

MENTAL HEALTH, FAMILIAL ALTERITY, AND PSYCHIC TRANSMISSION: CLINICAL AND THERAPEUTIC PERSPECTIVE



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ABSTRACT

In the realm of mental pathology, it can be said that, in contrast to biological psychiatry, characterology, and psychoanalysis, family therapy places its focus more on the family of the patient than on the individual. In this way, the character and individual symptoms become the result of both early and later interactions within the family group.

Through emotional transference, the psychotherapist intervenes at a particular stage of the emotional development of the Self (Narcissism, Anacitism, Oedipus Complex), where fixation and conflict have occurred due to familial factors. This allows the psychotic, depressive, or neurotic patient to continue their “identification-identity” journey. However, in this context, the patient will no longer encounter, as they did with their parents, an “object” that explicitly displays their fixed affective character and attitudes.

Object relations during childhood represent both phantasmatic and real interactions between parents and child. This duality arises from the fact that between parents and children, there exists a drive that renders their relationship phantasmatic in nature, while at the same time being subject to systemic laws on a real level.

By utilizing transference, the psychologist appears as a succession of affective objects in progression, each time reflecting the patient’s desire and never lagging behind it. This results in a kind of emotional psychogenetic catch-up, benefiting the patient’s personality development.

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RUH SAĞLAMLIĞI, AİLƏDƏ FƏRQLİLİK VƏ PSIXİ TRANSFER: KLİNİK VƏ TERAPEVTİK PERSPEKTİV KONTEKSTİNDƏ



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Açar sözlər:

Ruh sağlamlığı,
Ailəvi fərqlilik,
Psixi ötürülmə,
Ailə qrupu,
Terapevtik

ANNOTASIYA

Ruhi patologiya sahəsində, bioloji psixiatriya, xarakterologiya və psixoanalizdən fərqli olaraq, ailə terapiyasının diqqət mərkəzində fərddən çox xəstənin ailəsi dayanır. Bu baxımdan, xarakter və fərdi simptomlar ailə daxilində erkən və sonrakı qarşılıqlı təsirlərin nəticəsi kimi meydana çıxır.

Psixoterapevt emosional ötürmədən istifadə edərək Özün emosional inkişafının müəyyən mərhələsində (narsisizm, asılılıq, Edip kompleksi) ailə faktorlarının yaratdığı sabitlik və konflikt səbəbilə müdaxilə edir. Bu isə psixotik, depressiv və ya nevroitik xəstəyə “identifikasiya-identiklik” yolunu davam etdirməyə imkan yaradır. Lakin bu kontekstdə xəstə, artıq valideynlərində qarşılaşdığı sabit emosional xarakter və münasibətləri əks etdirən bir “obyekt”lə qarşılaşmır.

Uşaqlıq dövründəki obyekt münasibətləri valideynlə uşaq arasında həm fantaziya, həm də reallıq səviyyəsində qarşılıqlı təsirləri təmsil edir. Bu ikilik ondan irəli gəlir ki, valideynlər və uşaqlar arasında onların münasibətini xəyali mahiyyətə çevirən bir meyil mövcuddur, eyni zamanda bu münasibət real səviyyədə sistemli qanunlara tabe olur.

Ötürmədən istifadə etməklə, psixoloq ardıcıl olaraq xəstənin arzusunu əks etdirən və heç vaxt ondan geri qalmayan emosional obyektlər kimi görünür. Bu isə xəstənin şəxsiyyət inkişafına fayda verən bir növ psixogenetik emosional “geridə qalmışlığın bərpası” ilə nəticələnir.

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ПСИХИЧЕСКОЕ ЗДОРОВЬЕ, СЕМЕЙНАЯ ИНАКОВОСТЬ И ПСИХИЧЕСКАЯ ТРАНСМИССИЯ: КЛИНИЧЕСКИЙ И ТЕРАПЕВТИЧЕСКИЙ ПОДХОД



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Терапия

АННОТАЦИЯ

В области психических патологий можно утверждать, что, в отличие от биологической психиатрии, характерологии и психоанализа, семейная терапия сосредоточена не столько на личности пациента, сколько на его семье. Таким образом, характер и индивидуальные симптомы рассматриваются как результат раннего и позднего взаимодействия внутри семейной группы.

