Semantic Polarities and Psychopathologies in the Family

PERMITTED AND FORBIDDEN STORIES

VALERIA UGAZIO
TRANSLATED BY RICHARD DIXON

ROUTLEDGE

SEMANTIC POLARITIES AND PSYCHOPATHOLOGIES IN THE FAMILY

The gap between psychotherapeutic practice and clinical theory is ever widening. Therapists still don know what role interpersonal relations play in the development of the most commo psychopathologies. Valeria Ugazio bridges this gap by examining phobias, obsessive-compulsion eating disorders, and depression in the context of the family, using an intersubjective approach personality. Her concept of “semantic polarities” gives a groundbreaking perspective to th construction of meaning in the family and other interpersonal contexts. At no point is theory left in th wasteland of abstraction. The concreteness of the many case studies recounted, and examples take from well-known novels, will allow readers to immediately connect the topics discussed with the own experience.

Valeria Ugazio, PhD, is the Scientific Director of the European Institute of Systemic-relation Therapies, Milan, Italy and is Professor of Clinical Psychology and Coordinator of the Clinic Psychology Doctorate program at the University.

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ABOUT THE AUTHOR

Valeria Ugazio PhD is a clinical psychologist and psychotherapist. She lives with her husband Milan where she is director of the European Institute of Systemic-relational Therapies (www.eist.it which she founded in 1999. She is Professor of Clinical Psychology at the University of Bergam Italy, where she runs Clinical Psychology Doctorate courses. She is currently interested in developir systemic therapeutic approaches specific to the four psychopathologies—phobic, obsessiv compulsive, eating disorders, and depression—to which this book is devoted.

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Ideas grow from encounters. And the ideas of a psychotherapist first arise through interaction wi patients. I thank them before all others for the extraordinary professional and human experience I hav had with them and for the trust they have put in me. I am also grateful to them because almost all hav allowed me to record the whole therapy and have taken part in the follow-up, sometimes even sever years after the end of their therapy experience. Thanks to their generosity, the European Institute o Family Therapy in Milan, where I carry out my clinical activity, now has an archive of more tha 10,000 video-recorded psychotherapy sessions of mine from which I have taken the 22 psychotherapies on which I have based my model. They are family, couple and individu psychotherapies, chosen due to the presence of phobic, obsessive, eating or severe mood disorders the family. At the moment when the therapy began, these 220 patients showed prototypical patterns o one of the four psychopathologies mentioned and there were no diagnostic doubts nor could addition diagnoses of other psychopathological disorders be formulated. They have been chosen for this, an this alone.

Three people with whom I have had direct contact have been of crucial influence in my intellectu development and in the elaboration of the psychopathological model which I present in this boo First of all, Mara Selvini Palazzoli. I was barely twenty when I first met her, and I wasn't at all su that psychotherapy was the right thing for me. Listening to her lectures in Milan I felt the joy I fe when I finally discover something that engages me unreservedly. Many years have passed since the but my therapeutic and scientific interests remain substantially in keeping with the horizon that Ma Selvini Palazzoli initially opened up for me, even though I was very soon to find my own directio (in keeping with my character). I am grateful to Mara Selvini Palazzoli, for it is also through h teaching that I have continued to work with undiminished passion.

When I met Vittorio Guidano, I had already developed an interest in the semantic aspects o communication, and in the conversational processes through which family members build up the own subjectivity. At the end of 1986 a mutual friend organized a meeting between the two of us at th Consiglio Nazionale delle Ricerche (National Research Council) in Rome. The meeting was to prov very important: From that time on, the psychopathological model elaborated by Guidano was become a fundamental point of reference for me. Moving beyond the “black box” model, which wa then characteristic of the Milan Approach, had opened up for me the problem of subjectivity, but lacked the instruments and concepts that would enable me to analyze the subjective experienc Psychoanalysis, which was custodian of the inner world, could not be the point of compariso especially at that time. For those like me who were looking at it from the outside, it still seemed to b based firmly on assumptions that I could not share. Guidano's model, which I still regard as one of th most interesting proposals for interpretation developed outside psychoanalysis, fitted much bett

with my own point of view.

When I met Alessandro Biral in 1991 I had lost interest in the philosophical and political debate fo some time. I couldn't seem to find any handles in that debate that would help me to understand th changes that I felt both within and around me. His courageous and striking article, *Per una storia del sovranità,* left a profound impression on me. It made me consider new and disquieting hypothese pose questions about points of view that I hadn't thought I needed to be concerned about, and pushe my research in unexpected directions. A result of these explorations was also the discovery of Lou Dumont; I did not have the chance to know him personally but he had a great influence on me. When discuss the cultural premises underlying the psychopathologies examined, one can hear the echo this influence.

The psychopathological model discussed here is also the result of long discussions with colleagu at the Family Therapy Centre in Milan. I have discussed many aspects with Luigi Boscolo and wi Gianfranco Cecchin, Maurizio Viaro, Laura Fruggeri, Peter Lang, Martin Little, Umberta Telfener an Mario Garbellini, and received most valuable stimulus from them. To Luigi Boscolo and Gianfranc Cecchin I feel a particular gratitude. I have learned a great deal from them and, over the years, thank to them, I have been able to enjoy a relational context—created around the Milan centre—that ha been intellectually lively, stimulating and above all open. It was this fruitful context that led to th creation of the family semantic polarities model, especially in its first version produced in 1998.

