

Psychoanalytic Couple and Family Treatment

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Child therapy and psychoanalytic education

Child therapy and psychoanalytic education can be considered as historical forerunners of family dynamics. In the history of the “psychoanalytic movement”, there was a period which Anna Freud (1954) called an “optimistic phase” in the 1920s and 1930s during which psychoanalysts believed that the new psychoanalytic insights into the unconscious genesis of neurotic symptoms could be used to enlighten parents and pedagogues about the child’s psyche in order to effectively prevent neurotic malformation. However, these optimists were very soon disappointed. It was necessary to realize that it had only very limited preventive effect to teach parents and pedagogues about psychoanalysis. “Parents were addressed as purely rationally dutiful adults who would simply need to be better informed about the child’s psyche and about the sources of infantile malformation in order to correct their education accordingly” (Richter 1976, p. 6). But at the same time, one did not notice that parents and pedagogues are themselves human beings with unconscious conflicts which make them – against their better educational judgement – use their children as a means to facilitate their own development and to relieve them of the pressure of previously unresolved unconscious problems. Only very slowly did the understanding gain acceptance that in many cases, the parents’ unresolved inner conflicts are to be considered as the cause of their children’s neuroses and that, therefore, the parents would have to be involved in the therapy as patients themselves. This was the starting point of psychoanalytic family therapy.

The development of psychoanalytic family therapy in Germany

In Germany, the birth of psychoanalytic family therapy can be dated back to the publication of Horst-Eberhard Richter’s article, “The Parent’s Narcissistic Projection onto the Child” (1960)

and to his book "Parents, Child and Neurosis" which was published in 1963. In connection to the youth and protest movement and the change in the public's opinion on sexuality, relationships, and the general criticism of traditional roles in the family, couple and family therapy became very popular. This started at the end of the 1960s and lasted until the mid-1980s. Horst-Eberhard Richter's book, "Parents, Child and Neurosis", was a best seller. 16 editions have been sold until today. In 1972, he published his second book, "The Family as Patient", in which he expanded his theory. In 1976, he started a course at the Psychoanalytic Institute in Giessen in which psychosocial professionals were trained in psychoanalytic couple and family therapy. Twenty psychoanalysts took part in the first three-year course. At that time, I had just received my degree in psychology and so, therefore, I was happy to participate in the course. Later, I even taught part of this course myself.

There were many other important publications about family therapy in the 1970s and 1980s. Perhaps you know the Swiss psychoanalyst Jürg Willi, who came up with the concept of "collusion" which was described by Dicks in 1967. The concept of "collusion", to which I will come back to later, means the unconscious "teamwork" of a couple. Out of this he developed his concept of partnership and its therapy (Willi 1975, 1978). Maybe you also know Helm Stierlin who worked in the U.S. in the 1970s and developed the concept of delegation (cf. Stierlin 1974). He later brought this theory back to Germany.

In the beginning, couple and family therapy was mostly guided by psychoanalysis. The German Society of Family Therapy was founded in Giessen at the end of two major conferences about family therapy in 1977. During the 1980s, the systemically oriented methods and theories became more and more popular because they corresponded to the efficiency oriented Zeitgeist. Psychoanalytic family therapy was no longer the main focus. The research was at a standstill, and hardly anything was published about psychoanalytic family therapy. But at the same time, there was much interest in the psychoanalytic training courses on family therapy by practitioners. At the end of the 1990s, a new German Society of Psychoanalytic Couple and Family Therapy was founded and so was a new "Journal of Psychoanalytic Family Therapy" which is published by Psychosozial-Verlag. We have been trying to strengthen the international exchange with other groups for a while now and have realized that couple and family therapy has become an important psychotherapeutical method all over the world, and I am glad that it is possible to discuss family therapy during an IPA meeting.

The parent-child-relationship in the family

In the following, I will present the concept of Horst-Eberhard Richter to you in more detail: He has characterized the parent-child relationship in the family. His theory is based on the following two psychoanalytic concepts:

1. the defense mechanism theory, and
2. Freud's two types of object-choice.

While psychoanalytic theories describe defense mechanisms only as intra-psychic processes, Richter goes one step further with the idea that we use other people in order to defend our unconscious conflicts. In this context, Richter speaks about psychosocial, interpersonal and relational defense mechanisms. Many children suffer from psychological disorders because their parents use their children in order to fulfill their own unconscious fantasies. These parents are themselves "pressured by emotional conflicts" (Richter 1963, p. 73) and they "suck the child into their own conflict" (Richter 1963, p. 73), so to speak. Often one can find "very distinct fantasies of the parents about which position the child should take on in the family even before the child is born" (Richter 1976, p. 9). Therefore, the child is assigned the role or the function "to help the parents to find relief from their own conflicts" (Richter 1963, p. 73).

In order to clarify this function theoretically, Richter draws on the sociologic role theory. He defines the child's role as being determined by all of the parent's unconscious fantasies, which assign a specific function to the child. The parents use the child in a specific way so that they can block out their own unconscious conflicts. "The child's role is defined by the meaning which is assigned to him/her by the parents, who are trying to solve their own conflict" (Richter 1963, p. 73).