Посредством эмоционального переноса психотерапевт вмешивается на определённой стадии эмоционального развития Я (нарциссизм, анаклитическая зависимость, эдипов комплекс), где из-за семейных факторов возникла фиксация или конфликт. Это позволяет психотическому, депрессивному или невротическому пациенту продолжить путь «идентификации-идентичности». Однако в этом контексте пациент больше не сталкивается с «объектом», как это было с родителями, демонстрирующим фиксированные эмоциональные черты и установки.

Объектные отношения в детстве представляют собой как фантазийное, так и реальное взаимодействие между родителями и ребёнком. Эта двойственность объясняется тем, что между родителями и детьми существует побуждение, которое делает их отношения фантазматическими, в то время как на реальном уровне они подчиняются системным законам.

Используя перенос, психолог выступает как последовательность эмоциональных объектов, отражающих желания пациента и ни разу не отстающих от них. Это создаёт своего рода психогенетическую эмоциональную компенсацию, способствующую развитию личности пациента.

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1.Introduction

Every discipline or scientific field has a history that has shaped its development. In order to situate the relatively contemporary position of psychoanalytic family therapy, it is essential to consider the various approaches to mental illness across different historical periods [3]. These approaches range from a magical-religious view to a more positivist-organic perspective, before evolving into a psychogenetic view, and finally a familial one.

Within the field of mental pathology, it can be said that, in contrast to biological psychiatry, characterology, and psychoanalysis, family therapy focuses more on the patient's family than on the individual. As a result, the character and individual symptoms are seen as the outcome of early and late interactions within the family group.

The phenomenon, though unexplained yet observed, lies in the fact that daily and clinical realities often lead us to observe that psychological disorders coexist with typical family behaviors, suggesting the existence of a sort of familial character. Therefore, the individual's symptoms reflect the familial pathology.

The correlation between the individual and the family should not be studied merely as a simple form of ordinary conditioning, but rather as a specific mode of transmission, characteristic of the family group, towards the individual.

On an individual and phantasmatic level, psychoanalysis, like psychopathology, has analyzed and treated, in considerable depth, the range of affective processes that are, in fact, the true mechanisms responsible for the formation of the self or, conversely, its failure. This is based on the interaction between drive, the affective object, and the Ego.

Affective learning can be defined based on concepts such as identification, introjection, investment, incorporation, internalization, imitation, empathy, suggestion, projection, attachment, romantic states, and transference. It involves the integration of the traits, behaviors, and attitudes of others or the object into the self.

This process occurs not through intellectual mechanisms, but through a sentimental and libidinal movement undertaken by the Ego, using the drive invested in the object. The goal is not only the satisfaction of the drive but also the structuring of the Ego according to the stages, situations, and psychoaffective goals.

However, these various affective learning mechanisms operate, as previously stated, in highly variable ways in children, patients, and ordinary individuals. Yet, they remain similar in structure, which involves the simultaneous presence of an Ego, a drive, and an object. This affective learning, however, is essentially a phantasmatic relationship, due to the presence of the drive between the self and the object, while also being a systemic and real transaction between the Ego and familial character, as stated by clinical family characterology.

2.Affective Learning and the Formation of the Self

Affective investment in the object takes place throughout the psychogenetic stages (childhood), during the adolescent crisis, and also in the teacher/student relationship. It similarly exists in the relationship between psychologist and patient, in romantic couples, and in familial or friendship transactions.

These various contexts of learning or re-learning affectivity structure the "Self" from an initial void in childhood, consolidate it during adolescence, or restructure it through transference in therapeutic situations.

Based on this observation, we can propose the following causal factors as a working hypothesis:

“The familial character as a phantasmatic structure and as a set of real transactions produces traits and symptoms in the individual”.

We can thus illustrate our theoretical analysis, the issue at hand, and our hypothesis through the following diagram:

The psychological cycle of individual-family evolves as follows:

- Deep family structure (Phantasmatic Structure – Familial Genogenesis Process)
- Manifest Family (Familial Character – Family Transactions)
- Deep Individual (Deep Object Relations – Basic Psychological Structure)
- Manifest Individual (Observable) (Character – Traits – Symptoms).