From the first publication of the model up to the present day, there has been a particularly intens exchange with Harry Procter. The reason is simple: our theories converge on many points, eve though they were created entirely independently and from different traditions—Kellian constructivis in his case and systemic psychotherapies in mine. His encouragement, as well as that of Tim Park was a crucial stimulus for the translation of the book into English. My discussions with Tim Park have also been extraordinarily enriching. His application of the semantic polarity model to the work of D. H. Lawrence and Thomas Hardy prompted conversations that have given me important ideas f the activities of the clinic itself. I have always thought that literature and psychotherapy are tw worlds that have much to offer each other, but thanks to Parks I have been able to put this in practice.

I must give particular thanks to my university students and above all to a small group of m doctorate students, now colleagues who immediately after the first publication of the model suggeste testing out one of its central ideas. This led to research that is still continuing—a long and comple task due to the difficulty in empirically validating clinical concepts. In order to test the hypothes that the semantics of freedom, of power, of goodness and of belonging characterize the conversation respectively, of patients with phobic, eating, obsessive and mood disorders, we have constructed an a hoc instrument—the “Family Semantic Grid”, which we have applied to the transcripts of 12 sessions. The reader will find some of these studies referred to in this book, while others are yet to b published or still running. Lisa Fellin, Attà Negri, Daniele Castelli, Roberta Di Pasquale, Robert Pennacchio and Emanuele Zanaboni have worked with me as key figures in the research program an in the necessary task of clarifying concepts. Ferdinando Salamino, Stella Chiara Guarnieri, Gabriel Gandino, Marta Sconci, Michela Scramuzza and Guido Veronese have also taken part in this progra in various ways; every aspect of the model has been examined and discussed with them. I also wish to record my gratitude to David Campbell whose death, in 2009, was particularly sad for me. While h helped us to construct the Family Semantic Grid, he was so enthusiastic about the model that, togeth with a Groenbaeck, he made an interesting application of the model to organizations.

A fundamental contribution to *Semantic Polarities and Psychopathologies in the Family. Permitte and Forbidden Stories* has been made by the students and lecturers of the European Institute Systemic-relational Therapies (EIST) in Milan, which I founded in 1999, and which provides a fou

year training course in individual, family and couple therapy. I have discussed with them every aspe
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analysis of Margaret Edson's play

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it a subject for conversation, at times serious, between us.

INTRODUCTION

1

THE CONSTRUCTION OF PSYCHOPATHOLOGICAL DISORDERS IN INTERSUBJECTIVE CONTEXTS

1.1 Four Stories and Several Questions

Her parents and sister watched in amazement: Natascia was crying, she was tense, her face was grim her hands clenched, her arms rigid inside a dark sweater on a hot summer's day. Natascia was wracke by many disturbing emotions. She asked the therapist to help her overcome her bad thoughts; sh feared they had gotten the better of her. Summer frightened her; she couldn't spend it at the seaside a her family would have liked. She had to go “somewhere cold where I can stay covered and closed u talking to no one, studying and nothing else.” We were dealing with the onset of an obsessiv compulsive-disorder in an 11-year-old girl. Natascia, a model child until three months earlier, wa now devastated by the eruption of emotions she couldn't cope with: she called them “temptations She wanted to look pretty and she thought about using make up. She had thoughts about kissing boy she felt an urge to get on to tables and dance; she had even complained that her parents didn't argu like they used to. She no longer cared about anyone else and wanted to do as she pleased. There was “bad” part in her that she couldn't control, not even with the “superstitions” to which she devote herself for hours. Her parents were astonished: Natascia was changing before their eyes. Even h voice had changed. No one, they emphasized, had ever pushed her to work particularly hard at h studies. She had always been more conscientious than she needed to be. No one had ever stopped h going out with her friends. On the contrary, Natascia had always enjoyed more freedom than oth girls, such as her younger sister who, unlike her, was lively and gregarious.

What should have been a trip with friends to Amsterdam—and a fairly wild one, as they had alread planned to smoke hashish—turned into a nightmare for Alessandro:

> I felt separated from my body … A terrible scare! I said to my friends: “hold on to my body because I'm leaving, I'm going off.” I thought I was dying. As soon as I began smoking it was like a flash: a load of pictures appeared before me, the strangest sensations. I felt really frightened. I was terrified, my heart was beating like mad. I thought I was having a heart attack or worse—I'd smoked before but nothing like this had happened.

Alessandro ended up in hospital. Two years had passed since then, but the fear had never disappeare Once discharged from hospital he returned to London where, a few months later, with the help of grant, he had begun university. He did all he could to stay there. It had been his dream to live abroa ever since he was a child, when he used to listen to his parents’ tales of wonderful weekends spent o their scooter in Brittany, where they had moved just after they got married. From this experience London he had hoped to start off his career in an international aid organization. He also had relationship in London that was important to him: This time he was in love. So he tried to carry o When panic prevented him from going out of the house, he had to give in. Alessandro returned to h parents’ home in Italy. He felt better at first, but when he tried to leave home, travelling just a fe

kilometers, the panic attacks and feelings of depersonalization returned. As his stay with his fami dragged on, he became depressed and suicidal. He ended up in hospital several times. “What sort illness have I really got?” he asked. It was a phobic disorder, but Alessandro was convinced he ha something much more serious. His feelings of depersonalization experienced during the onset symptoms, and later when trying to leave his parents home, had convinced him that he was sufferi from a psychosis. And this idea had naturally frightened him more.

