

INVISIBLE LOYALTIES



IVAN BOSZORMENYI-NAGY
GERALDINE M. SPARK

Invisible Loyalties

This page intentionally left blank

Invisible Loyalties

Reciprocity In Intergenerational Family Therapy

Ivan Boszormenyi-Nagy, M.D.

Professor and Chief of Family Therapy Section,
Department of Mental Health Sciences,
Hahnemann University, Philadelphia, Pennsylvania;
Director, Institute for Contextual Growth,
Ambler, Pennsylvania

Geraldine M. Spark, M.S.W.

Clinical Assistant Professor,
Hahnemann University, Philadelphia, Pennsylvania

 **Routledge**
Taylor & Francis Group
LONDON AND NEW YORK

First published 1984 by Brunner/Mazel

Published 2013 by Routledge

2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

711 Third Avenue, New York, NY 10017, USA

Routledge is an imprint of the Taylor & Francis Group, an informa business

Copyright © 1984 by Ivan Boszormenyi-Nagy and Geraldine M. Spark

All rights reserved. No part of this book may be reproduced by any process whatsoever, without the written permission of the copyright owners.

Library of Congress Cataloging in Publication Data

Boszormenyi-Nagy, Ivan.

Invisible loyalties.

Reprint. Originally published: Hagerstown, Md : Medical

Dept., Harper & Row, 1973.

Bibliography: p.

Includes indexes.

1. Family psychotherapy. I. Spark, Geraldine M.

II. Title. [DNLM: 1. Family therapy. WM 430.5.F2 B747i 1973]

RC488.5.B65 1984 616.89'156 83-26300

ISBN 0-87630-359-9

ISBN 978-0-876-30359-7 (hbk)

Contents

PREFACE	xiii
FOREWORD	xix
1. CONCEPTS OF THE RELATIONAL SYSTEM	1
The Clinical Significance of the System Outlook	9
The More It Changes the More It Is the Same Thing	11
Conservative Modernism: Escape from Privacy	12
Is There Room for Objective “Reality” in Close Relationships?	14
What Is the Objective Reality of the Person?	15
2. THE DIALECTIC THEORY OF RELATIONSHIPS	18
Relational Boundaries	21
Obligation Hierarchy and “Internalization of Objects”	25
Power Versus Obligation as Alternate Bases for Accounting	26
Surface–Depth Antithesis	28
Retributive Dynamic Basis of Learning	31
Individuation or Separation?	32
Dovetailing between Systems of Merit Accounting	32
General Implications	34
3. LOYALTY	37
The Invisible Fabric of Loyalty	37
Needs of the Individual Versus Needs of the Multiperson System	38

vi *Contents*

Transgenerational Accounting of Obligations and Merit	46
Guilt and Ethical Implications	48
Intergenerational Structuring of Loyalty Conflicts	51
4. JUSTICE AND SOCIAL DYNAMICS	53
Fairness and Reciprocity	56
Personal Versus Structural Exploitation/Quantitative Aspects/System Levels of Bookkeeping	
Systemic and Individual Considerations of Social Ethics	59
Double Standards of In-Group Loyalty	64
The Justice of the Human World and the Revolving Slate	65
Ledgers of Justice and Psychological Theory	67
From Talionic to Divine Justice	69
Societal Implications of the Dynamic View of Justice	73
Individual Versus Collective Accountability	77
Individual and Multigenerational Accountability	
How Objective Can Merit Accounting Be?	88
The Special Position of the Family	83
Parent-Child Ledgers	85
Children's Inherent Rights	88
Notes on Paranoia	91
Therapeutic Implications	92
Further Implications	96
5. BALANCE AND IMBALANCE IN RELATIONSHIPS	100
Relational Malfunction and Pathogenicity	100
The Burden of Keeping the Accounts of Advantages/Patterns of Loyalty Conflict in Marriage/Therapeutic Potential of the Dialectical Balance of Loyalty Obligations/The Child's Autonomy Redefined (Developmental Dimensions)/The Real Traitor: A Tragic Item of the Day/Filial Regard, Loyalty, and Ego Strength/Loyalty Implications of the Death of an Adult's Parent	
Flight from Facing the Ledger	110
Repudiation/Forms of Relational Stagnation <i>Overt Failure (Disloyalty to Self?)/Sexual Failure as Covert, Unresolved Loyalty Conflict/Freezing of the Inner Self/Marital Loyalty Obtained at the Expense of Vertical Disloyalty/Achievement as Relational</i>	

<i>Stagnation; Money as a System Dimension Substitute</i>	
<i>Forms of Indirect Mastery Negative</i>	
<i>Loyalty/Sacrificed Social Development as Act of</i>	
<i>Latent Devotion/Splitting of Loyalty/Manipulation</i>	
<i>of Displaced Retribution/Incestuous Attempts at</i>	
<i>Resolution of Obligations/Guilt against Guilt/On</i>	
<i>Repaying the Therapist in Transference/Liberation of</i>	
<i>Siblings through Suicide</i>	
Limits of Change in Systems	144
Societal Myths and Loyalties	146
Conclusions	148
6. PARENTIFICATION	151
Possession and Loss of Loved Ones	153
Parentification and Role Assignment	159
Manifest Caretaking Roles/Sacrificial Roles/Neutral	
Roles.	
Parentification and Pathogenicity in Relationships	158
Systems of Commitment: The Relational Foundations of	
Parentification	159
The Role of Choice in Commitment/Commitment as	
a Symmetrical Process (Dialogue)/Commitment to	
Society at Large and Parentification/Commitment and	
“Symbiotic” Dedifferentiation (Fusion)	
Loyalty Commitment and Morality	163
Implications for Therapy and Conclusions	165
7. PSYCHODYNAMIC VERSUS RELATIONAL DYNAMIC	
RATIONALE	167
Relational and Psychoanalytic Concepts: Convergences	
and Divergences	167
Needs Versus Merit as Motives/Substitutive Balancing	
Loyalty Implications of the Transference Model in	
Psychotherapy	179
Multiperson Versus One-Person Structuring of	
Motivations/Individuation: Differentiation or	
Estrangement/Internal Versus Contextual	
Confrontation/Symptom as Loyalty/Transference	
within the Family/Clinical Illustration	
Conclusions	190

8. FORMATION OF A WORKING ALLIANCE BETWEEN THE COTHERAPY SYSTEM AND THE FAMILY SYSTEM	192
Referrals	194
Description of the Families: Initial Projection of Problems or Solutions	195
Initial Steps in the Working Alliance	196
Diagnosis and Prognosis	197
The Family's Capacity for Work/Consensual Agreement/Symptomatic Relief	
Initial Reality and Transference Reactions to Cotherapists and Treatment: Resistances	200
Family Expectations/Ambivalent Attitudes/Superego Expectations/Current Relationships Used as Parental Substitutes	
Cotherapy Team as a System	204
Reactions to a Family System and Its Effects/Case Presentation: The S Family (<i>The Contract with the S Family</i>) Case Presentation: The B Family/Discussion	
Conclusions	214
9. FAMILY THERAPY AND RECIPROCITY BETWEEN GRANDPARENTS, PARENTS, AND GRANDCHILDREN	216
The Individual and His Family Relationships	219
Nuclear and Extended Family Relationships	221
In-Laws as a System of Balance	222
Inclusion of Grandparents in Sessions	224
Techniques and Comments Regarding the Inclusion of Aged Parent(s)	226
Clinical Excerpts from Sessions Which Include the Aged Parents and Their Children	228
Family # 1 Session # 1: Celia L and Her Mother (Mrs. K)/Session # 2: Celia and Her Mother (Mrs. K)/Session # 3: Steve and Celia (Marital Pair)/Session # 4: Steve and Celia Family # 2 Session # 1: Sarah G, Sara's Sister Molly, and Their Mother/Session # 2: Sarah and Her Mother/Session # 3: Jack G (Husband of Sarah G), His Sister Lisa, and Their Mother/Session # 4 (Following Week): Jack and Sarah G Family # 3 Session # 1: Rose D and Her Mother/Session # 2:	

