

FAMILY DYNAMICS IN PSYCHOTHERAPY IN ADOLESCENTS WITH ANOREXIA



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Abstract

The article represents the question of the relationship between family dynamics and the emergence, development and treatment of eating disorders in adolescents, through the eyes of the psychodynamic and positive approaches in psychotherapy. The main conclusion is that without taking into account the dynamics of family relations, the function of the symptom cannot be understood.

Keywords: anorexia, family, adolescent, Positive Psychotherapy.

Introduction

Psychodynamic theories postulate that through appetite and refusal to take food, unconscious oral and aggressive stalking is prevented. Fasting was seen as an unconscious protest and punishing reaction to parents (Loch, 1971, Alexander, 1971). With their appearance and behavior, the sick display emotional hunger. Many of the therapeutic strategies are based on understanding the influence of inter stock inside the family (Rosman, 1976). The main conflict in the families of the anorexic sick is associated with the so-called "intact" families with financial relationships. According to Peseschkian (2016), typical in these families is emphasis, in one of the parents, on the importance of order, purity, courtesy, success, and in terms of religion, attention is also paid to abilities such as obedience. Attitudes towards the body and sexuality are pushed out and a markedly one-way approach to "spiritualization" is present. In this regard, these families are also called "ascetic"- limitations of pleasure and sensuality do not exist, nor joy from sensual chases, chases and tenderness. Love is deserved by children through success and good behavior. There are few or no contacts outside the family. Again, according to Peseschkian (2016), adolescents make a demonstration of autonomy through a dramatic act of denial of food, in a conflict

between what they have learned in the home and their own desires and attitudes. Psychogenic weakness provides an external expression of the problem in the family, it is a disease of the whole family, where the sick person is only a carrier. Through his illness, he expresses the suffering of the whole family, which no one dares to pronounce out loud. Risking his life, the teenager makes family problems visible. Peseschkian describes several cases of anorexia in which the girl identifies with her brother, as evidenced by the preservation of the body as boyish, a refusal of femininity.

Patterns of family bonding of people with obsessive-compulsive personality structure, such as personality specialty rather than diagnostic category, are described in research by Nancy McWilliams (2018) as incorporating parenting figures who create high standards of behavior and await their early, strict and consistent adoption. The style of education is focused on the motivation for achievement. Caregivers have unreasonable expectations, too early they start demanding things that the child is not able to do because of his age. They strictly reject not only unacceptable behavior, but also the accompanying emotions and feelings, thoughts and fantasies. From the perspective of object relations, the question of control in the family is raised, from which eating disorders and,

accordingly, obsessive-compulsive personality structures are derived. Common fears of infection, present in people with eating disorders, are associated with separation anxiety and parental overcommitment and excessive protection. McCullough stresses that it is important to take into account the function of the control parents exert when dealing with modern obsessive and compulsive psychopathologies, such as eating disorders, to take into account the function of the control that parents exert, to plant obsessive and compulsive patterns by shaming, and not so much by ingesting guilt, which has been described in earlier studies. The author also describes another type of family environment, fundamentally opposed to the overcontrolling and moralistic atmosphere described so far, in which children are deprived of family standards, with a lack of supervision and careless ignorance. In this case, the child tries to be the opposite of the distracted, unfinished parent by creating an overly strict and idealistic standard that is not humanized, has no human face, because it is not related to the behavior of real parents, and this makes it even stricter and more abstract. These children have to model themselves in a parental image of their own invention. In his analysis of the problem, Delarosch (2004) defined the disease as "a form of slow suicide disguised in numerous ways and liable to others." For this reason, the author believes that anorexia is a wayward interruption of the development process. If the adolescent can realize that he or she refuses the process of adolescence, it gradually leads to a return to this process. It's about a conflict that can only be expressed through drama. Delarosch (2004) calls it a "hunger strike" and control over parents, an ongoing illusion of omnipotence that is an indicator of a failure of the word in the family that needs to be restored. In the beginning, the family adopted the adolescent diet as part of the media-imposed model - a banal adolescent problem. Then a real loss of appetite occurs, and then relatives try to force the sick to eat, which at this stage of the disease is already very difficult, and then come the conflicts. However, Delarosch (2011) believes that if the anorexic has solved her conflicts through the symptom, then she does not do so by negotiating with words. For this reason, a struggle to measure the forces between the girl and the parents begins. The author refers to the knowledge of the relationship between orality and female sexuality, with anorexia becoming for the girl a "triumphant denial of the Oedipus Complex". Anorexia challenges the father, especially his ineffectiveness, his castration from his wife. In other words, anorexia is a function of impaired emotional and sexual relations between parents. Delarosch (2011) also emphasizes the girl's reluctance to resemble the mother caused by disharmony of a different type between parents, the obviousness of the Oedipus complex. The author brings out four characteristics of anorexia in a family environment: "The Hunger Strike", in anorexia the adolescent sees her

possibility of a rematch, until then pressed by the conflicts in the family, discovers the power she possesses over parents by refusing to eat.