She didn't want to start therapy. Her parents and sisters had practically forced her. And it showe Sabina had her arms crossed, her head bowed. When she looked up, her gaze was imperious a hostile. There was no doubt about it: she didn't wish to cooperate. There was no point aski questions: she wouldn't answer. Over the previous two months this 15-year-old girl had lost 12 kil and had no intention, it seemed, of stopping there. She had also gradually withdrawn from her fami with the same obstinate silence with which she was resisting therapy. No one could communicate wi her any longer, not even her mother or her older sisters with whom Sabina had been very close. Sh had stopped talking to her whole family, including her grandparents. And everyone was worried abo what they saw as this girl's relapse into anorexia. Two and a half years earlier, Sabina had dropped an alarming weight just as quickly but had recovered in less than a year. When she and her fami returned to Milan, she had literally re-blossomed and was once again cheerful and lively. On the departure from the Persian Gulf area, where her father's work had taken them, all the family thoug Sabina's problems were finally over. So no one had worried about her any more. Her mother ha noticed she had recently become introverted and sometimes sad, but had attributed the change mood to her first periods, which had begun late: her sisters had matured earlier. Everyone, exce Sabina, was alarmed and confused. Why, for example, her father asked me, did Sabina now refuse a outside help, contrary to what had happened during the first anorexia? But was she really sufferi from anorexia? her mother asked. Sabine was less mature than other girls her age. Unlike many of h friends and her younger sister—who had had a string of boyfriends since primary school—she ha never taken any care over her appearance or been bothered about enjoying herself. She still hadn shown any interest in boys. This relapse, unlike the first anorexia, hadn't begun with a diet.

After being left by her partner, with whom she had begun to re-plan her life after the breakdown of h marriage, Giulia's mental balance, which had already been unstable for some time, had deteriorate She felt she couldn't carry on; she was wracked with insomnia; she was extremely anxious a agitated. Her life: a mass of mistakes! And she was seething with pain and anger. Giulia felt lost: sh couldn't live alone; she could no longer look after her child. She was well aware of it:

> I felt a howl which rose from my toenails up to the ends of my hair. I wanted to go up a mountain, on top of the world and cry out. Let me cry out like a child, I need to cry out! My body needs to howl, physically. I want to howl myself away. But I can't. What would my four-year-old son see? No, no, I can't … But who will look after me and my child?

In the presence of the psychotherapist, Giulia phoned her parents, who have been separated for ma years. Her father came into her life for the first time and took care of the child, whom he had se only three times until then. “My mother won't take even me in. ‘My girl,’ she says, ‘I'm worse off tha you, I can't help you.’ I realize then there's no way out, I have to get treatment. I'm the one wh decides.” Giulia was in the clinic for only a short time, eight days, just enough to regain a little contr over her emotions. Then she went into a community: she left it after a while, stopped taking th medication and went off to India. These were the most dramatic months of her life. She risked endi

up badly. But in the end, her will to live prevailed. She returned and gradually tried to re-establi some emotional stability as well as rebuilding her relationship with her son, who had been left f almost a year with her father and his partner. When I met Giulia, a little over two years had passe since her return from India. She had started several psychotherapeutic treatments and had broken the off immediately. But it was now essential for this 30-year-old woman, who had a lively intelligen and was emotionally wild and seductive, to regain her mental stability, or risk losing custody of h son, now seven. Giulia loved him and didn't want to lose him. Her ex-husband had begun proceedin to take the child: he had serious and well-justified reasons. There was a diagnosis of bipolar disorde made during her medical treatment, and there was her abandonment of her child during her time India. And Giulia was also alone in therapy. No one in the family had been prepared to take part in th therapy with her. Perhaps it was for this reason that just before the end of the initial consultatio session she stopped, looked at me in surprise, and said: “Would you believe it! I'm telling you thing I've never told anyone: you're already my therapist!”

Natascia, Alessandro, Sabina, and Giulia suffered respectively from obsessive, phobic, eating an depressive disorders, the four psychopathologies examined in this book. What had triggered off th first appearance of symptoms? In Giulia's case the inciting event seemed to have been a abandonment. But what happened in the intersubjective context of Natascia, Alessandro and Sabina Natascia's parents were stunned: family life during the six months up to the onset of Natascia symptoms had been happier than ever before. After years of difficulty, in which the family had riske splitting up (the reader will have the full story later), the atmosphere had changed: everyone was cal and positive. Having won a grant to study in London, Alessandro had achieved his dream and had als fallen in love. Sabina's relapse was equally puzzling. Her parents, mindful of the anorexia from whic she had just recovered, had consulted Sabina over all important decisions. They had also complie with her wishes, including her going to Art College, which had involved the family in complicate arrangements.

Giulia's abandonment itself did not resolve the question of why her symptoms first appeared: anything, it raised others. Giulia had already had to face other abandonments. Why did the ending of relationship which, all in all, was less significant than others, lead her into depression? And wh should a normal experience like abandonment, however painful, cause such a serious depression in young woman who, until a few years before, had always been the first to be invited to parties an social events?