<i>Albert and Rose D and Rose's Mother/Session # 3: Rose and Her Mother/Session # 4: Rose and her Mother/Session # 5: Albert and Rose and Rose's Mother/Session # 6: Rose and Her Mother Family # 4 Session # 1: Ruth S and Her Father and Mother/Session # 2: Bob and Ruth S/Session # 3 (Next Week): Ruth, Bob and His Father/Session # 4 (Following week): Bob, His younger Brother Joe, and Their Father</i>	244
Conclusions	244
10. CHILDREN AND THE INNER WORLD OF THE FAMILY	248
Childhood Idealized: Basic Trust and Loyalty	248
A Family Systems Point of View	252
Symptomatology in Children and Parents	254
Assignments of Roles to Children	257
Parentified Children: The Family Worrier/The Aggressive or Scapegoated Children/Children as Sexualized Partners/The Family's "Pet" Child/Case Illustration of the Bad, Sexual Object; the Scapegoat; the Family Pet	
On The Interlocking Between a Child and Family System Children as Family Referees or Judges/Lack of Sexual Identity: Seduction of Children/Depression in Children and Parents/Homicidal and Suicidal Threats to Parents or Children/The Enemy-Ally Syndrome/Children as Captive Objects/Children as Sacrificial Objects	262
Conclusions	272
11. INTERGENERATIONAL TREATMENT OF A FAMILY THAT BATTERED A CHILD	275
Historical and Research Data	276
From Intrapsychic to Relational Concepts	277
Family System Point of View	278
Treatment Considerations	280
Role of Children	282
Therapy of the Children	283
Clinical Illustration	285

Referral Information/Mother's History/Father's History/Marital Relationships/Initial Phase of Treatment/Second Phase of Treatment/Third Phase of Treatment/Final Phase of Treatment/Case Discussion/Therapeutic Relationship with the Family/Therapist's Reactions/Treatment Goals	301
Conclusions	301
12. A RECONSTRUCTIVE DIALOGUE BETWEEN A FAMILY AND A COTHERAPY TEAM	303
Family History	307
First Year	309
Session # 1: Four Circles: A Beginning/Session # 4: Current and Historical Relationships/Session # 6: Parental Nonresponsibility/Session # 7: Beginnings of Change in the System/Session # 8: The Peace-maker Role/Session # 10: Challenge of the "Well Sibling" Myth/Session # 11: Confrontation Regarding Destructively Chaotic Responses/Session # 14: Transference Manifestations/Session # 16: Amorphous Sexuality and Lack of Boundaries/Session # 22: Transference Dimensions between Mrs. P. and the Therapists/Session # 26: Marital Incompatibility Revealed (Separate Session with the Couple)/Session # 30: Regressive Behavior and More Inappropriate Responses/Session # 32: Double Bind and Loyalty Issues/Session # 39: Negative Aspects of Intergenerational Loyalty are Reexperienced/Session # 44: Three-Generational Dimensions of Mr. P. are Explored/Session # 48: Four-Generational Relational Exploration (Mrs. P and MGM Present)/Session # 49: The Process of Negative Identification and Loyalty Continue to be Explored/Session # 50: Negative Identification Shifts	
Year II: Crossroads of Change	324
Session # 53: System Changes in the Marital Relationship/Session # 54: Further Transference/Session # 56: System Shifts and Separation Issues/Session # 60: Children as Safety Valves for Marital Dissatisfaction/Session # 61:	

Despair and Suicidal Thoughts: Therapists as Scapegoats/Session # 62: Children Can Be Dependently Age-Appropriate/Session # 65: Children as Sexual Insulators/Session # 68: Infantile-Seductive Behavior Continues/Session # 69: Mr. P. and Three-Generational Relating to Women/Session # 83: More Despair and Changes (Mrs. S. Absent)/Session # 88: Transference Dimensions/Session # 96: Separation Issue and New Responses/Session # 97: Ambivalent Response to Separation Continues (Two Parents and Anne)	
Year III: Reconstruction and Termination	333
Session # 104: Multigenerational Connections/Session # 105: Individual Session with Lucille/Session # 123: The Dying Grandparent/Session # 124: Combined Individual and Family Session/Session # 129: Separation Struggles/Session # 130: Three Generations Interlocking/Session # 131: Relationships Redefined: The Dialectic of Being Both Daughter and Mother/Session # 132: Losses are Being Faced: Further Parallels in Mothering/Session # 137: The Mourning Process Continues/Session # 138: A Shift in an Extended Family Member/Session # 143: Further Clarification in the Marital Relationships/Session # 144: Sexual Exploration Continues/Session # 147: Strengthened Family Relationships/Session # 157: Death of Maternal Grandmother/Session # 159: Progress is Sustained/Session # 163: The Mourning Process Continues/Session # 165: Termination Process/Session # 170: Last Session	
Summation of First Year of Treatment	343
Second Year of Treatment	345
Third Year of Treatment	346
The Family's Transference and Reality Relationship with the Cotherapy Team	348
Conclusions	353
Multigenerational Reconstruction and the Dynamic Meaning of Family Loyalty and Indebtedness/The Main Mechanism of Change/Grandmother's Illness Opens the Gate.	

13. BRIEF CONTEXTUAL GUIDELINES FOR THE CONDUCT OF INTERGENERATIONAL THERAPY	362
Ethics of Individuals and Relational Systems	363
Mapping of Ledgers.	
Definitions	365
Goals	365
Activity of the Therapist	367
Taking Sides	368
The Therapist in His Own Family	369
Loyalty and Trustability	370
Transference, Projection, and Extrusion of the Therapist	371
Treatment of Both Systems and Persons	372
Rebalancing through Reversal Instead of Reviewing Past Relationships	373
The Child's Symptom as a Signal	376
Treating the Systemic Roots of Paranoia	377
Duration	377
Progress and Change	378
Indication and Justification: In Whose Behalf?	378
EPILOGUE	380
Future Areas of Redefinition of Reciprocity, Merit and Justice	382
REFERENCES	388
INDEXES	
Author Index	395
Subject Index	397

Preface

We live in an age of anxiety, fear of violence and questioning of fundamental values. Confidence in traditional values is being challenged. Waves of prejudice seem to endanger our trust in one another and our loyalty to society. Television and other communications media have perhaps too deeply affected the outlook of contemporary youth and young adults. There is much talk about a “generation gap,” making one wonder if formative family experience has become obsolete and irrelevant.

The “strength” of family relations or their effect on individuals is extremely difficult to measure. The authors of this book believe that observable changes in the family do not necessarily alter the member-to-member impact of family relationships. The real forces of bondage or freedom are beyond observable power games or manipulative tactics. Invisible loyalty commitments to one’s family follow paradoxical laws: The martyr who doesn’t let other family members “work off” their guilt is a far more powerfully controlling force than the loud, demanding “bully.” The manifestly rebellious or delinquent child may actually be the most loyal member of a family.

We have learned that family relationships cannot be understood from the laws that apply to social or incidental relationships such as those between fellow workers. The meaning of relationships depends on the subjective impact emerging between *You* and *I*. The so-called “closeness,” feared by many people, develops as a result of loyalty commitments which become evident in a prolonged period of living and working together, whether the commitments are recognized or denied. We can terminate any relationship except the one based on parenting; in reality, we cannot select our parents or children.

The essence of therapy and of any human relationship is a capacity for commitment and trust. By coming to the therapist for help, the patient or client brings this precious commodity to the office. With growing conviction we have learned that whether the therapist involved with relationships sees one or all members of a family, he must develop a perceptivity to the manifestations of loyalty commitments and reciprocity of fairness; otherwise he will not be let into the loyalty system.

Any kind of therapeutic relationship represents a challenge both to the therapist's capacity for trusting and to his capacity for professional and personal commitment. Eventually, the psychotherapist must integrate his own family relationships with his professional experience. This becomes especially important with the family therapist because instead of dealing with patients' verbal productions, he deals with ongoing relationships.

This book was written in order to share our experience as family therapists not only with professionals but with families. We are convinced that the family approach has a very broad scope; it is not just another psychotherapy technique. We perceive our approach as the extension of and meeting point between dynamic psychology, existential phenomenology and systems theory in understanding human relationships.

Our therapeutic experience includes many years of almost exclusive work with families and couples in addition to previous therapeutic work with individuals. We have seen families with all types of problems, from those with a member with seemingly minor learning or behavior disturbances to those with several severely psychotic members. We have seen the families of prominent professionals, businessmen and community leaders as well as families of murderers and sexually deviant persons. We have worked with families of successful men, intellectuals, workers and also with deprived people in the ghettos. We have spent hundreds of hours in the homes of families and thousands of hours in our office. The professional settings of our work include a specialized clinic in family therapy with city-wide referral, a community mental health center, specialized projects in the treatment of schizophrenia and delinquent adolescents, and our private office.