There is a "real test of strength" between parents and adolescent, in which often the doctor is in the role of mediator, who seeks to explain to the adolescent that each strike has its end. "Omnipotence" - the need of the anorexic sick to place themselves above others intellectually and spiritually, to experience themselves as highly spiritual beings, elevated above prosaic and petty household needs, such as nutrition and sexuality - these can all be observed in their speeches. The third characteristic described by Delarosch is precisely the refusal of sexuality, denial of the body as sexual - it remains a body of a child's shapes, without the distinctive marks of the female, a refusal of the idea of sexual communication, the cessation of menstruation is a physical expression of this refusal. The fourth characteristic raises the question of the "shadow of death", although often the sick do not realize the suicidal nature of their behavior and are supported by an illusory sense of immortality and omnipotence, of the one who can live without eating, only on air and water. Delarosch describes anorexia as a failure of speech in the family, and during psychotherapy, this exchange of speech must be restored, between the child and the parents, even before the start of psychotherapy with the child. At its heart, anorexia is a denial of sexuality, of being a woman, like her mother - refusal to identify with the mother, often due to an unauthorized Oedipus situation in which female sexuality makes insupportable anxiety unbearable. Lacan (2008), in "The Family Complexes," talks about the deliberate de-ation as a nonviolent suicide, in which the subject is condemned to repeat endlessly the effort to break away from the mother. First among the causes of neurosis, it puts parental neurosis. "The psychological fate of the child is, first and foremost, conditioned by the relationships that parents show each other. Lacan (2008) says that with anorexia, "what the child eats is nothing," which he says happens because the anorexic has been trampled on in terms of his need for food, she is now struggling to maintain her desire by refusing to meet that need.

Dolto (1995) in "In the Game of Desire" puts the desire to communicate with the other, from birth, through the gaze, the hearing, as more essential than the instinct for food. It is this communication that is disturbed in the family of anorexic children.

In "Teenagers", Dolto (1995) writes that disagreements between parents are tolerated by the child until the age of 11, but then the maturing problem becomes apparent. The author develops the problem of family dynamics going beyond the hypothesis that refusal of food is directed only against the mother, Dolto believes that this behavior has to do with the mother, but not necessarily the native one, but the woman who is the subject of identification by the girl.

Understanding anorexia, Dolto (2005) goes through her theory of body image (as revealed in the analytical dialogue with the child). The root of the problem relates to what happened in the period before Oedipus, between three and six years. Anorexia brings us back, she writes, to what happened in the so-called primary narcissism phase, when a girl comes to know her gender, as a future woman, as her mother, and to the narcissistically rewarding pride of becoming a woman like her mother. Of course, here Dolto talks about the organization of the girl's sexuality around a man who is valuable to her, the father. Dolto (2005) writes in his book, "Unconscious Body Image": "The girls who took at the time of primary castration, at the age of three, postponed their sex life to adulthood, but who were convinced of the value of their personality as the daughter of this man and this woman, these young girls rarely or almost never get anorexia."

Gaining weight is a word unconsciously related to pregnancy, the girl obeys the desire to please herself in front of the mirror, erasing all feminine curves, even the most discreet ones. The desire for the father is masked, disguised in a complex, conflicting love, and her problem is in the conflict between love, affection and desire for her father and in such with the mother and rivalry and struggle with her. In other words, according to Dolto, the girl "experiences completely autonomous unconscious conflicts dating from three to six years of age", having very little to do with the current situation and the behavior of her parents towards her at the moment. Anorexia is a reaction to what it was like for a little girl between the ages of three and six. Bernard 2016 in *The Body* links anorexia to maternal depression, with digestive disorders linked to her identification with the mother's suffering, in which case the relationship between mother and child is one that needs to change so that the child no longer needs to be sick.

In a study of family dynamics and anorexia, Secondo Fassino, Dragan Svrakic, Giovanni Abbate-Daga (2002) found evidence of immature relationships between parents living in symbiosis and found evidence of the important role of parental personality patterns and temperament in describing fathers of anorexic girls, more likely to have a passive, dependent temperament, with high levels of personal anxiety and fears. The authors recommend as an optimal approach to treatment, one that takes into account family characteristics and the characteristics of parents and family relationships.

In the concepts of PPT we can describe anorexia as the ability to achieve many things with activity and achievements. We are concerned with the topic of the meal, but without prejudice to the topic of nutrition. (Peseschkian, 2016)

In the PPT psychotherapy we work with self-assessment and importance, the role of the woman from the little girl to mom and dad, to the little woman and the fears to

becoming "a woman like my mom." Consciously, the therapist avoids discussing the topic with the mother. The therapist is careful not to become a demanding, controlling mother, but continues to connect cordially. The affective dimension is imported through transcultural nursing, images, symbolism and artistic communication and, of course, fairy tales. In the concepts of PPT we suppose that the conflict is only externally in a body area, only the current conflict is there, the internal conflict is in the area of contacts, and the main conflict in the field of meaning and problematic is the issue of death.