Why did Natascia develop an obsessive disorder while her younger sister seemed free fro psychological problems? Both Alessandro and Giulia had brothers who were happily married, wi good jobs and full social lives. And why did two parents, like Sabina's, of normal weight who ha never ever thought of dieting, have two out of four children with eating disorders? In addition to th anorexia, for which they sought therapy, there was the obesity of their second daughter, which bega shortly before the emergence of Sabina's symptoms and remained unchanged. Was there something i this family's conversation that had favored the development of an eating disorder as opposed to som other psychopathology? Can we identify relational events in the history of these patients and the families, or ways of “co-positioning” each other?[1]

Neither biochemistry, nor genetics, nor psychopharmacology have provided answers that rend these questions obsolete. At least for obsessive, phobic and eating disorders and for depression, th biochemical and genetic hypotheses advanced in biological psychiatry have received no defini confirmation. Even for depression, on which biological psychiatry and psychopharmacology hav focused particular attention over the past twenty years, no result has emerged that cancels out th relevance of the role of emotions and interactive experiences in the origin and persistence of this mo

widespread mood disorder. The model that sought to equate depression with an organic illness, simil to diabetes, has been brought into question, especially in the last ten years (Greenberg, 2010; Heal 2004; Horwitz & Wakefield, 2007; Kirsch, 2010; Moncrieff, 2008; Shorter, 2009) shown to be marketing operation (Lane, 2007; Whitaker, 2010). In particular, the idea that depression is caused b a shortage of serotonin that can be corrected through ad hoc drugs, the Selective Serotonin Reuptal Inhibitors (SSRIs), has been challenged. As we shall see in Chapter 6, only a quarter of depress patients seem to present low levels of serotonin (Horwitz & Wakefield, 2007). And no empiric evidence has demonstrated what Kirsch (2010) calls "the myth of the chemical imbalance." Up today, no study has established that serotonin is the one-directional cause of downward mood swing On the contrary, the research carried out by ethologists since the 1980s on our closest relatives—th non-human primates—demonstrates exactly the opposite: Monkeys increase their levels of seroton and other neuro-chemicals connected with depression when they become dominant in the group ar lose them when they suffer a loss of status.[2] The data causing the greatest outcry relates to Prozac ar other SSRIs. Meta-analyses—including those carried out on the research results provided by th pharmaceutical companies themselves to the U.S. Food and Drug Administration to obtain approv for these drugs—have demonstrated that SSRIs certainly produce effects, but more or less the same those of the placebo (Kirsch, 2010). But, unlike the placebo, they are accompanied by disturbing sid effects, which include sexual dysfunction, headaches, insomnia, nausea and vomiting, to cite the mo common of them. Paradoxically, these very drugs, advertised as the solution to depression, have bee found to cause an increased risk of suicide at least in children, adolescents and young people up to th age of 24 (Hammad, Laughren, & Racoosin, 2006).[3] And the genetic component certainly doesn seem to play such a role in depression as to marginalize the influence of interaction with th environment. The percentage effect of the genetic factor, studied with longitudinal research o identical twins and on adoption is estimated to be around 30–40 percent (Sullivan, Neale, & Kendle 2000). The most recent research using more accurate measures, thanks to the remarkab developments in genetics, tends to reduce this estimate, as we shall see.[4]

I have mentioned depression because it is still the favorite pathology of biological psychiatry an pharmacology. For serious anxiety disorders (including those in the phobic spectrum), what happene in Freud's time is valid today: Drugs alleviate the symptoms but do not eliminate the "illness." This also the case with eating disorders, where drugs generally do not alleviate even the symptomatology.

It is therefore surprising that over the last twenty years scarce attention has been paid by fami therapists and other relational therapists to the role played by interpersonal relations in th development of some of the most common psychopathologies, including those which I will l considering here. On this question the scientific literature, from the 1990s onwards, is indeed limite The recognition of the oft-repeated truism that understanding (not necessarily treating) the majority psychopathologies requires "a bio-psycho-social approach" seems to have inhibited therapists making their contribution to this joint task, as happens in many group phenomena where collectiv responsibility develops into lack of commitment.

This book breaks the silence and seeks to fill a hiatus created over the last twenty years betwe psychotherapeutic practice and clinical theory. Many of the questions I have raised still guide th practice of relational psychotherapists, whether cognitivists, systemic therapists or psychoanalyst They are difficult to avoid since they are questions that the patients and their families themselv raise and direct towards their therapists.

1.2 An Intersubjective Perspective to Psychopathology

The intersubjective perspective on the phobic, obsessive, eating disorders, and depression develope

here is in tune with the extraordinary developments in neuropsychology. These have demonstrated th importance of social interaction in the development of the very structure and functions of the brai not just in childhood but throughout our whole lives (Cozolino, 2006; Siegel, 2012). This perspectiv also offers a way out of radical subjectivism and relativism which, in the name of two truths—th individuality and uniqueness of every person and the self-referential nature of all knowledge—ha imprisoned a large proportion of relational therapists inside the individual case, precluding them fro all possibility of making vital, albeit provisional, generalizations. Moreover, it helps in avoiding th fragmentation of psychopathologies in the *DSM*, which is the subject of much criticism especial among psychotherapists (Bentall, 2009). It is, in fact, evident that a classification system, limited single symptomatic behaviors taken out of context, inhibits the understanding of the psychopatholog itself and is of use solely for the administration of medication (indeed it is not even useful for th prudent administration of medication).