We have tried to convey what we have learned in these many years with many families. We have, as a result, learned to recognize the superficiality and deceptiveness of many valued contemporary myths and slogans. The "technical" points presented in this book cannot be understood without a fundamental analysis of man's ethical priorities. We believe that while dealing with all parties to a conflict, the family

therapist cannot avoid the ethical implications of the inevitable relational victimizations and exploitations. In contrast with individual therapy, the therapist of relationships is confronted with the moves and reactions of all participants.

In time, we became less and less satisfied with preexisting conceptual frameworks and felt pressed for a more relevant understanding of the motivations of family members. We have learned to look at family life as governed both by individual psychological and quasipolitical principles. An important aspect of our family therapy is a search for and an identification of unadmitted or even unconscious loyalty conflicts in which the seeming "traitor" is being destroyed through lack of autonomy. Often the treason consists of what is regarded by society as normal steps toward autonomy.

Family therapy, as all psychotherapy, is based on the values of openness and directness in close relationships, as opposed to denial and secretiveness. Openness is not synonymous, however, with a mere abreaction or ventilation of each individual's accumulated feelings; nor does it mean that a sense of individual boundary or a regard for privacy should be abolished. The ideal is a genuine dialogue among the family members regarding important issues of family life, done in a manner which recognizes differences and conflicts as valuable reconcilable ingredients, rather than obstacles to relating and growth.

As a result of these challenges we have experienced important growth. Having consciously chosen the path of empathic participation in the human process over a cool, technical, managerial attitude to interactions, we had to respond to the impact of the irrational upon our own common sense. In this we have been helped considerably by our own teamwork. The senior author started family therapy in 1956 and in 1963 was joined by the coauthor. Since then we have worked as cotherapists both with each other and with many other therapists. Often we had to struggle for our individual points of view as two persons, as man and woman, coming to new, higher syntheses of understanding. Our insights were arrived at both through our struggles for separation and through our integrity as a team.

Since many families are seen separately, too, we do not claim that good therapeutic results cannot be achieved by a single therapist. Neither does competent therapy necessarily involve work with every family for many years. The depth and duration of family therapy is ultimately determined by the subjective goals and capacities of the family members. Some of our families wanted only symptomatic relief; others were challenged by and endured the hardships and pains of a long therapy which would result in basic change and growth. We have

not found valid the claim that the family's goals can be predicted from their cultural, social class or educational backgrounds.

The road to becoming a competent family therapist is far from easy. Awareness of one's own struggles in close relationships is just as necessary as a capacity for conceptualizing about one's work. Various critics may label us as adherents to one or another of the schools of professional thought because we use elements of psychoanalytic, existential, ethical, accounting and other conceptual frameworks. Actually, we assume that real growth in our field can only be based on a respect for all useful knowledge, whether it comes from preceding generations or from contemporary contributors.

To obtain an "operational" proof of result is difficult enough in individual psychotherapy and even more so in family psychotherapy. We make no claim for ultimate answers in this book, but we hope to give a reasonable account of our approach. This book starts with our main concepts, followed by a sequence of contract, therapy and termination, adding certain specific points of clinical and theoretical significance. It is meant to be a book based on a particular point of view, not on a mosaic of authorships. We believe that at this point the field will progress more from specific elaborations of convictions than from the continuation of broad-spectrum texts.

Although our book contains no autobiographic material, we know that our viewpoints and concepts as authors reflect our professional as well as private experiences and convictions. The senior author must have found a new balance of loyalties following his radical separation from his whole existential ground twenty-five years ago when he moved from his native Hungary to the United States. At the same time when there was nothing else to be committed to other than his new country with its new opportunities, internally he must have relied on invisible loyalties to people, especially his parents who gave him the foundations of interest and trust in the human phenomenon.

By contrast, Geraldine M. Spark constantly tried to integrate her family therapy experiences with her prior training as a psychiatric social worker and her two years of theoretical courses in the Philadelphia Psychoanalytic Association. She has continued to balance her role in her family of origin with her current nuclear family which now includes grandchildren. In addition, her more than twenty years of experience in child guidance clinics has provided a specialized skill in relating to and understanding children and has greatly facilitated her work with families.

In the development of our family therapeutic approach, an undenia-

ble credit has to go to the opportunities offered by the original, broad-minded design of Eastern Pennsylvania Psychiatric Institute. In accordance with the initial state-wide mandate for this research and training institute, its Board, through the Research Departments, invited the senior author in 1957 to build up an innovative psychiatric program, subject to the Board's periodic review. Throughout the years, persistent fundamental administrative support has been provided to the Family Psychiatry Division by William A. Phillips, M.D., Medical Director and by Joseph Adlestein, M.D., and William Beach, M.D., as well as previous Commissioners of Mental Health in Pennsylvania.

Important input has come to our understanding from various other settings in which we have worked and taught. Several clinical research projects under the leadership of Alfred S. Friedman, Ph.D., of Philadelphia Psychiatric Center should be mentioned. There, as at E.P.P.I., our numerous colleagues and trainees have substantially contributed to our clinical experience and clarity of understanding. The senior author's four years of affiliation with the West Philadelphia Community Mental Health Consortium (under the Directorship of Robert L. Leopold, M.D., and Anthony F. Santore, A.C.S.W) and Geraldine M. Spark's two years with the Thomas Jefferson Medical School's Child Psychiatry outpatient and in-patient units housed at the Philadelphia General Hospital, as consultants, have also added to our perception of the family approach as indispensable, especially in the problems of ghetto families. The family approach is also the most powerful unifying basis of staffs of clinics struggling with differences between the middle class, professional and lower-class, nonprofessional backgrounds of workers.

The varieties of training experiences have helped considerably in clarifying our thinking. Our teaching experiences in the Family Institute of Philadelphia has been especially gratifying, as we have watched its program develop from our initial hopes and planning to a substantial and promising professional school of learning. Ivan Boszormenyi-Nagy's one month training experience in Holland in 1967, teaching a nationwide selection of professionals, started a long-term contact with people and developments of the family therapy field in that forward-looking country.

The conceptual framework expounded in this book is indebted to the writings of many thinkers, especially: Martin Buber (Also as interpreted by Maurice Friedman), Sigmund Freud, Mahatma Gandhi, G.W.F. Hegel, Ronald Fairbairn, Konrad Lorenz and Thomas S. Szasz. Deeply appreciated were the live stimulating exchanges with Helm Stierlin, M.D., to whom our special thanks are due for his thoughtful suggestions

xviii Preface

for revisions, Maurice Friedman, Ph.D., Robert Waelder, M.D., Abraham Freedman, M.D., Isadore Spark, M.D., and Elaine Brody, M.S.W.

Throughout the years the authors have continued to learn from their contacts with the early leaders in the field of family therapy—to mention a few: Nathan Ackerman, Murray Bowen, Don D. Jackson, Carl Whitaker, and Lyman Wynne; among members of the Family Psychiatry Division, James L. Framo, Leon R. Robinson, and Gerald H. Zuk.

We express our thanks to those who helped this volume to become a reality. Mrs. Mary Jane Kapustin helped with the initial phases of the manuscript. The almost limitless patience and devotion of Mrs. Doris Duncan was most essential to the preparation of the final manuscript. Mrs. Kathryn Kent has helped with many details of the later stages.

Our personal families not only deserve credit for the origins of our deepest notions of family relationships, but as an arena for sharper and often more painful personal battles, exactly because we are family therapists. We stress our indebtedness also to our families of origin which we revisited in our thoughts as a source for basic orientation and understanding.

Finally, we believe that the most significant contributions in the future will lie in the increased understanding of previous loyalty ties to one's family of origin and the continued need for balancing individual autonomy and the reciprocal justness of current relationships with the multigenerational account of family loyalties—into the third and fourth generation.

Foreword

This book represents the beginning of the construction of a synthesis of our years of clinical practice and efforts at conceptual clarification. As conviction grew about the clinical effectiveness of the family approach, the demand became that much higher for defining its theoretical framework.