In order to describe this role pattern more clearly, Richter draws on Freud's two types of object choice: the narcissistic type and the anaclitic type. According to Freud (1914), we search for either an aspect of our own self in our partner (in this case a narcissistic projection) or for a substitute for an object relation from our childhood (in this case, the relationship follows the pattern of transference).

In the following, I will describe the three narcissistic types of the parent-child relationship.

1. The child as a copy of the own self.

The child should be exactly the same as his/her father or mother. This expectation becomes apparent with narcissistic parents who want to be the center of attention and who cannot bear that their child, who they love so intensively, becomes different than they are. This relationship pattern is characterized by the fact that the therapist cannot come between the child and the parents. This is because the parents have the feeling that everything the therapist says is only a disturbance of the close relationship that parents and child share.

According to Jürg Willi (1975, p. 69), whose theory I will describe later in more detail, parents and child form a narcissistic union, which gives them – as Freud called it – an “oceanic feeling of happiness” and a kind of original state which is not disturbed by any subject-object splitting.

2. The child as a substitute of the parent’s ideal self.

The child should satisfy the unfulfilled desires and ideals of his/her parents. In social groups which are very performance- and success-oriented, parents often compensate for their own losses and they unconsciously pressure their child to fulfill the goals they never accomplished. The child has to be successful at all costs in order to balance out the parent’s narcissistic wounds. This often occurs with the so-called favorite child. The parents take part in admiring the athletic, academic and successful life of their child. They idolize his/her successes and adventures because they would have wanted to do the same but could not do so for various reasons.

The pressure to be a perfectionist can cause considerable complications in the child’s development. The same relationship pattern of ego ideal projection is often found in very religious families in which the child is trained to live a life of absolute moral purity. With the help of this pattern, the parents try to ease their sense of guilt and shame because of their own failures.

The contrary case might even be more common: The parents offer themselves as role models and force themselves onto the child. Some parents use their child to stabilize their own fragile self-esteem through the feelings of admiration and dependence.

3. Thirdly, we should discuss the child’s role as a substitute of the parent’s so-called negative identity, a term by Erik Erikson (1956, p 87): The parents project their feelings of inferiority and their weaknesses onto the child in order to deny their own characteristics which they perceive to be negative. Here, the child is a substitute of the parent’s negative identity and is used as the

parent's scapegoat. The child should take on those aspects of the parents which they deny and disapprove of. In using the child as a scapegoat, the parents can benefit in two ways:

On the one hand, projecting the repressed impulses onto the child gives the parents the chance to get, in their fantasy, a relatively guiltless satisfaction by identifying partly with the child (Richter 1963, p. 199). For example, a parent might invade the child's sex life with lewd curiosity in order to satisfy his/her own denied needs. Sexual abuse in the family is often initiated by one parent (usually the father) obtrusively invading the sexual fantasy world of the child (usually the daughter) by posing insistent question etc.

On the other hand, the parent's tendencies towards self-punishment are conveniently discharged by reproaching and punishing. The moralizing and punishing interpretations are to be understood as an externalized self-punishment. The role of the scapegoat is especially likely to set children on the track of deviant behavior, sociopathy, drug addiction and crime, as Erik Erikson (1956) has also described.

In the scapegoat projection, impulsive "bad" elements can be distinguished from the case in which weak elements of the self are being projected. In the projection of weak elements of the self onto the child, exercising power serves to compensate for the earlier narcissistic offence – to have been the one powerlessly subjected, whose will had been broken, whose self-esteem had been trampled on – by inflicting the same humiliation on others that was suffered by oneself.

Let us now take a look at the three anaclitic patterns in which the child is to replace a former or current partner of the father or the mother.

1. The child represents the father's or mother's own parents or parental figures (or aspects of these). Those parents who have not yet mastered the disappointed longing of their own parents' love and appreciation, often tend to expect the gratitude, admiration and tokens of love from their children that they themselves have longed for in vain. They use their children as a source of love for themselves. Parents like these might be willing to give their children a lot of attention. They are patient listeners, complying with the children whenever possible. Children may initially feel very much accepted by such parents, but the relationship in a way exploitative as the fathers or the mothers do not accept their children the way they are and, instead, look to them in their special function as givers of gratefulness.

2. The child as substitute partner. This role pattern may lead directly to sexual abuse, but it also

occurs in a non-erotic form when the parent has become isolated (as after a divorce, for example) and participates in the real social life together with and through his/her child alone. Parents who do not have a satisfying private life are easily tempted to seek their whole emotional life only in the relationship with their children.

If the partner substitution dynamics are connected with sexual contacts, one speaks of “real sexual abuse” (Hirsch 1987, p. 53). He refers to those parental sexual wishes and fantasies as latent abuse which are directed at the child but did not actually occur, although they have great negative consequences on the psychological development of the child: The seductive alliance between the parents and the children leads to a confusion in the children between their own incestuous fantasies and the parents’ real seductive offers.