The central thesis of the book is that people with phobic, obsessive and depressive organizatio and eating disorders have grown up and are still part of conversational (usually family) contexts whe specific meanings predominate. The identity of those who participate in the conversation ("identity meaning the repertoire of self and life narratives available to each subject), and the ways in which th people in these families build and preserve the relationships and values, are marked by characterist meanings. For example, in contexts where we find people with phobic disorders, there prevails what have called the "semantics of freedom" which, as we shall see, is fuelled by the emotional polarity fear-courage. In contexts where there are people with obsessive or eating disorders or depressio other semantics predominate—respectively, the semantics of "goodness," "power," and "belonging"- each marked by other emotions and other ways of feeling.

The semantics I have mentioned can be seen as a necessary condition, but are certainly n sufficient for establishing what I suggest to be the corresponding psychopathologies. There are man families, for example, where the semantics of "freedom" predominates but no one has any kind phobic psychopathology, even though various members of the family develop narratives about sel ways of relating and values similar to those who develop agoraphobia. *A crucial role in the transitio from "normality" to psychopathology is played by the particular positions mutually assumed with the critical semantics by the subject and by those family members who are significant to him or he* These positions, which will be described in detail, *may* induce one of the subjects involved experience a situation of conflict in relation to the critical meanings. The conflict is similar to th "strange loop" described by Cronen, Johnson, and Lannamann (1982) and shares many characteristi of Feixas's "implicative dilemmas" (Feixas & Saúl, 2004; Feixas, Saúl, & Àvila-Espada, 2009) attention is limited to the subject who experiences it. When this happens, the subject *may* no longer b able to maintain a stable positioning within the predominant semantics, and may waver betwee mutually exclusive positionings. Those who find themselves in this position develop complex ways feeling and relating, marked by conflicts and tensions in relation to the dominant meanings in the relevant contexts, but not necessarily a psychopathology. The writer Tim Parks (2009) in applying th model in a literary analysis, has pointed out how the semantics of "freedom" is central in Thom Hardy and D.H. Lawrence. The characters in their novels, as well as their own personal lives, a dominated by freedom/dependence and by the corresponding polarities security/vulnerability/weakness, as well as by fear and courage, the emotions at the care of the meanings. The stories told by these writers seem to describe a conflict they were experiencing in the own lives, especially when it is sex that triggers off fear and calls for courage. But howev conflictual their positionings might have been in the semantics of freedom, neither of them—so far we know from their biographies—ever developed a full-blown phobic disorder. The conflict seem instead to have stimulated their creativity.

Generally it is only when conflict in the predominant semantics is so intense that subjects are n longer able to find any "co-position" for themselves that the first symptoms appear. One pragmat effect not to be ignored in the symptomatology is to allow the person, who is now a patient, to find "co-position" with conversational partners, however precarious and awkward.

The thesis I have outlined here is based on certain hypotheses about the origin of meaning that ca be summed up in the concept of "family semantic polarities," to which the first chapter is dedicate This concept has important similarities with Procter's "family constructs" (Procter, 1981, 1985, 199 2007)[5] and it is consistent with the shift of attention from the family as a whole to the "c positioning" of the individuals in the family. It takes account, in fact, of the specific nature of subjec as well as their interconnection with the other members of their relational system. The constructioni viewpoint, which underlies the concept and, through it, the psychological model presented, go beyond the individual/family dualism that has been a characteristic of family therapy literature f many years. Individual and family are empty abstractions outside the pattern that connects ther individuals, when separated from the communicative relationships of which they are a part, brea away and the family no longer exists, except as a "co-positioning" of individuals.

The proposed model is also based on the Positioning Theory (Bamberg, 1997; Harré et al., 200 Harré & Van Langenhove, 1999). The assumption is that every member of the family, within a share semantics, has ways of participating in the conversation, relating with others and constructing th reality that are often quite different and incompatible with those of the others. These, however, a consistent with the particular position that the subject occupies in the family's semantics and a interdependent with those of the other members of the group. Emotions, aims, basic ideas, and beli systems are, in this respect, some aspects of how each person "co-positions" him or herself with oth members of the group.

By embracing, in accordance with the Positioning Theory, a conception of self as a position in th conversation, I certainly do not intend to associate myself with those who equate the self as no mo than a "peg," to quote a metaphor used by Goffman (1959), on which are hung the clothes of th infinite positions that it can assume.[6] An assumption of this type clashes with the clinical experienc one comes across every day with the difficulty, experienced especially by patients with chron psychopathologies and their families, in modifying positions that are by now crystallized, and th source of great suffering. Generally speaking, the self cannot assume an endless number of position Being born into a particular family and into a particular culture, as well as the history of previou relational experiences limits the possible positions through which individuals can "co-position themselves with others. And it is this very limitation that confers reality on the self. The same feelin of instability and fragility of the self, a modern-day characteristic, is a result of relationships havin become less stable than in the past and certainly does not mean that the self is a "nothing" which ca easily pass from one position to the other. The concept of family semantic polarities ancho individuals to their history, as we shall see. New semantics can be learned by subjects over the year others may dominate the conversation in which they are involved: but, at least initially, certa meanings, those dominant in their own family at the time they are born—and not others—will guid the construction of their world.