It became clear to us that a new conceptual framework had to be devised for our understanding of new phenomena. At the same time we were not satisfied with a host of theoretical inclinations, coming from both psychodynamically oriented and systems oriented colleagues. They seemed to propose that family therapy is a field where one can disregard both depth of personal experience and life-long integrity of the whole of human life.

As we chose to try to retain both individual depth and multiperson system complexity of the family field of forces, we were greatly helped by a dialectical outlook on relationships. We were able simultaneously to consider the interaction of divergent or apparently contradictory trends and to understand how the individual's actions and motivations are determined on both psychological and relational system levels.

Loyalty has turned out to be one of the key concepts which refers to both systemic (social) and individual (psychological) levels of understanding. Loyalty is composed of the social unit which depends on and expects loyalty from its members and of the thinking, feelings and motivations of each member as a person.

As we learned to apply the concept of loyalty to our day-by-day clinical work, the need arose to include the entire panorama of the positions, actions and inner motivations of family members into one fundamental framework. At the same time we felt the need to cast this

conceptual realm into a humanistic rather than intellectual-cognitive-scientific language.

The concept of justice seemed to be the next step in our search for a more adequate and comprehensive framework. Justice and injustice, fairness and unfairness, reciprocal consideration and exploitation are everyday concerns of all human beings regarding their relationships. While justice as an ethically grounded issue may sound alien to most current psychological and psychodynamic investigations, it seems to us to offer the advantage of an intrinsic structure of familial expectations and obligations. Such structure then can be affected by the ongoing chain of interactions among members.

As we tried to return from the intrinsic bookkeeping to more concrete aspects of each individual's position vis-a-vis the ledger, we were confronted with a need for evaluative and normative considerations: what are health and pathology in terms of relationship systems? Obviously, multipersonal concepts were needed which transcended the individual-based concept of pathology, essentially a medical concept. The concepts of balance and imbalance seemed to fill part of this gap. As the individual is placed by his familial position and history at the vantage point of a particular balance of the justice ledger, his capacity for healthy function may be strained to the point that his feedback to the system begins to affect the latter. Individual psychopathology and system pathogenicity are in an ongoing dynamic interaction.

After discussion of the pervasively significant relational imbalance called parentification, we described the multiperson systemic loyalty implications of a phenomenon central to psychoanalytic theory and therapy-transference. As a transition, we review the convergence and divergence between certain concepts of psychoanalytic theory and their applicability to our theory of relationships.

Subsequently, we review a number of clinical problems in connection with the applications of our framework. We discuss a systemic view of the formation of therapeutic alliance between family and the team, clinical applications of a three-generational view of the inclusion of elderly family members in the therapy process, special clinical aspects of work with children, questions connected with the treatment of a family that battered a child.

A special chapter is devoted to a detailed account of the treatment of a family in which a variety of issues developed, affecting all members of three generations. Special attention was given to the practical and theoretical significance of the opportunity for balancing the intergenerational ledger of justice as trust and hope are reinvested into a mother's relationship with her dying mother.

A chapter devoted to a summary of therapeutic principles consonant with our theoretical framework is followed by implications for society and for further work with families.

In summary, we have intended to provide a cohesive theoretical foundation for understanding the deeper structuring forces of meaningful human relationships. Such understanding will lend itself for broad-based applications in family therapy and for integration with the reader's notions of individual psychodynamics and interactional technology.

Although the book was written jointly and each chapter was developed by cooperative effort, Ivan Boszormenyi-Nagy is mainly responsible for Chapters 1-7 and 13, and Geraldine M. Spark for Chapters 8-11. Chapter 12 represents the results of combined efforts. Parts of Chapter 7 are reprinted with a few minor changes from an article titled "Loyalty Implications of the Transference Model in Psychotherapy" which appeared in *Archives of General Psychiatry* (27: 374-380, 1972). Chapters 8-13 constitute a thematic unit, in that they serve the explication of therapeutic aspects following from the foregoing theoretical themes.

This page intentionally left blank

Invisible Loyalties

This page intentionally left blank

I

Concepts of the Relational System

The structuring of relationships, especially within families, is an extremely complex and essentially unknown "mechanism." Empirically, such structuring can be inferred from the existence of lawful regularity and predictability of certain repetitious events in families. Through the years, much of our concerted effort has been directed clinically and conceptually to spelling out these multiperson system laws.

Certain families carry easily recognized multigenerational patterns of relationships. In one family we learned that for generations there were recurrent episodes of violent death of women caused by the men with whom they were sexually involved. In another family we saw a recurrent pattern of wives being allegedly martyred by their husbands through their obvious and constant involvements with mistresses. In another family three or four generations revealed the pattern of one daughter ending up as an outcast because of the "sin" of disloyally marrying outside the family's faith. We have seen families in which incest sequences occur for at least three or four generations.

The determinants of such recurrent relational organizations within families are only beginning to be discerned. Careful, long-term study of multigenerational systems of extended families under stress may reveal some of their crucial "pathogenic" determinants. But in order to construct a true multigenerational patterning of family relationships we have to rely on retrospective information, including the memories of the living about the dead. Without an interest in these formative, long-range, vertical family relational laws of function, the therapist will remain handicapped in dealing with pathogenicity and health in families. We distinguish here between ameliorating here and now interactions and thoroughly, i.e., preventively, intervening in the system.

2 *Invisible Loyalties*

We believe that health and pathology are jointly determined by: (1) the nature of the multiperson relational laws, (2) the psychological characteristics (“psychic structure”) of individual members, and (3) the interlocking between these two realms of system organization. A degree of flexibility and balance regarding the individual’s fit into the higher system level contributes to health, whereas inflexible adherence to system patterns may lead to pathology in individuals.

We want to avoid the pitfall of reductionism in describing the complex realm of relational structuring. A number of dimensions described in the literature are pertinent to the nature of deep relational patterns, but none are sufficient by themselves to describe the complex whole of their dynamic organization. Some of the main elements and forces that determine deep relational configurations of the system are interactional patterns of functional or power characteristics; drive tendencies which aim at one person as another’s available drive object; consanguinity; patterns of pathology; collective aggregate of all unconscious superego tendencies of the members; encounter aspects of ontic dependency among members; and unwritten and unspoken accounts of obligation, repayment, and exploitation and their changing balance throughout the generations.

It is probable that one of the main contributions of the family therapy approach has been the multiperson or system concept of motivational theory. This concept conceives of the individual as a disparate biological and psychological entity whose reactions are nonetheless determined both by his own psychology and by the rules of the entire family unit’s existence. Generally speaking, a system is a set of mutually interdependent units. In families, psychic functions of one member condition functions of other members. Many of the rules governing family relational systems are implicit, and family members are not conscious of them. The vicarious or implicitly exploitative role of a mother in a father–daughter incest, for instance, may not become apparent in early phases of family therapy.

Aspects of the basic motivational structuring of family systems may manifest themselves through certain patterns of tangible action organizations or rites, for example, sacrificial offerings, treason, incest, family honor, interfamily vendetta, scapegoating, grief, care of dying ones, anniversaries, family reliquiae, wills, etc. These rites fit into unconsciously structured relational gestalts, affecting all members of the system. Besides performing specific functions, each rite has its contribution to the balance between exploitative versus giving positions and attitudes. An unspoken family script or code guides the various individuals’ contributions to the account. The code determines the

equivalency scale of merits, advantages, obligations, and responsibilities. A cluster of interrelated rites characterizes the manifest relational system of a family at any given time. Rites are patterns of learned reactions, whereas the intrinsic script of the system is grounded in genetic and historic relatedness.

This distinction has practical significance for the family therapist. Ritualistic patterns interlock with the existential substrate of the family's multiperson system in unique ways which may puzzle the outside observer. The often described difficulty in dealing with apparently meaningless communications of a family in treatment is partly caused by the therapist's understandable need to find a "logic" in the way the relational rites causally interlock with one another. It takes time and special learning to assess the basic accounts of the historic, vertical, and depth dimensions of action systems. Without an understanding of the hierarchy of obligations, no logic will be apparent.

A major system aspect of families is based on the fact that consanguinity or genetic relatedness lasts for a lifetime. In families the bonds of genetic relatedness have precedence over psychosocial determination, insofar as the two realms can be conceptually separated.

My father will always remain my father, even though he is dead and his burial ground is thousands of miles away. He and I are two consecutive links in a genetic chain with a life span of millions of years. My existence is unthinkable without his. Secondarily or psychologically, his person imprinted an indelible mark on my personality during the critical stages of emotional growth. Even when I rebelled against all that he stood for, my emphatic "no" only further confirmed my emotional involvement with him. He was obligated to me, his son, and subsequently, I have become existentially indebted to him.