Peseschkian wrote about the motive for the eternally living relationship between the adolescent and the family, regardless of how old he is. Therapy of the individual always includes the elements of family therapy, even when working only with the adolescent. n? these girls show reference to secondary abilities such as accuracy, purity, order of magnitude, obedience, diligence, achievements. They use their bodies to rebel against an overly controlling but remote and cold relationship with the mother, a relationship in which the girl does not have her own space, not recognized as a person and subject.

Methodology

For our study we use the "Thematic Apperception Test" and make content phenomenological, qualitative analysis. The Thematic Apperception Test, or TAT, is a projective psychological test. Proponents of this technique assert that a person's responses to the TAT cards can provide information about his or her views of the self, the world, and interpersonal relationships. 30 protocols of girls aged 12-18 years were analyzed.

The TAT is popularly known as the *picture interpretation technique* because it uses a series of provocative yet ambiguous pictures about which the subject is asked to tell a story. The subject is asked to tell as dramatic a story as possible for each picture presented.

The research procedure is conducted by the author who works as a clinical psychologist and psychotherapist, in the Child and adolescent psychiatric clinic in Varna, Bulgaria.

Results

For the needs of the research we have used qualitative assessment methods:

- content analysis
- interpretive phenomenological analysis
- analysis of feelings through lexical analysis

Qualitative analysis of data is a descriptive method. It works with texts in the form of verbal and written speech. The content of the text is of paramount importance in this analysis. But apart from the directly expressed content, the speech also translates the emotional state of the speakers, the attitude to what the partner says, the unconscious

contexts. Interpretive phenomenological analysis is a method that is used when we are interested in the way a person experiences a phenomenon and, accordingly, the psychological interpretation of that experience. Content analysis is a method of empirical analysis of the content of text. It is characteristic of the frequency of certain speech units or mental categories and, on this basis, an assessment of the back-to-back mental concepts.

Initially, the individual thematic units of the following segments are summarized:

- aggression towards the mother;
- death;
- guilt;
- dependence;
- riot.

Table 1.

Basic thematic units in TAT stories

Basic thematic units in TAT stories	Frequency
Aggression towards the mother	86%
Father figure	3,3%
Death	83%
Guilt	80%
Dependence	78%
Riot	75%

The comparative analysis of the summarized data from the 30 cases (Tab. 1) shows the following significant trends: unconscious aggression towards the mother is projected in 26 of the 30 protocols, and this is accompanied by feelings of guilt and self-punishment. The image of the father is idealized and less represented than that of the mother (in 10 out of 30 protocols). absent, etc.). The perception of oneself is like that of a little girl, under the power of a strong female figure, with the desire for escape and independence mixed with the horror of separation and differentiation. At the same time, the mother-daughter relationship is overcontrolling and anxious, but emotionally cool. The lack of stable emotional attachment and connection makes the stage of differentiation problematic. The main conflict of these girls is between the need for bonding and love and the need for differentiation and rebellion. By controlling their food and body, they try to show the symptom to the family, risking their own lives.

Researchers of familial pathology point to different types of problems in the family, Beavers (2000) points out that families with a diseased member are usually those in which there are no clear boundaries, specified roles. At the heart of the communication difficulties, the researcher uses the so-called double blind, it consists of a disproportion and discrepancy between the content of the verbal message addressed to the child and the way the message is expressed. From the point of view of a systemic approach, the other form of pathological family behavior is non-acceptance of change, lack of flexibility to change, which

creates conflict dynamics, often different coalitions in the family, functional of personal neuroses of those who make them up.

In the case of girls, the interest in the relationship with the mother and sexual desire in the broadest sense of the word are completely pushed out, without being changed into interpersonal relationships with the mother and women. Dolto shares that her clinical experience shows that the parents of these girls often live in an infantile way, in a pleasant or not climate, but one in which the idea of possible pregnancy and childbirth in the girl is completely unbearable for these girls and all symbols of fertility. - Breasts, female body shapes are destroyed by the compulsive thought of avoiding gaining weight. This fact does not need to be analyzed, Dolto continues, because it is a "disturbance in the real relationship between the girl and the mother, between the girl and the food, between the girl and her father, between her imaginary femininity and her inexperience with boys, between the girl and his mirror".

Conclusion

In the words of the girls, the main problem at the moment is the separation from the mother, against the background of a contradictory connection, as the subject seeks to separate, showing through her body that there are unspoken things in family relationships. Seemingly conflict-free, family relationships in the projections carry a hidden and constant tension, and the child's suffering is an expression of the unspoken in the whole system. Anorexia is also a symbolic protection of the subject who strives to remain free and differentiated. The rejection of the female body, associated with broken relationships with significant others, leads to a regression that stops the natural process of adolescent farewell to childhood, it is important that this process be brought to consciousness to continue the growth from girl-boy to woman body.

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