Some of the hypotheses put forward in this book have been empirically verified over recent year The idea that the four psychopathologies mentioned here are connected to the four semantics I will l illustrating has been confirmed by various studies carried out by myself along with several colleagu (Ugazio, Negri, & Fellin, 2011, 2012; Ugazio et al., 2007). During these studies we used the Famil Semantics Grid that we have specially devised for this purpose (Ugazio et al., 2009). Oth researchers, using different instruments, have provided significant confirmation of this hypothesis.[7]

provides partial confirmation of the overall proposition that will be put forward here, based on m own therapy practice for families, couples, and individuals.

Before reaching the heart of the argument I will deal with a preliminary matter: the links betwe psychopathology and meaning. The model I will be presenting implies a conception psychopathology closely connected to meaning, which I have borrowed from certain cognitivi psychotherapists. The implications and limits of this borrowing need to be clarified.

1.3 Psychopathology and Meaning

A very important contribution to understanding human personality and psychopathology in terms meaning comes from cognitivist therapy. Kelly's psychology of personal constructs (1955), with h attention on meaning, anticipates the reasons that brought about the birth of the cognitivis revolution a few years later. As Bruner states (1990, pp. 1–2),

> That revolution was intended to bring "mind" back into the human sciences after a long cold winter of objectivism. […] It was, we thought, an all-out effort to establish meaning as the central concept of psychology—not stimuli and responses, not overtly observable behavior, not biological drivers and their transformation, but meaning.

This same intent is at the base of the psychology of personal constructs. For Kelly, individua actively construct the world in which they live through bipolar semantic patterns: personal construct Without these patterns people would be incapable of giving sense to their experience, and the wor would appear as a series of undifferentiated stimuli. Ordinary people, no less than scientists, need give meaning to events, to construct their own points of view, to elaborate constructs that resemb theories, so that they can control and predict the course of events. All the constructive activity is bas on bipolar semantic contents and has characteristics peculiar to each subject. There is no single way constructing events: there are as many different ways as there are people. Kelly, by adopting th metaphor of the "person as scientist," as well as giving priority to the need to give sense to the event suggests there is a natural tendency for all of us to put the truthfulness of our constructs to the test. accordance with his "constructivism in solitude," Kelly (1955) gives a restrictive meaning to th concept of falsification. According to his theory, invalidation is "the incompatibility (subjectivel construed) between a personal prediction and the observed evidence."

The concept of falsification plays an important role in the explanation given by the psychology personal constructs for the origin of psychopathology. Psychological disorder is identified by Kel with "any personal construction which is used repeatedly in spite of consistent invalidation" (Kell 1955, p. 831). It is therefore a sort of "repetition compulsion." Nevertheless, in Kelly's work as whole his interest in the psychopathology, and above all in the psychopathological organizations, marginal. The object of the theory of personal constructs is to outline the fundamental process underlying the ways in which people construct experience and to set out a new method of clinic analysis and psychotherapy.

Psychopathology and its relation with meaning are, however, central to the psychopathologic models elaborated many years later by Guidano and Liotti (Guidano, 1987, 1991; Guidano & Liot 1983) and by other cognitivist psychotherapists (Arciero & Bondolfi, 2009; Bara, 1996, 200 Neimeyer & Raskin, 2000; Villegas, 1995, 1997, 2000, 2004). Guidano (1991) in particular equat psychopathology with a "science of meaning." This comparison enables him to overturn a centr concept of clinical psychology, derived from psychoanalysis, namely the idea that there is a sing path from which both "normal" as well as psychopathological courses of development (identifiab

with the various syndromes) take form.[8] For Guidano there is no single path. On the contrary, from th very beginning, there are parallel courses of development—personal cognitive organizations- consisting of quite different personal meanings that can evolve towards psychopathology or towar normality.

By personal cognitive organization, Guidano means the combination of cognitive processe whether tacit or explicit, which "gradually emerges in the course of individual development. Ea individual, though living in an 'objectively' shareable social reality, actively constructs at a high level of perceptual experience his/her own and uniquely private view from within" (Guidano, 1987, 91). What gives unity to cognitive organizations is *personal meaning*, shaped by emotional patter ordered according to personal semantic contents. As well as making every aspect of the subject mental activity idiosyncratic, Guidano regards personal meaning as organizationally closed, a sort "epistemological constraint."

It is through these two notions that Guidano (1991, p. 59) considers psychopathology to be "science of meaning." The main psychopathological disorders, according to him, are derived from many cognitive meaning organizations, structured on the basis of different development paths a attachment patterns. He describes four of these, whose pathological developments give rise to the fo psychopathological disorders examined in this book (phobic, depressive, obsessive-compulsive, a eating disorders). Guidano's attention is directed towards the psychopathological disorders, b nevertheless each organization is assimilable into a personality structure that can evolve in a norma neurotic or psychotic manner. Let us examine, by way of example, a depressive personal meani organization. This, according to Guidano, is characterized by a personal meaning that oscillat between "anger/ aggressive and provocative behaviors" and "helplessness/sadness" and by themes loss and loneliness. Subjects with this organization oscillate between a sense of loneliness fe passively—(despair)—and a condition in which separation from others is experienced actively (ang and aggression). This emotional circularity is present in the normal condition, in the neurotic state a also in the psychotic state (manic-depressive psychosis). In the normal condition—unlike wh happens in the psychopathology—the recursiveness between anger and aggression on the one han which produce conduct aimed towards establishing interpersonal contact, and despair on the othe which brings a return to separation and personal withdrawal, generally does not go beyond the critic limits. The experience of loneliness is therefore elaborated positively or even creatively.