My father-in-law is not blood-related to me, yet I am reminded of kinship whenever I notice my son's physical resemblance to him. I keep wondering whether my son's mental characteristics will be like his just because some of my son's spontaneous mannerisms and facial characteristics remind me of him. The in-law relationships attain a further quasi-blood-related aspect through the birth of grandchildren. Furthermore, my father-in-law and I become connected through the emerging extended familial balance sheet for reciprocity of give and take.

Literature on systems theory in family relationships began with notions influenced by "sick" or "abnormal" function. Expressions like "symbiotic," "guilt-laden," "double-binding," "schizophrenogenic," etc., would suggest that the only language that exists for description of the phenomena of relationship patterning has to be tinged with notions

4 *Invisible Loyalties*

of pathology. The needs of the family therapist pressed for more effective explanatory concepts as guideposts for his work.

In the family therapy movement, the concept "pseudomutuality" of Wynne *et al.* constitutes the first major systematic attempt to explain the fundamental determinants of family relationship patterns. They state: "The social organization in these families is shaped by a pervasive familial subculture of myths, legends, and ideology which stress the dire consequences of openly recognized divergence from a relatively limited number of fixed, engulfing family roles."⁹³, p. 220 In an obvious effort to integrate the sociological with the psychoanalytic point of view, Wynne *et al.* characterize the "internalized family role structure and associated family subculture which serve as a kind of primitive superego which tends to determine behavior directly, without negotiation with an actively perceiving and discriminating ego."⁹³, p. 216

The implications of a subculture of familial expectations constitute a milestone on the road toward defining the structure of relationships as sets of obligations imposed on family members. When Wynne *et al.* compare familial secrecy and investigative mechanisms with anxious superego surveillance, they come very close to our early formulation of an important family pathogenic mechanism, the "counterautonomous superego."¹¹ It is easy also to recognize a kinship between the concepts of primitive family superego and long-range balance sheets of merit in families. The efforts of Wynne *et al.* formed an important bridge toward the truly multipersonal dynamic model. Their use of such individually based concepts as superego, ego, repression, dissociation, or role in a familial context reveals their struggle for transcending the boundaries of psychology when approaching the field of what we call dialectical relational theory. Their language is essentially psychological when they elaborate on "internalization of role structure," and "sense of reciprocal fulfillment of expectations." The main struggle in the pseudomutual family is described in cognitive terms as "efforts to exclude from open recognition any evidence of noncomplementarity."

From our point of view, the basic issue of family relationship theory is: What happens in the action context and how does it affect the family's propensity for keeping the system essentially unchanged? According to this framework, although loss by death, exploitation, and physical growth are inevitabilities of change, every move toward emotional maturation represents an implicit threat of disloyalty to the system. Unaltered survival of the system is then the contextual aim of the interlocking expectations, obligations, and loyalty. An unaltered balance of the system includes the law of mutual consideration for optimal avoidance of causing unnecessary pain to anyone e.g. through facing

grief. The ancient tribal and biological basis of the family system was production and raising of offspring. In our view, the child-rearing function has remained the core existential mandate of contemporary families. Loyalties anchored in the requirements of biological survival and of integrity of human justice are subsequently being elaborated in accordance with the historic ledger of actions and commitments.

Viewed from the vantage point of these deeper dialectical connections, patterns which constitute pseudomutuality or other psychosocial arrangements represent merely secondary "psychological" elaborations of fundamental existential realities; they are examples of particular rites in the context of a relationship system. The core of family system dynamics is part of the basic human order which is only secondarily reflected in cognitions, strivings, and emotions of individuals. The basic human order relies on the historical consequences of inter-member events in the life of any social group. Each member's motivations are embedded in the contexts of his own and his group's history.

A clinical example illustrates the interweaving among the symptomatic individual, a dyad, and the total gestalt of multigenerational accounts in a relationship system. The family was referred for Diane's tense, irritable behavior, recently noted both at home and school. Diane, 10 years old, talented in art, was closely attached to her grandmother, Mrs. H, 58. When Diane was only 6 days old, her mother became psychotic and she has been in a mental hospital ever since. Mrs. H has raised Diane. As an apparent side comment, it was also mentioned that there are violent arguments with physical threats between grandmother and grandfather.

The first family therapy session was conducted in the home. It revealed a severe marital tension between the grandparents. Contrary to the expectations of the caseworker assigned to Diane, the grandmother actively sought the attention of the therapist almost from the beginning. Although initially she sounded incoherent and evasive, she became very clear and explicit when she started to point out her resentments toward her husband: "There are two things I wouldn't forgive him as long as I live," she said, explaining the reasons for her refusing him sexually.

As Mrs. H described her lack of sexual responsiveness toward her husband, she added: "When I needed and wanted him in my younger years, he was running around." Noticing the therapist's interest in her background, she proceeded to give a strikingly personal account. With little apparent hesitation she described that when she was 14, one night while her mother was on a trip, her stepfather had come into her bedroom and attempted to rape her. She tried to obtain her mother's moral support the next day, but her mother sided with her stepfather and she was shipped to her grandparents. All her life she could not tell anybody about this incident except for her mother and grandmother. As this very lonely, secluded woman began to talk more openly, it was easy to

6 *Invisible Loyalties*

empathize with the outpouring of her genuine life-long pain and despair.

This initial session demonstrates very clearly the dialectical approach to exploring relationship systems. No single account or individual statement is taken to be absolute. The child's problems are explored from the beginning in the context of the family's vertical dimension of three generations. This has led into the exploration of the horizontal dimension of grandmother's marriage. From there it has been natural to shift again to the vertical dimension of Mrs. H's childhood conflicts with her parents. It is easy to see how an unsettled account between herself, her mother, and her stepfather will have to be "taken out" on her marriage. The resulting helplessly hostile and frightening atmosphere of the home must have been reflected then in the child's desperate call for attention at school.

The purpose of this illustration is not to claim that an initial session would uncover the ultimate roots of the system determinants of a child's symptomatic behavior. Despite the genuineness and great force of this lonely, hungry woman's communication, it would be unrealistic to regard Mrs. H's character development as fully explained by the simple relational metaphors of her condensed story. Nevertheless, the examination of her key childhood experience, exploitation by her stepfather and the seeming disloyalty of her mother's response, pointed at a fundamental injustice which may have contributed to Mrs. H's life-long pattern of distrust toward males and relationships in general. This session illustrates the interconnected dimensions of individual psychology, reciprocity in relationship systems, and justice of the human world, as they become invisible records throughout generations.

In conclusion, the violation of the justice of one person's basic human order can make that event a pivot around which the destinies of his own and his descendants' further relationships revolve. Just as it would be unwise while exploring individual motivations to consider a symptom to exist in isolation from the patient's total personality, it is necessary to explore the whole family system as it relates to the signal function of the designated patient member's "pathology." Interest in the justice aspect of human order tends to lead to discovery of one member who at first appears as if having acted unjustly. The question arises: Is the unjust one an actor and initiator of deeds or is he a link in a chain of processes? Once this member's own suffering through past injustices can be explored, the process of family therapy is well under way.

Martin Buber's dialogic philosophy and certain existential authors' writings point to a way of "using" others which forms another important dimension of relational dynamics. Yet, instead of stressing the exploitative aspects of the human relationship, Buber focuses on its mutually confirmative potential. In designating meaningful personal relationships as of the I-Thou type, he states that the basic pronouns are not I, Thou, and It but I-Thou and I-it. The existential phenomenologi-

cal analysis of social existence presupposes a personal commitment dimension: I do not just happen to be around with the one whom I address with Buber's "Thou." The other thus addressed is not just an implement for my or his emotional expressiveness, but at least for the time, the "ground," the dialectical counterpart of my existence. But even as ground for the other, the person is a distinct I for himself.

