

# PARADIGMS IN PSYCHOANALYSIS

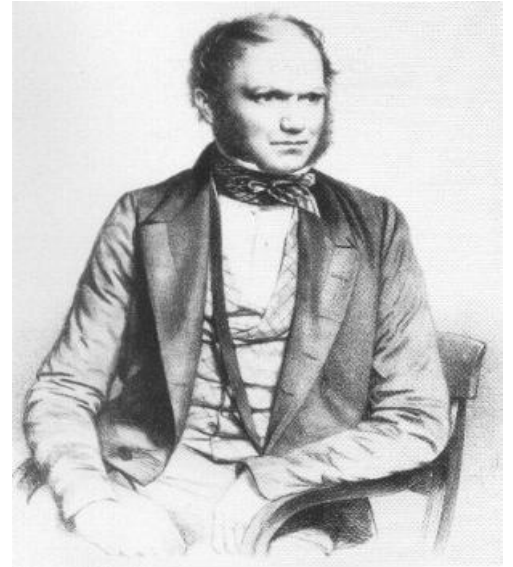
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## Introduction

When we see patients we always apply scientific theories. Some are conscious and explicit, as when we believe we are Kleinians, Jungians or whatever. Others are implicit. In this paper I try to make explicit the scientific theories which I find useful in my work with patients. Others could add other theories. I call these theories paradigms, following Thomas Kuhn, who introduced this term in his 1962 essay, *The Structure of Scientific Revolutions*. In Psychoanalysis this term was introduced systematically by Luigi Longhin (*Alle origini del pensiero psicoanalitico*, Borla, 1992). Our practical aim is to integrate the paradigms after having made them explicit. In what follows I make these integrations explicit.

I list seven paradigms: neurobiology, attachment theory, the trauma paradigm, the relational model, the family system, Fromm's psychoanalytic social psychology, biological and cultural evolution. They belong to different systemic levels. To use the distinction introduced by Max Weber and applied by Karl Jaspers to psychopathology, the appropriate method to apply to the first paradigm is "Erklaeren" (explanation), whereas "Verstehen" (understanding) is the appropriate method for the other paradigms, though the two are often intertwined.

The references at the end are an essential bibliography, listing one item per paradigm.



## 1. Neurobiology

In the first year of life the brain is still immature. Myelination must be completed. Connections have to be established, both horizontally, between the two hemispheres, and vertically, between the cortex and subcortical areas which regulate emotion (the amygdala), memory (the hippocampus) and hormonal secretion (the hypothalamus). The right hemisphere, which is dominant during the first three years of life, is the seat of nonverbal communication, the left hemisphere is the seat of language and logic. A crucial center of integration is the orbitofrontal cortex, which, in particular, regulates the ANS (autonomic nervous system). It is also a higher center for the regulation of emotions. Finally, it enables a coherent autobiographical narrative. In front of a predator (integration of paradigms 1, 2, 3 and 7), the sympathetic branch of the ANS is activated. If there is no escape, surrender, freezing, catalepsy, sets in, mediated by the parasympathetic branch.

Secure attachment ensures maturation (1/2). On the contrary, traumatic experiences, both neglect and abuse, lead to the interruption of integrative processes and thus to brain damage (1/3). Traumatic attachments inhibit the development of the right hemisphere. This leads to an inability to regulate aggression. The consequence is the development of the psychopathic personality, characterized by cold blooded rage, and the borderline personality, characterized by hot blooded rage.

On the other hand, the brain is also endowed with neuroplasticity. At the neurobiological level, psychotherapy leads to new neural connections and may even initiate the growth of new neurons.

## 2. Attachment theory

The strength of Bowlby's attachment theory lies both in the empirical method by which it was constructed (the direct observation of children, prospective longitudinal research instead of the retrospective method of psychoanalysis) and in the strength of the theories on which it is built: ethology, namely the study of animal psychology in natural conditions, and, behind that, the theory of evolution.

Among Bowlby's direct observations, the most fundamental is the observation of the three phases in the reaction of a small child to separation from the mother, which may also be due to the mother's emotional detachment: (1) at first there is protest, which is made up of anxiety and anger; (2) if separation continues, despair sets in, in which the anger of hope becomes the anger of despair, which corresponds to Fromm's destructive aggressiveness; (3) finally, the child takes on a detached attitude, which is only apparent and covers up underlying and continuing despair.

These direct observations at a clinical level should be integrated with the more minute observations of infant research.

At a theoretical level, Bowlby points out that the child's attachment and the mother's complementary caregiving behavior is an innate pattern which we share with all mammals (therefore, other species in the same class) and with many birds (another class). This pattern was selected in the course of evolution because of its survival value, which consists especially in the defense from predators. It is in our genes. The original environment in which this pattern evolved is called by Bowlby the environment of evolutionary adaptedness (EEA). Mental health can only arise in this environment. Any environment which departs beyond a certain point from the EEA gives rise to psychopathology (2/3/7).