Even though Guidano considers that the four personal cognitive organizations identified by him d not extend to cover all possible dimensions of meaning, he is nevertheless convinced that th organizations must be finite in number. He states (1991, p. 34):

> The number of possible basic *personal meaning organizations* should be relatively small, probably between four and six, at most nine or ten. Indeed, if we assume that personal meaning reflects the pattern of emotional and psychophysiological organization, and we bear in mind the relatively small number of fundamental emotions that human beings can experience, we can see how the possibilities for combination and recombination which can produce reliable self-perception matched by an acceptable level of self-esteem must be rather small.

I have briefly described the principal assumptions in this model because, in my view, it constitut one of the most interesting attempts so far to explain psychopathology in terms of meaning. And it from Guidano that I have drawn the hypothesis that each of the four psychopathologies examined he constitutes a way of organizing meaning characterized by specific emotions.

Apart from this loan (which is considerable), the distance between us is great, and relates above a

to his genetic and evolutionary hypotheses.

Guidano and the other cognitivist therapists I have mentioned follow Bowlby's theory (1969, 197 1980). The various psychopathological diseases are traced back to dysfunctional attachment pattern This dyadic explanation, as I will argue later, is unable to account for certain crucial characteristi (pointed out by these therapists themselves) in the way that subjects order and construct realit Furthermore, as is now well documented, the attachment patterns envisaged by Bowlby, insofar they are described in his theory, are not specifically connected to any psychopathology—on th contrary, they are to be found in more than one disease.[9] The reconstruction that I propose here actual and original intersubjective contexts for phobic, obsessive, depressive organizations and typic of eating disorders, is therefore put forward as an alternative.

The other areas that separate us are the consequences of a different point of view: My work guided by a constructionist approach whereas the cognitivist therapists I have quoted follow constructivist approach. Our differences are also the result of varying clinical practices, which in m case includes family therapy, whereas my cognitive colleagues have generally concentrated individual treatment. These differences relate above all to the way in which meaning is conceived. F these authors, meaning is something that relates essentially to the individual. The concept of fami semantic polarities, on the other hand, regards it as a shared enterprise in which at least thr interacting subjects cooperate.

What is more, these psychotherapists postulate a closure of personal meaning organizations aft adolescence, which risks leading them into the shallow waters of a determinism which psychoanalys itself now rejects. According to Guidano (1988, p. 20)[10]:

> A complex knowing system is therefore *organizationally closed*, as it will not admit alternatives to the "experiential order" (personal meaning) on which are based the continuity and coherence of its sense of self, and it is *autonomous*, since in order to maintain and renew that order, it needs nothing else but to constantly refer to itself.

The environment, from this point of view, is just a source of unsettlement and the individual adap "by preserving its own inner coherence at the expense of the environment, even if it means producin irreversible changes in the latter" (Guidano, 1998, p. 21).[11] In Guidano's view, the process differentiating new emotional schemas, when it occurs after adolescence, does not lead to any chang in the personal meaning of a cognitive organization. On the contrary, it further stabilizes the inn coherence of the subject (the personal meaning) because it becomes possible to explain an ever mo complex and changing reality with the use of few unchanging principles. For example, th construction of meaning for a person who has developed a depressive cognitive organization wi always be dominated by "helplessness-sadness"/"anger-out-bursts of aggression." This emotion circularity which, as we saw just now, constitutes the personal meaning of a depressive organizatio is, for Guidano, an "epistemological constraint" from which the subject will no longer be able escape. Subjects can better articulate this recursiveness and thus avoid oscillations that are too rap and intense. At best they will be able to perceive the underlying theme of loss as a category of huma experience, rather than as a personal destiny marked indelibly by rejection and loneliness. The mod not only excludes the possibility of subjects abandoning this dimension of meaning—it would be th same as losing personal identity—but also of their being able to organize their own experience with other meanings reducing the importance of re-dimensioning the critical dimensions. On the contrar according to Guidano the orthogenetic progression during the life span makes the dimension meaning resulting from the process of growing up increasingly consistent and monothematic.

I also differ from these psychotherapists in respect of the transition of a personality organizatio

from the condition of normality to that of neurosis and/or psychosis. According to the cognitivi psychotherapists I have referred to, a decisive role in this transition is played by syntactic aspects. F Guidano, the semantic dimension of each personal organization of meaning is the unchanging aspec whereas the syntactic rules of flexibility, concreteness/abstraction and integration are what determi the normal or pathological way in which meaning is expressed. The pathology therefore seems to l defined by formal components, whereas the position of the patient in the semantics (which for me of great importance) is ignored.