The genuine I-Thou dialogue transcends the concept of the other's being a mere "object" or gratifier of my needs. The mutuality of care and concern is not only experienced by the participants, but it transcends their psychology through entering the realm of action or of commitment to action. The dialogue as defined by Buber becomes one characteristic of the system of family relationships. The experiential reciprocity between two humans, both of whom are confirmed by their meeting on an I-Thou basis, creates a mutually supportive base among family relationships. Perhaps this is connected with what Buber refers to as the zone of the "between."²⁶, p. 17

While the concept of the mutually confirming dialogue unquestionably enriches our understanding of relationships, in general our position is that family relationships have their own specific existential, historic structuring. An accidentally met, yet profoundly responsive traveller on the train may qualify, for the moment at least, as partner to a genuine I-Thou dialogue. Psychologically, the aftereffect of such genuine dialogue might be a lasting confirmation of my person and identity, even if that particular relationship remains ephemeral. Thus, the Thou of the genuine dialogue can be found everywhere and replaced by another Thou. Certain dimensions of group therapy, marathon, and encounter group techniques, sensitivity training, etc., are based on the hopeful expectation that mutual confirmation will occur among persons not belonging to a consanguineal family system.

It is of great practical significance to recognize the specific nature of family relationships. After a life-long hostile relatedness, two brothers may make strenuous efforts to reconcile and rebuild their relationships so that positive friendliness may ensue. They may now discover and understand each other in a new way, almost as if each was meeting a new person. Nevertheless, whether seeming enemy or friend, they have always been members of the same consanguineal family system. If I help any suffering human being, I am likely to enter into a genuine I-Thou dialogue with him. If, however, he happens to be my son, he constitutes, in addition, a unique counterpart of my existential realm; he is irreplaceable with any other human being. No particular behavior, however perfect the imitation of him, could substitute his meaning for me. Furthermore, both he and I belong to a multigenerational relation-

8 *Invisible Loyalties*

ship system. Commitment, devotion, and loyalty are the most important determinants of family relationships. They derive from the multigenerational structure of the justice of the human world as it is built up from the historical account of intermember actions and attitudes.

In summary, the most important dimension of close relationship systems evolves from the multigenerational balance sheet of merit and indebtedness. We believe that the system level, on which basic loyalties are formed is connected with other, more visible system levels of interactive behavior and communications.

We believe that the hierarchy of obligations is of crucial importance for all social groups and society as a whole. Like many previous ages, ours suffers from a gradual erosion of the quality of human relationships. Ever since the late 19th century the existential authors have tried to alert us to a danger threatening the quality of genuine relatedness between human beings. Urbanization, automation, mass transportation, and communication media, etc., contribute to this erosion. The family theorist now focuses attention on a specific existential dimension that is being avoided, denied, and eroded in our age: the accounts of the justice of the human world. Escaping from contacts with the extended family on the one hand, and desperately possessive clinging on the other, create a paradox of conflicting forces between old and new generations with little chance for resolution. The conservative older generation gets more and more entrenched in its rigid, defensive position, whereas by escapism and denial the rebellious youth may destroy the base from which they could utilize their freedom should they acquire the ability to face and balance the accounts of intergenerational justice. In their feeling of deprivation, the young often cannot see that destructive retaliation leads to further and deeper deprivation. In the end both generations are losers.

The current wide popularity of encounter, marathon, sensitivity, etc., meetings testifies to modern man's realization of the erosion of personal relationships. New rites are formed every day based on this realization combined with the myths of the ultimate value of just "expressing one's feelings" towards strangers. Buber's I-Thou dialogue, when partially understood, can be wishfully exploited as a magic formula applied to encounters of ritualized forms. The family therapist does not reject the validity of encounter as a meaningful and helpful "technique" of contemporary society; it is one dimension of his own work with families. On the other hand, if this dimension is elevated to magical omnipotence used for the denial of the hard realities of historical justice of one's life and generational position in the family merit ledger, it is capable of limited achievements only. Furthermore, through its false claim, it may be the source of great disappointments.

THE CLINICAL SIGNIFICANCE OF THE SYSTEM OUTLOOK

The distinction between multiperson, system-based and individual motivations has great practical significance for the therapist. His colleagues frequently question him about his attitude to such key therapeutic questions as: What are the criteria of indication for family therapy? What are the therapeutic goals? How does he assess the results of his therapeutic work, etc.? The answer to these questions is connected with the understanding of the interlocking between individual and multiperson system levels of motivation.

The conceptualization of the interlocking between individual and multiperson system levels requires not only a basic familiarity with general systems theory, but thinking in terms of a dialectical model. According to the latter, the "intrapsychic" realm becomes meaningless if it is taken out of the relational (I-you) context. Dynamically, every subjective experience implies an underlying self-other or symbolically interpersonal context. Through internalized patterns the individual injects into all current relationships the programming of his formative relational world. Naturally, the self is the experiential center of the individual's world, but the self is always a subjective I, unthinkable without some You.

The present authors subscribe to a comprehensive view of clinical theory in which individual (intrapsychic) and multiperson system levels of motivation should be considered in their mutually antithetical and complementary relationship. We find it ill advised and incorrect to ignore the multipersonal reciprocal motivational significance for the intrapsychic formulation of such experientially important events as separation, falling in love, growth, sexual maturation, fear of death, pain over loss of loved ones, etc. On the other hand, we realize that most of our current theory of psychopathology and psychotherapy is phased in individual terms which have to be broadened to encompass the context of the motivational dimensions of family systems.

For instance, in answer to questions about therapeutic indication, goals, and assessment of family work, the family therapist may be unable to communicate with his colleagues if the latter are exclusively individual oriented. He may be asked: Is family therapy indicated in a case of school phobia? His answer should be neither yes or no. He has to point out that in this form the question is intrinsically inappropriate and unanswerable. Since family therapy is concerned with helping every family member, the question should be rephrased: Is it helpful and feasible for the members of this family of a schoolphobic child to work together for mutual benefits? Strictly speaking, however, even the

10 *Invisible Loyalties*

designation "family of a schoolphobic child" is individual-based. The experienced family therapist knows that within a few weeks the symptomatic "patient" role may shift from the schoolphobic to the depressed mother, the delinquent brother, or the psychosomatically ill father. Our challenge is how to designate a family in multiperson system terms rather than merely prefacing traditional individual diagnostic terms or phrases with "the family of a . . ."

The lack of a widely acceptable categorization of families according to multiperson system criteria has been a serious handicap to the family therapist's efforts to communicate his point of view. He has felt that even though he could not conceptually define the system entity of a family, it is not a fictitious image but a clinical reality to work with. In fact, in the course of one or two years' experience family therapists usually learn how to work with the group dynamics of a particular family system as one entity rather than with a summation of the various members' individual dynamics. Ultimately, he has to treat the conglomeration between individual pathologies and system configurations.

The family therapist's ultimate task is to define symptom, diagnosis, and nosological entity in system terms. The traditional medical concept of symptom originated from the dichotomy between noticeable signs and that which was inferred as underlying, causally definable disease process. Whereas suggestive, hypnotic, or behavioral therapeutic measures have for unknown centuries been clearly aimed at removing symptoms, the concern of Freudian psychoanalytic theory has been defined to go beyond the symptoms and focus on an underlying core mechanism in the patient's fundamental personality organization.

The family therapist has to learn to integrate individual, descriptive, and dynamic concepts with such relational system dimensions as: (1) functional interaction patterns, (2) drive-object relatedness, (3) consanguinity, (4) interpersonal pathology, (5) interlocking unconscious mechanisms of individuals, (6) encounter aspects of ontic dialogue, and (7) multigenerational accounts of justice.

A boy's delinquent actions, for example, may be viewed as motivated by several individual and familial factors. On an individual level he may be seen as striving to satisfy his needs for instinctual (sexual, aggressive) gratification (2), assert himself toward his father (2, 6), become equal to his peers (1), etc. On a multiperson level the delinquent boy may vicariously satisfy his parents' unconscious tendencies for delinquency (5), e.g., he may be expected in wishful fantasy to repay all of his parents' suffered losses through punishing society (7), he may loyally bind his parents together through making them into a collusive disciplinary team (1); he may unwittingly provide his family with an excuse for badly

needed controlling intervention on the part of society through its authorities (1,2,7). On an even broader scale, he may test the parenting capacity of society as a whole and provide covert dependence and gratification to all members (3).

THE MORE IT CHANGES THE MORE IT IS THE SAME THING

All relationship systems are conservative. Their logic demands that the members' shared investment of care and concern should serve to balance out all injustices and exploitations. Through both the unchangeability of genetic relatedness and the continuity of obligation accounts, families constitute the most conservative systems of all relationships. Through identification with the future of our children, grandchildren, and all unborn generations, we can, at least in fantasy, justify every sacrifice and balance every frustration.