Attachment provides a child with a secure base from which to explore. This formula includes two basic inborn needs: at first the need for attachment, and later for autonomy. In pathological families needy parents keep the child bound in a reversal of roles, in which both basic needs of the child are frustrated. Symbiotic families are thus created, characterized by the interaction of the frustrated dual basic needs of parents and children (2/5). Role reversal explains the violence exerted on infants. The needy parent who wants to be taken care of is confronted with the infant who is incapable of caring for the parent but, on the contrary, asks to be taken care of. This may cause destructive aggressiveness in the parent leading to the horrifying radiographs of fractured skulls and long bones in infants in *The Battered Child* by Helfer and Kempe (1968) (2/3).

Bowlby has provided the mother-child relation highlighted by Ferenczi with a solid evolutionary basis. With the interspecific reference he attains the highest systemic level of all, at least in the life sciences. Its temporal dimension is millions of years (2/7).

At a therapeutic level, sooner or later the vicissitudes of the primary relation emerge ("psychotherapy is a form of attachment relationship": Solomon and Siegel, p. 44), with various forms of insecure attachment, among which D-type (disorganized-disoriented) attachment, described by Mary Main in 1986 and leading to borderline pathology, is of primary importance. This type of attachment arises when the mother is unavailable at birth. This is the severest trauma (2/3). Evolution did not foresee this event (2/3/7). The infant is unable to cope and can only react by disintegrating.

### **3. The trauma paradigm**

Freud started his work with the childhood sexual traumas reported by his patients. In this phase he developed essential instruments such as the method of free associations and the analysis of dreams. Then, in 1897, he changed his mind and claimed that these memories were the product of fantasies. The importance of trauma was rediscovered by Ferenczi, who because of this was excommunicated by the Freudian orthodoxy. After World War Two psychic trauma was investigated in various fields. At present, PTSD (post-traumatic stress syndrome), observed in Vietnam veterans and incorporated into DSM-III in 1980, is regarded as the paradigm of psychic trauma. This paradigm describes the consequences of psychic traumas due to multiple causes: war, natural catastrophes, detention in extreme conditions, the taking of hostages, sexual violence in women, and the psychic, physical and sexual abuse of children.

This is the category in which we are most interested as clinicians. Obviously, the distinction among various types of abuse in children may be useful for descriptive purposes, but actually also physical and sexual traumas are psychic. This is a typical sequence which serves to keep a child bound to the family (3/5): initial rejection-maltreatment-seduction. Another means to prevent a child from leaving is to discourage it when it is learning to walk (3/5). To use Bowlby's paradigm: if a parent inflicts these abuses, instead of defending the child from predators, she/he becomes the predator. Since danger elicits attachment behavior, the child reacts in a paradoxical way: it clings to the very person who threatens it (2/3/7).

In order to show the importance of this paradigm at a clinical level I will describe the consequences of its failed application. Typically, the sexual abuse of a child in a family is surrounded by a wall of silence. If a patient with this past history goes to a therapist who neglects this issue, the traumatic residues which show in dreams, somatic symptoms and symptomatic behavior will not be addressed. The patient therefore re-experiences the wall of silence. Instead of being cured the patient is re-traumatized. This sort of error may explain the failure of many therapies. If there was a trauma and it is not addressed, the therapy fails.

#### **4. The relational model**

Greenberg and Mitchell, in their famous book of 1983, *Object Relations in Psychoanalytic Theory*, contrast the relational model in psychoanalysis with the drive model of orthodox Freudians. The relational model originated with Ferenczi, who was the first to claim the primary nature of the mother-child relationship. His influence was exerted on both sides of the Atlantic. In Britain, both directly, through the Balints, and indirectly, through Melanie Klein, Ferenczi was influential in giving rise to the object relations school. In the United States, thanks to Clara Thompson, who was analyzed by him, and to Fromm, a great admirer of his, Ferenczi was influential in giving rise to the interpersonal-cultural school (Sullivan and Fromm). All these authors may be defined relational in a wide sense. Later, Mitchell himself, together with others, gave rise to the relational school in the strict sense.

All relational authors view the therapeutic relationship as an interaction between two participants, each of whom brings her/his past into the relationship, thus giving rise to transference and countertransference phenomena. In the therapeutic relationship the patient's past is re-experienced and corrected, not only through what Greenberg (1981) calls "participation with" by the therapist, namely empathic participation, but also and especially through "participation in", namely the therapist's temporary identification with figures of the patient's past, due to the therapist's predisposition based on past experiences (today this is called "enactment"). In any case, the starting point of the therapist's interventions should always be what the therapist feels.