One last aspect of difference that I would like to emphasize is less central for practical therapeut purposes. These therapists, though recognizing the historicity of meaning, are interested more in t evolutionistic bases of human beings, in their being part of a natural evolutionary story that links the to the higher primates, than in the cultural dimension of meaning. They consider cogniti organizations as eternal conditions of "human consciousness," connected to certain basic emotion seen as unchanging aspects of human existence.

Instead, in the model I present here, the emphasis is on the cultural definition of meaning a psychopathology. Indeed, I put forward the hypothesis that each of the psychopathologic organizations examined in this book is an expression of one specific family conversational conte and of one equally particular position that the patient and the other members of the family assume relation to the critical semantics, but at the same time it expresses certain implicit assumptions of wider cultural context. At the center of phobic, obsessive-compulsive, anorexic-bulimic a depressive organizations it is possible to identify (as I will try to show in the chapters dedicated each of these organizations) respectively, *the ideas of freedom as independence from relationships, "abstinent" goodness, of equality as removal of differences, and of belonging irrevocably to a grou of relationships*. These "ideas" have a precise history in the wider cultural context and play fundamental role. The families within which these psychopathological organizations are develope make such ideas particularly relevant.

From this point of view I am following the path indicated by Bateson (1971) in *The Cybernetics Self: A Theory of Alcoholism.* In this essay, Bateson overturns the way in which alcoholism commonly conceived, and at the same time reconnects this pathology to specific premises of Weste culture. The alcoholic's problem, according to Bateson, is not intoxication but soberness. The "erro or pathology is to be found in the conditions that guide his state of sobriety. Intoxication, on clos examination, is a correction of the meaningless premises that guide the alcoholic's conduct when he sober and which are reinforced by society.

The alcoholic fully expresses the epistemology of self-control, but, precisely because h symmetrical pride leads him to the extreme consequences, a *reductio ad absurdum* comes into pla He shows, entirely unwittingly, through his vain struggle against the bottle, that self-control is absu and furthermore doesn't work.

However ineffective it might be, the epistemology that supports the alcoholic is conventional in t West. The Westerner believes there exists a specific agent, the "self," which carries out "finalistic actions on objects. Western culture tends in fact to confirm the idea that one part of a system ca operate a one-way control on the system as a whole; and it is this idea that guides the conduct of t alcoholic. For this reason, according to Bateson, alcoholism expresses the difficulty of a particul way in which an individual "co-positions" himself within a specific micro-social context and at t same time highlights a series of assumptions that are problematic for a culture as a whole. Somethi similar also happens for the psychopathologies examined in this book. They express the meanings a the culture of the family in which subjects have grown up, but these meanings and this culture a infused with beliefs and theories that we find in a wider social context. These are, of course, implic theories.

Part I

THE THEORETICAL MODEL

2

FAMILY SEMANTIC POLARITIES

> Thus one portion of being is the Prolific, the other the Devouring. To the Devourer, it seems as if the producer was in his chains; but it is not so, he only takes portions of existence and fancies that the whole.
>
> But the Prolific would cease to be Prolific unless the Devourer, as a sea, received the excess of his delights.
>
> (…)
>
> These two classes of men are always upon earth, and they should be enemies: who ever tries to reconcile them seeks to destroy existence.
>
> William Blake,
> *The Marriage of Heaven and Hell*

2.1 A Conversational Definition

The family is a “co-positioning” of differences. Within a single group there is a confrontation betwee individuals who are so diverse that it often seems, to use Blake's words, they should be enemies.

Dostoyevsky's *Brothers Karamazov* is a classic example. Mitya, like his father Fyodor Pavlovich, sensual, full of a lust for life. Alesa is a saint. Ivan, the enigmatic protagonist of Dostoyevsky masterpiece, is in the middle: his heart is noble, touched by the suffering of the world, but he capable of wickedness. He needs to believe in something in order to live, but cannot do so. Pride ar arrogance lead him to the abyss of nihilism until he becomes morally responsible for the murder of h father.

And what about the grim family business in Dickens’ *Dombey and Son* (1848)? It is hard to imagi greater differences than those that set the main character against his two children. Dombey is ari insensitive, fiercely strong-willed. Paul, the expected heir of Dombey and Son, has an autumn temperament. Crushed and overwhelmed by a series of illnesses that afflict him one after the othe Paul seems to have had no other wish than to rejoin his late mother. Long before depriving the fami firm of its male heir through his early death, Paul is as much an alien to his strong-willed father as h sister Florence. The kindness, charity, and devotion that Florence continues to give her father, despi the abuse she receives, make her just as much of a stranger to Dombey.

Many married couples are polar opposites, but Christina Stead's couple, the Pollits (in her novel *Th Man Who Loved Children* 1940/1979), are something else: their opposition goes to the very root their relationship. Conversation after conversation, episode after episode, we watch impotentl amazed and open-mouthed, as do their many children, at the frightening abyss separating Sam ar Henny. When we meet them, they have already spent years waging a civil war that has produce devastation. But Sam's blue eyes, along with his idealism, still brighten the family setting, just Henny with her mass of raven black hair and powerful theatrical scenes infuses dramatic pathos in their home. As the family gradually slides into degradation and misery, Sam's idealism turns into hypocritical denial of reality and the scenes where Henny spews out everything become grotesque. H