3. Finally, the child may also take up the role of a disputed ally. This can often be found in divorced families if fathers and mothers compete for the love of their children and try to win the children over to their own side or just by taking them away from their former partners in order to hurt these. The parents do not care how the children feel, think and what they want. They love the children only on the single condition that they meet their expectations regarding unconditional alliance and threaten to abandon them should the children approach the other parent or go their own way. Children such as these tend to start acting and lying, or even develop an as-if-personality façade as described by Helene Deutsch.

The role patterns described so far are of course not only restricted to the parent-child relationship, but they may also be applied to the relationship between adult partners or, for example, to the therapist-patient relationship.

The family as the patient

In his second book on family dynamics, Richter tried to describe the overall structure of the family in its entirety using psychoanalytic categories (Richter 1976, p. 12). His starting point is the psychoanalytic distinction between symptom neurosis and character neurosis. Applied to the family, he describes symptom neurotic families which show clear internal splitting processes (ibid., p. 13), and families which are organized rather homogeneously (ibid.). The symptom

neurotic family is split in two parts, one of which is characterized as ill, weak or bad, while the other part, therefore, feels healthy, strong and good. An extreme case would be the abandoning family as described by Fleck (1965): The negative identity is represented by children who are handicapped or behave in a socially odd way and are dumped by such families in homes, boarding schools or hospitals (ibid., p. 13).

On the other hand, the character-neurotic family is determined by a homogeneous pathological model shared by all family members. Richter distinguishes between 3 main types: 1. the paranoid fortress family, 2. the anxiety-neurotic sanitarium family, and 3. the hysteric theatre family.

In the paranoid family, a highly aggressive tension prevails which is to be held in check by an over-solidarity of its members and by projecting the aggression on common external foes. The paranoid view of the world holds the family together like a fortress wall. The friend-and-foe thinking coins all views of life (cf. Wirth 2003). In radical religious sects and in other fanatic outsider groups, paranoid structures such as these are very common both in the groups and in the connected families. These paranoid structures are frequently passed on from one generation to the next as paranoid thinking is extremely suggestive (Richter 1976).

The anxiety-neurotic family is also a homogeneously structured family type. Very often a family member stands at its center who is determined by isolation anxiety, fears of impending doom, vegetative symptoms and hypochondria. The anxiety neurotic central figure puts all other family members under pressure to adapt to his/her low-risk, hygienic and harmony addicted lifestyle, and transforms the family into a kind of self-made sanatorium (ibid., p. 15). The whole family develops a group phobia which might have a calming effect on the main person but actually leads to a restriction of the family group ego (ibid.) As such anxiety neurotic-phobic family systems largely correspond to the social role models of the petty middle class family, the phobic family defense is, as it were, anchored in reality (Mentzos 1976).

In hysteric families, there is usually a member who has a hysteric neurosis. This hysteric central figure organizes the rest of the family according to his/her needs and includes it into the play-acting as members either of the cast or of the audience. The most characteristic feature of the hysteric family is the theater-like family life. A grand interplay between exhibitionism and

voyeurism is staged which is always and exclusively designed to represent and to show off. Those members of the family who are thoughtful and more matter-of-fact are ostracized for being “bad-sports” and put under pressure until they adapt to the hysteric family cast at least as the applauding audience. The show must go on. The pomp and the misery of the familial cast shows itself when an external crisis reveals the denied depression and the whole hysteric permanent staging abruptly collapses. This familial pattern of defense also occurs frequently as it conforms to the socially very common ideals and behavioral styles that TV soaps show us every day.

Unfortunately, there is not enough time to present in detail yet another relational dynamic concept from the German-speaking countries, that is, that of the Swiss relationship therapist Jürg Willi. I have to restrict myself to illustrating his basic idea. It is based on the term collusion as introduced by Dicks in 1967, which denotes the unconscious interplay of two partners who have chosen themselves and make such a good team that they, in a way, complement one another. Sadists and masochists are such a complementary collusive couple. The narcissistic collusion is also very common. Wilhelm Reich (1922) already knew of two narcissistic types: The phallic narcissist distinguishes himself by exhibiting an exaggerated and ostentatious self-confidence in order to compensate for his latent inferiority complex. He could be advised: “Don’t make yourself that big, you are not that small after all.” The second narcissist type is just the opposite: He suffers from a manifest inferiority complex which hides latent grandiose fantasies. The motto: “Don’t make yourself that small, you are not that big after all” applies to him. Jürg Willi (1972) speaks of a phallic narcissist and of the complementary narcissist, who complement one another in a collusion.

I would like to conclude my short overview with a reference to the strong roots that German psychoanalytic family dynamics have in social work. I am myself a member of a team that has been practicing family dynamics and sociotherapy in slums since the 1970s. Minuchin’s book “Families of the Slums” has been an important source for us. And just a few month ago, I heard in a presentation by Jill Scharff in Germany that Sutherland did sociotherapeutical work in slums, also in the 1970s, very similar to what we did at the same time in a social hot spot in Giessen. It is fascinating to know how many good ideas and concepts are developed simultaneously.

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