In a sense the existential structuring of familial consanguinity is unchangeable. Families which struggle with pending or actual separations of members will never be able to afford to "existentially" lose any member of the system. The divorced or deserting father will never be internally replaced as father in the minds of his children. Even in cases of earliest adoption, the existential significance of the natural parents usually keeps the minds of adopted children occupied for a lifetime. They may surprise their adoptive family with their vehement desire for more knowledge of and contact with at least the memory of the natural parents.

Another large area of loyalty conflict is connected with that type of injured human justice which is based on unbalanced emotional exploitation. The exploration of these issues is often beclouded by considerations of financial matters in the family. In other instances exploitative possession of a person is disguised as love, as if the gourmet's love for pork could ever mean love from the pig's vantage point. Extensive studies of certain exploitative techniques in relationships have been reported by authors of the Bateson school (for a comprehensive summary see Watzlawick⁸⁸) and by Berne.⁷ The family therapist has to caution, however, against any early conclusions about what constitutes exploitation in family relationships. Superficial interactions among family members, especially if a dyad is considered in isolation, may be gravely misleading. Genuine understanding of what constitutes exploitation hinges on the reciprocal balances of merit and recognition of merit.

Familial and larger societal processes interlock in a meaningful fash-

12 *Invisible Loyalties*

ion. Contemporary Western civilization encourages escape through denial from hard confrontation with one's relationship system. Greatly increased physical mobility, overburdened capacity for communication through the media, glorification of superficial success in "adjustment," confusion of emotional freedom with physical separation, and a high valuation of a superficial and unfounded pseudofriendliness are among our society's "advantages" which support refuge from rather than facing of the accounts of relationships.

The history of Western civilization appears as a long struggle in which the individual has striven to free himself from the power of oppressive rulers. The myths of the Greeks and Hebrews provided early definitions of the individual as a hero who faces insuperable odds and ultimately, even though succumbing, inspires future generations to heroic assertions of their own. The passive acceptance of the power of the ruler makes one a member of the mob, not worthy of recognition or reminiscence. On the other hand, a simple physical separation and escape from the overpowering force does not really liberate the escapee. Much less can one solve the tyranny of one's own obligations by simply shunning the creditor to the obligations. A mass escape for fear of responsibility of filial obligations can infuse all human relations with unbearable chaos. The individual can become paralyzed by amorphous, undefinable, existential guilt.

CONSERVATIVE MODERNISM: ESCAPE FROM PRIVACY

Based on the manifest realities of their everyday experience, some family psychotherapists are inclined to construct their field as one of cold, manipulative games. They seem to lose connection with the layers of personal commitment, intrinsic in any relationship.

It appears that family-intervention therapy can appeal to the impersonally and mechanistically oriented professional as an arena for the manipulation of people. He may claim that a capacity for empathy, which is essential for most forms of individual psychotherapy, is dispensable in family therapy. Some therapists prefer to ignore the subjective growth process of family members, and they consider family therapy as simply aimed at the changing of patterns of visible interaction. The guidelines of their intervention could then be based on entirely technical principles, e.g., straightening out of communicational styles, teaching the principles of "good" fighting, pointing out and eliminating the double binds, etc. Some therapists insist on setting up an artificial agenda, they move people around in the room, make them sit and talk

in a certain way, invent "operationally feasible" tasks, they themselves may leave the room, etc. In contrast, our own orientation to family relations in therapy is of a personalized nature. It is our conviction that growth in our personal life is not only inseparable from growth in our professional experience but that it is also our greatest technical tool.

The family therapist's attitude to the question of individual privacy and subjective experience determines his conceptualization of therapeutic goals. By elevating the patient's eventually accomplished, presumably nonneurotic function as the ideal goal of therapy, individual psychodynamic theory tends to delimit its scientific and human concerns to the boundaries of the individual. While the theory admits that only the tip of the iceberg, i.e., the conscious aspects of motivations, can be seen, it nonetheless postulates that the invisible nine-tenths can be reconstructed with the knowledge of mental mechanisms within an individual's mind, e.g., repression, transference, resistance, defense, regression, etc.

In working with families in vivo, the therapist's concern moves on beyond that of reconstructing the essential core of individuals to the rebalancing of relationships in the multiperson system. In this sense family therapy lies at one pole of the spectrum of therapies with classical behavior therapy being at the opposite pole and psychodynamic (Freudian) therapy in the middle. It is important to recognize the fallacy of a commonly believed dichotomy: as if intensive therapy equaled individual exploration, while conjoint family therapy meant a more superficial, imprecise hit-or-miss work which could never reach the private, internal core of the participants; as if one-to-one, confidential patient-therapist discussions were the necessary requirement for intensity or depth of therapeutic "work." Whereas, no doubt, family exploration broadens the scope of the therapist's intervention, its distinctive characteristic is not mere horizontal amplification. Rather, the therapist's commitment to helping every family member intensifies the emotional impact of a new feedback process affecting every participant. However, the commitment to helping all family members can lead to a true intensification of the therapy process only if the therapist himself can keep pace with the rate of emotional escalation.

The reason for the family therapy situation presenting more of an emotional demand on the therapist than individual therapy is that the true measure of human *emotion* is not the intensity of its affective or physiological concomitants, but the relevance of its interpersonal context. This shows the difficulty inherent in trying to objectify or quantify relational events. Contextual relevance can be assessed by matching of content with context. Like casting with die, they either fit

14 *Invisible Loyalties*

or they don't. Relevance is a nonlinear and nonquantifiable measure.

Conceptual development in the fields of family therapy and theory is still hampered by a long-standing confusion about the role of scientific thinking as applied to the human scene. Some of the best trained researchers still believe in the value of studying essentially nonmeaningful but technically well-definable phenomena. They may opt for looking at family life as motivated by power games and aim at producing excellently documented, convincing data about sharply conceived but marginally relevant behavioral issues. The most important, yet the most difficult, task of research is the creation of a conceptual framework capable of handling the complexities of the theory of relationship systems.

IS THERE ROOM FOR OBJECTIVE "REALITY" IN CLOSE RELATIONSHIPS?

It is deceptive to consider relational reality as less personally dynamic or less subjective than the internal reality of a person. The adjective "objective," as contrasted with "subjective," connotes a quality of freedom from false, incorrect information and from distortion of facts through emotional bias. Yet, the reality of the person in his close relationship is composed of his subjective, transferred, familial internal reality plus certain factual attributes of the partner. Naturally, from the partner's vantage point, his own internal reality is subjective, rather than actual.

There is no objective reality as a middle ground between the mutually confronting "need templates"^{12, p. 46} of two relating members. If objectivity has any meaning here, it lies in the mutual awareness of each participant's simultaneous need configurations by the other, while both strive to make one another the object of their needs and wishes. Yet, we have to keep in mind that the individual's needs contain the condensations of the unsettled relational accounts of his family of origin, in addition to reenactment of his own early psychic processes.

When it comes to an analysis of close relationships, the therapist first has to be clear about the main determinants of the participants' motivations or relational attitudes. He has to learn about each member's position in the system: obligations, commitments, the history of merits, exploitations, etc. For example, aside from scapegoating attitudes, stifling and overpowering "love" can also victimize its object. The "object's" need for a genuine dialogue are equally overlooked.

Relational attitudes in their affective-programmatic structuring con-

tain the blueprints of the person's future actions. The design of these blueprints is always composed both of the person's fundamental needs and his "imported" system obligations. What is most important in a scapegoating act, for instance, is not that it distorts reality, but that it expresses needs of the scapegoater—and of course, the expectations of all participants in the scapegoating system. The same could be said of a process of inverse scapegoating, e.g., falling in love. First and foremost the lover has a need for seeing (distorting) the love partner as a fitting object of his own need configuration (sexual, protective, dependent, taunting, etc.). *Amor coecus est*—love is blind. What we have to add here is that love is even more blind because of each individual's burden of the hidden obligations coming from outside the dyad. Through a husband and wife, two family systems, not just two individuals, find their match.

What balances the one-sided subjectivity of two partners' needs is whether the lover can make the loved one respond and, ultimately, whether the latter's own needs will in turn find him to be a satisfying object. A close relationship is a dynamic encounter between need templates. There is no objective middle ground or "undistorted reality" between partners in a relationship. Their realistic goal is not that their needs should be aligned with the "objective" characteristics of the other, but that they learn to discriminate one another's needs as valid and distinct from their own needs.

