description of Dependency

Individuals who use projective identifications of dependency occasionally find someone whose life goal is taking care of others. If they do, all is well and good. If, on the other hand, interactions with others fail to take on caretaker-child characteristics, they set out to recreate this kind of relationship on their own. This is what the projective identification of dependency is meant to accomplish. Individuals who relate in this way spend a large part of their lives inducing those closest to them into becoming caretakers, believing that interactions of this sort form the foundation for lasting relationships.

Cashdan. 1988.64.

Some personal questions:

- If in a close relationship you would thoughtlessly initiate one of the four projective identifications, which one would be the most likely one?
- If as caregiver you find yourself on the receiving end of a projective identification, which one could most readily entice you and put you at risk?

III. Family Relational Patterns

The family system consists of a web of interconnected personal relationships that shape the person's social and inner world. The family of origin is the place where a person is initiated as a social being through being assigned specific roles and participating in relational patterns and reciprocal interactions. A person's family system plots one's relational landscape as it develops from birth to adult stages. Three levels of family organisation can be distinguished, dimensions that can be placed on a continuum of increasing differentiation between the family and its individual members:

A. The Initial Attachment Bond

The most basic level of the family context is the concrete, *bio-physical* expressions of family life. At birth the infant appears to be sensitive only to bodily functions and bodily contacts, the physical comfort and/or deprivation experiences between the infant and the care-taking family presence. The home environment is unique in retaining also in later developmental stages this attachment bond in providing a sense of basic security.

Family therapists often ask their family-clients about their home situation, including its physical outlay, whether doors are left open or closed, the morning-rituals when the family gets up for a new day, the routines around the use of the bathroom and breakfast in the kitchen. All of this forms a sensual texture holding a person's life. The family as a mystical union is symbolised by the one *home* with its various sacraments and ritual activities that punctuate the family experience and gather its members into the one-flesh union of the family body.

Murray Bowen developed a scale of levels in self-differentiation. (Kerr & Bowen, 1988, 97-107) Families with little self-differentiation in their members feel "fused" and are described as "closed." These families identify themselves by high levels of anxiety and emotional reactivity when their shared identity and common experience as a family is being threatened. Rather than a rigid point on a scale, the level of self-differentiation is commonly experienced as a flexible continuum. In times of stress and crisis, such as encountered in the real or anticipated loss of a family member, family members generally regress on the scale of self-differentiation, and experience anxieties and at times overwhelming feelings of helplessness in the face of impending disintegration.

B. Family Roles, Rules and Loyalties

The *psycho-social* world of the family constitutes a covenantal community in which individual family members participate through their roles and obligations. While family members are differentiated through the generational hierarchy and their specific position in the family, individual roles and functions serve primarily the needs of the family in maintaining its corporate identity and emotional homeostasis.

This family socialisation process stands central in infancy and early adolescence. Daniel Stern, in his influential research study, *The Interpersonal World of the Infant*, states that already at the age of two to three months "the infant's first order of business, in creating an interpersonal world, is to form the sense of a core self and core others" (1985, 70). The family as an interpersonal system consists of persons who perform interdependent social roles and psychological functions that provide each member, and the family as a whole, with an identity.

Some roles are common to most families: mother, step-dad, child, older sister, baby brother, visiting uncle, grandmother, household friend, among others. Families also tend to have special vocations to which family members are called such as mentors, clowns, chaplains, patients, and stars. Often family roles follow complementary patterns such as leaders and followers, peace-disturbers and peace-makers, saints and sinners. Once recruited into such functions, each person stabilises the family system and confirms the

individual roles of respective family members. The Hebrew covenant concept conveys this contractual structure of relational roles, rules and obligations that define each person's identity in reciprocal, interpersonal terms. The psychoanalytic theory of *object relations* (Greenberg & Mitchell, 1983; Mitchell, 1988; Slipp, 1984) describes how each person carries internally the configuration of interpersonal family roles and relationship patterns experienced as a child. This inner family becomes a template for subsequent relationships and the context for self-identity and personal awareness.