I find it useful to widen this dyadic view to David Malan's triangle of person. According to Malan, who deals especially with brief psychotherapy, in every session attention shifts among three sets of relations, viewed as the three vertices of a triangle: current relations outside therapy, the relation with the therapist, and past relations (I find it useful to distinguish between distant and recent past).

Up to the Nineties, what relational psychoanalysis lacked was integration with the trauma literature. This was accomplished in 1994 with *Treating the Adult Survivor of Childhood Sexual Abuse* by Davies and Frawley, which addresses female trauma, and in 1999 with *Betrayed as Boys* by Richard Gartner, which addresses male trauma.

#### **5. The family system**

von Bertalanffy's general system theory provides a description at various levels of organization. It is a formal description to which we must add tangible content. The therapeutic relation may be described as a dyadic system, to which both participants bring their membership in a family system, in which they play a certain role and the rules of which they obey. The family system is one level higher than the dyadic system. The systemic family level has been studied especially by Mara Selvini Palazzoli, who initiated the Milan School of Systemic Family Therapy. There are then supra-ordinate systemic levels, such as the socio-cultural level.

Many other family therapists have made clinical observations and developed theories which have value for individual therapy: Minuchin, Boszormenyi-Nagy and others. I find Helm Stierlin's concept of "Bindungskraefte" (binding forces) of special value. From it I have derived my own concept of multiple binding mechanisms, where binding refers to the family. Another important contribution from this literature is the concept of transgenerational transmission, also present in attachment theory (2/5).

From all this tradition, at a clinical level I find the idea of "systemic move" (with reference to Selvini's approach) or "strategic move" (with reference to the Palo Alto approach) of special value. This is something new, unexpected, a move which the therapist makes, or which the therapist advises the patient to make, which unlocks a rigid and repetitive situation.

#### **6. Fromm's psychoanalytic social psychology**

This paradigm addresses a systemic level higher than the family, namely the socio-cultural level. According to Fromm, every society tries to reproduce itself by creating the suitable character structures in individuals. This is the social character, made up of traits common to the majority. In creating the social character society makes use of the family as an intermediate agency.

A clinical example everyone is familiar with is emotional detachment, which is the social character of modern society. The hyperactive executive, entirely devoted to an alienated job, in order to function well must be detached from his emotions and from emotional relations. This character is normal in a statistical sense and pathological in reference to

basic human needs (6/7). Emotional detachment, as we have seen in discussing Bowlby, overlays despair (2/6). According to Stierlin, this combination may give rise to severe psychosomatic conditions such as a CVA or a malignant tumor.

## 7. Biological and cultural evolution

The attachment system is a product of biological evolution, which is Darwinian. In an animal with a long life cycle such as man, it takes thousands of years to operate. Cultural evolution, instead, is Lamarckian and acts much more rapidly. It may be observed in some other species, but it is typical of man. In the Upper Paleolithic and the early Neolithic, a harmony was established between the two types of evolution, which gave rise to the matriarchal culture. This culture was first described by Bachofen in 1861, discussed by Engels, and re-discovered by Fromm in 1934 in an essay which was reprinted in 1970. Around 4-5 thousand years ago, a predatory patriarchal culture, which still afflicts us, was superimposed onto the matriarchal culture, which since then is submerged and forbidden. This development gave rise to advanced agriculture and uncontrolled population increase. A typical example of predatory patriarchy is oriental despotism, described by Karl Wittfogel in 1957, characterized by slavery and bureaucracy. Whereas the matriarchal culture is the product of biological evolution and is still present in our genes, the patriarchal culture is the product of cultural evolution and has to be re-established at every generation. A conflict has arisen between the two types of evolution. Every child which is born is predisposed to live in the matriarchy. The patriarchal culture has to assert itself through a violent and traumatic socialization. This is the remote causation of psychopathology, which is renewed at every generation.

### An example

I present a clinical vignette as an example of the application of these paradigms.

A girl, an adopted child, underwent sexual abuse when she was small from her adoptive father. She later developed a borderline pathology. She started to drink. When she drank she became violent. She lived with her widowed adopted mother. The mother lived in fear of her daughter's violence. After a long period of this repetitive interaction, the mother left the home and found hospitality with a friend.

I comment on this case by referring to the paradigms by the section number. The adoptive father is a typical specimen of predatory patriarchy (7). Since this is a dominant cultural trait, predatory behavior is widespread (6). The child underwent a severe trauma (3) which led to a D-type attachment (2) and later to borderline pathology, characterized by the anger of despair (2), which the girl directed towards herself through drinking and towards the mother who did not defend her from the predator (2). A repetitive symbiotic bind with the mother ensued (2). The mother finally reacted by a spontaneous systemic move (5).

### References

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