From the point of view of our relationship theory, a person's need template is a short-hand formula, comprising both his personal needs and the invisible expectations due to the disturbed balance of the justice of his and his family's past relationships. He owes reciprocity to those who gave him so much, regardless of whether they felt cheated or exploited by fate. He may assume that the prospective partner is aware of his built-in frustrations and obligations. Naturally, the other has to incorporate into his attitude the history of his own family's balance of merits.

WHAT IS THE OBJECTIVE REALITY OF THE PERSON?

The foregoing discussion depicted the individual as dovetailing with the context of his relationships. It also assumed that the person is a given and defined entity with an identifiable boundary: His needs and style of responding are uniquely his own. We assume that at least through his actions the individual is an integral unit.

A more inclusive theory of relationships, however, has to take the

16 *Invisible Loyalties*

minute-by-minute fluctuation of the degree of individuation into account. The person is mainly definable through the range and extent of his needs, obligations, commitments, and responsible attitudes taken in the relational field. Even seemingly well-individuated, socially prominent, and responsible citizens may act like unreliable, irresponsible partners when seen in the context of a "symbiotic" family relationship. They may panic if they are expected to take a responsible look at their function within the family. They may hide behind a "we" instead of an "I" form of grammatical expression in trying to explain their own feelings and intentions. They may focus exclusively on the functions or symptoms of their children or unwittingly create an image of false individuation and health of their marital ties. For example, they can argue with deceptive freedom, overtly revealing great personal disagreements over issues, only to be revealed as unchangeable because of the family members' unconsciously merged personalities.

Our system view places individual psychic structures in the context of their relationships in working with families in treatment. The translation from here to a more fully understood individual structural analysis has not yet been made. We could equate symbiotically undifferentiated relational function or poorly resolved system indebtedness with a "weak ego" structure in individual terms, but the correspondence of these terms is only partial. The language of "ego weakness" ordinarily assumes a weak but discrete personal identity. Vicariously or collusively symbiotic functioning, on the other hand, can be observed only in the presence of two or more closely related individuals. Inference from individual therapeutic (transference) to family relationships is an incomplete one.

In short, the system point of view is of great practical, therapeutic significance. Our therapeutic contract is to be formed with the total membership of the family relationship system, instead of with the symptomatic member or with his adult guardians.

The contract means that the therapist has to offer and actually make available himself as willing to help all members, whether they come to therapy sessions or not. In turn, he has to extract commitment for participation from all members of the family. He wants all those present to expose their opinions, needs, and wishes for help, and he tries to make sure that the messages of even the smallest child are being heard and responded to. As part of the contract, he offers courage to face obligations and to face guilt over delinquent payment of emotional debts.

Although a major part of the therapist's initial efforts have to do with the establishment of the therapeutic contract with the family as a

whole, the therapist is not the one who creates or imposes the family system point of view of dynamics and therapy upon the family members. There would be no family without an underlying foundation of solidarity and an intrinsic loyalty originating from before the time the children were born.

The implications of the conjoint, family or relational therapy are so revolutionary that they are bound to force either a break with our widespread societal ethics or a retreat into some form of denial and compromise out of weakness. The question of exploitation, rugged individualism, suppression by powerful elders or political bosses, kings, dictators, etc., are related to the forces that govern the family system. What would be ethically required of an automobile manufacturer when it is expected to turn out safe and lasting vehicles in the midst of competition and labor disputes is similar to the demand on a divorcing couple for consideration of their children's interests.

When we explore in other chapters the dimensions of loyalty, reciprocity, and justice, we are not likely as family therapists to be able to hide behind convenient individual, efficiency-oriented concepts. System concepts of impersonal effectiveness, e.g., good communication patterns, problem solving, adjustment, or even "mental health" fall short of the real essence of human relationships. A study of responses without a commitment to responsibility and accountability is socially self-defeating or at least meaningless.

Without a capacity for facing the accounts of integrity of family relationships, the family therapist himself will be overwhelmed and may be driven to the kind of despair which talks of the "death" of the family.²⁹ He can get caught in a dilemma similar to that of an advertising specialist who would shift his concern from the effectiveness of the design of commercials to their honesty and integrity. The individual therapist can, if he wishes to, remain a designer of fronts for individuals. The family therapist cannot in the long run close his eyes to relational integrity, including his own.

In summary, the system orientation comes out of the logic of empirical observations of family therapists. Independently, many early therapists came to the conclusion that there exists a lawful organization (homeostasis) regarding shifts of the sick role in families. While the field of family therapy would need a theoretical foundation based on further, more precise description of the empirical facts of systemic homeostasis, most therapists' interest has understandably been preoccupied with the question of what dynamic forces regulate such homeostasis. The goal-oriented mandate of the therapist challenges him to master the secrets of control and causal determinism of family relationships.

2

The Dialectic Theory of Relationships

We have indicated in the previous chapter that we consider the deepest human understructure of relationships to consist of a network (hierarchy) of obligations. While sociologists have compiled lists of manifest obligations, we are more interested in the covert ones. There is a constant give-and-take of expectations between each individual and the relationship system he belongs to. We oscillate constantly between posing and discharging obligations. A relationship system can be thought of as held together by a gyroscope which keeps up-to-date accounts of the total balance of obligations among members.

Each member's ethical relationship to his relationship system, e.g., his family, his work situation, or his community, makes up the crucial part of his existential world. The balance between obligations and fulfillment of obligations constitutes the justice of the human world. What are the measures by which to judge where the balance stands? On what basis is the balance sheet judged negative or positive?

We propose that the understanding of the structure of a relational world requires a dialectical rather than absolute or monothetical way of thinking. The essence of the dialectical approach is a liberation of the mind from absolute concepts which in themselves claim to explain phenomena as though the opposite point of view did not exist. According to dialectical thought, a positive concept is always viewed in contrast with its opposite, in the hope that their joint consideration will yield a resolution through a more thorough and productive understanding. The principles of relativity and indeterminacy in physics and the concept of homeostatic regulations of living things are examples of increasingly dialectical orientations in natural sciences.

Our position is dialectical in a number of ways, some different from

everyday contemporary usage of the term. In a Hegelian sense, we use dialectic as a challenge to the one-dimensional limitations of the definition of any phenomenon. In this sense it can be predicted that life's basic unpredictability will introduce challenges to any equilibrium. The qualitatively new event will upset the whole principle of equilibrium instead of simply tilting its valence from one homeostatic phase to the next. By adding a necessary new component, today's imbalance leads to tomorrow's new balance. The false and the mundane turn out to be valuable as they help dispel stagnation. As injury and unfairness become balanced through restitution, the spontaneity of autonomous motions of individual members is bound to create new imbalance and new injustice which if recognized and faced, leads to a richer, safer definition of freedom and concern among members. The prevalence of movement over stagnation is the essence of the dialectic view of family relationships and the family therapist helps the process through his commitment to change, recognition of change, and synthesis of change with unchangeable sameness of being.

Psychology, psychotherapy, and psychopathology have also been in a gradual transition toward a more dialectic viewpoint. While the traditional individual point of view thought in terms of monothetical or absolute concepts: instinct, power, control, love, hatred, intelligence, communication, etc., the dialectical approach defines the individual as partner to a dialogue, i.e., in a dynamic exchange with his counterpart: the other or nonself. He and his counterpart constitute his relational world. An orange does not have to be defined in terms of a counterorange, whereas, for example, a person's individuation has to be viewed in the perspective of its dynamic balance with symbiotic, deindividuating forces. According to the dialectic law, movement in one direction causes pull and eventually movement in the opposite direction. The dialectical resolution is never a bland, gray compromise between black and white, it is living with live opposites. An important contribution to a dialectic formulation of basic dynamics was made by Stierlin.⁸⁴

A frequently encountered situation in family therapy illustrates man's struggle for the resolution of the antithetical paradoxes of his living. Whether in the course of everyday life or during therapy, a person can become aware of his deep-seated resentment towards his parents over their real or alleged rejection or lack of love. In the absolute sense the person would need help through traditional psychotherapeutic practices which aim at individuation through insight and overt expression, leading to growing autonomy. Consequently, he should not be concerned whether his image of his parents will be a