C. *Self-Differentiation and Vocational Confirmation*

A third dimension, a *spiritual/vocational* perspective on the family's constellation, highlights the distinct and unique place of the individual in the family. This focus on individual autonomy in Western culture gains prominence in adolescence when the task of individual identity needs to be balanced with family loyalties and interpersonal connections. This developmental task often is highlighted in psychology theories as the supreme goal for the actualisation of human wholeness. It is the movement from an identity primarily constituted by the performance of certain social roles and psychological functions for others in the family to a sense of self clearly differentiated from others. It takes a certain moral capacity and psychological maturity for the family to see its members both as family members and as distinct from the configuration of family expectations and needs. The covenantal structure of the family now transcends its own interests and survival. The covenant of contractual obligations becomes secondary to a covenant of grace. Identity is now found primarily in the personal experience of acceptance and confirmation. Intimacy is now experienced in the interpersonal interaction of knowing and being known.

The Jewish philosopher/theologian Martin Buber focused on confirming the other as the most significant feature of all human interaction (1965). It is the mark of the true humanness of a society or a family. Rather than being determined by the "family script" or being enlisted into the service of family needs and ambitions, family members experience permission to define a self. Such a family environment affords personal validation and acknowledgement. In authentic personal encounters a person is grasped yet respected. It is a moment of revelation, sometimes in a flash of mutual recognition. Such moments of seeing and mirroring each other constitute the sacred history of the family. These moments are often reflected in a collection of special letters, photo albums, and family stories, illustrating family interaction with snapshots of discovery and recognition. The spiritual vocation of the family is to transcend its own identity as a family clan and confirm the integrity and calling of its individual members.

For personal exploration and group sharing

Going back to your family of origin,

- How do you plot its social landscape of specific roles, rules, hierarchies, functions, obligations and expectations?
- How do you define your place in this web of interconnected relationships?
- How does this relational map locate itself in your present personal and professional life?

Family Therapy and Relational Patterns

Family therapy takes on the family as the client and treats the family as a relational system. It is by changing the way a family functions that the lives of its individual members are changed. From this family perspective we see ourselves embedded in a relational network and become aware that we are part of something larger than ourselves. Family therapy has followed various schools of thought and practice that can be charted along two basic approaches: task-oriented and person-oriented:

1. Task-Oriented:
 - Directive/Didactic
 - o Psychoanalytic (Ackerman)
 - o Natural Systems (Bowen)
 - Action Intervention
 - o Structural (Minuchin)
 - o Strategic (Haley, Madanes)
 - Collaborative relational/constructivist
 - o Solution-focused (de Shazer)
 - o Narrative (White)

2. Person-Oriented:
 - Experiential family therapy
(Carl Whitaker & Virginia Satir)
 - Contextual therapy
(Nagy)

It is specifically in person-oriented therapy that attention is focused on the healing of personal relationships. Personal growth rather than family stability is the goal of experiential family therapy and contextual therapy.

Experiential family therapy emphasizes the need to explore the family experience through open and honest communication between its members. Virginia Satir used her charismatic presence to bring love and compassion to her work with families. She outlines three changes to address to the family system (1972,120) – changes in line with the *spiritual/vocational* task of the family:

- 1) Each member of the family should be able to report congruently, completely, and honestly on what he or she hears, feels and thinks, about self and others, in the presence of others.
- 2) Each person should be addressed and related to in terms of her or his uniqueness, so that decisions are made in terms of exploration and negotiation rather than in terms of power.
- 3) Differences must be openly acknowledged and used for growth.

For Reflection

- Can Virginia Satir's therapy style be seen as a model of spiritual leadership?
- Can the three changes be applied beyond the family to organizational life?

Contextual Therapy is a transgenerational approach to family therapy founded by Ivan Boszormenyi-Nagy. This approach brings the relational philosophy of Martin Buber into family systems therapy. It acknowledges the yearning of the human spirit to be truly met in an authentic encounter with another where the person is heard, responded to and confirmed as unique and special.

Contextual therapy is built on the practice of *relational ethics* that pursues trust, fairness and accountability within a family system. These qualities are modeled by the therapist's stance of *multidirected partiality* both as a therapeutic attitude and a method. It involves siding with each person's real and perceived suffering and against any tendency to blame others.

All theories of personality and most, if not all, models of therapy are built on the premise that the quality of one's interpersonal relationships reflects the quality of one's inner psychological functioning. Contextual therapists add to this the observation that people benefit from relationships in which there is a fair balance between giving and receiving. People's emotional and psychological well-being, their experience of their own value as human beings, is linked to both their sense of their own contributions to others and their actual contributions to each other. Goldenthal

Note:

- Some materials on family relational patterns have been adapted from Peter VanKatwyk, *Spiritual Care and Therapy*. 2003. Pp.106-109.
- See also the *Personal Relationship in Caring* module

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