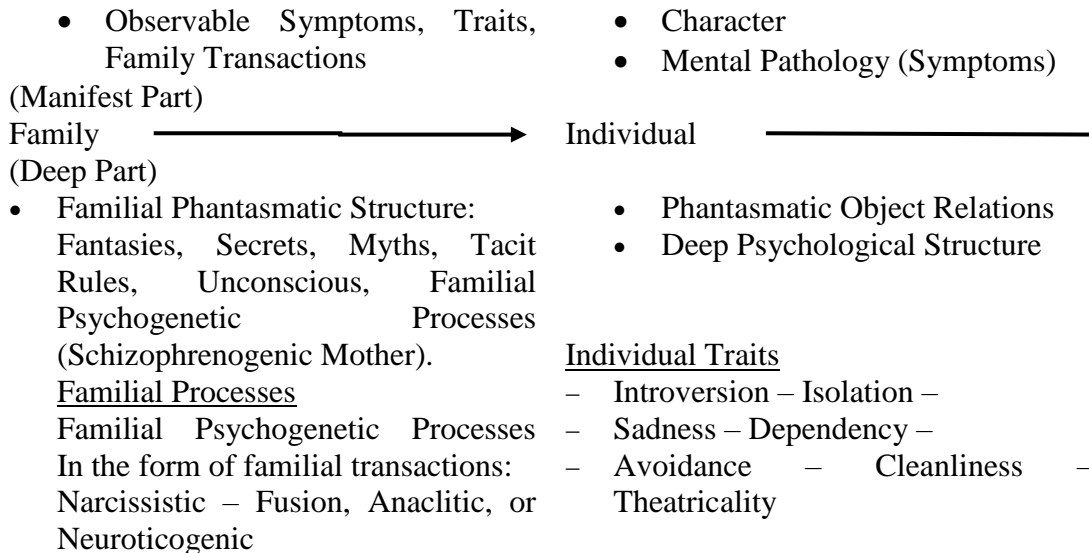


Figure 1. *Diagram of the Individual-Family Psychological Cycle*

From this, we can deduce the following general hypothesis

Familial characterology, both phantasmatic (Deep) and transactional (Observable), as a process, induces traits and symptoms at the individual level.

We will now review the various affective learnings that require the presence of three essential factors for their occurrence, and that consequently lead to the emergence of an increasingly mature Self.

The three factors of affective learning, which appear in identification, investment, transference, etc., are as follows:

1. A deficient Self,
2. An emanating drive,
3. An object elevated relative to the Self.

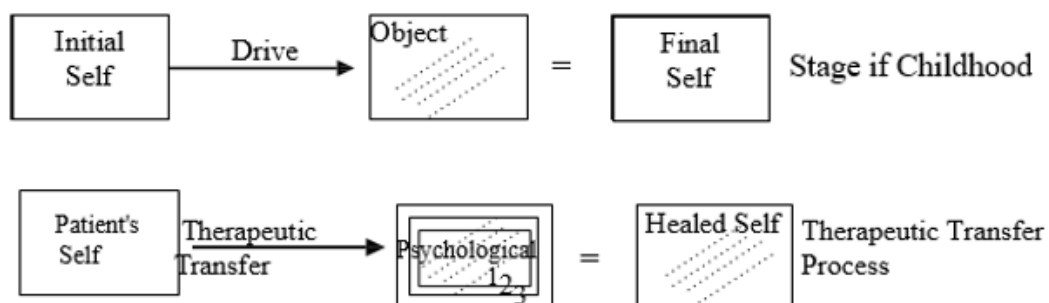


Figure 2. *Diagram of Familial Character, Pathology, and Therapeutic Transference*

Identification is a process constitutive of identity in reference to an affectively valued figure, from which behaviors are drawn for the transformation and enrichment of the self (imitation being “doing like”, while identification is “being like”).

Introjection is a more primitive affective mechanism, representing a form of primary identification. It involves internalizing, appropriating, or incorporating the narcissistic object, which is the mother, when the self is in a state of emptiness (void).

Investment is a broader affective learning process, meaning the engagement of psychic energy (drives) on an object (the means of the drive), either internal or external, with the goal of drive satisfaction as an affective goal, and for the formation of the self as a characterological goal. Disinvestment is the reverse process, where an individual loses interest in an object in order to reinvest in another.

On the other hand, internalization directly involves the transition of an object (traits of others, Imagos) into the subject, i.e., its integration.

Projection, in contrast to introjection, is a primitive mechanism of the Ego that allows it to delineate boundaries between what belongs to it (good object) and what does not (bad object). However, this is more narcissistically driven (pleasure principle) than real (structuring of the primitive Ego).

Object relations are an investment, love, and identification during the stages of childhood. On the other hand, hypnosis is more akin to an artificial sleep state in which the subject's consciousness is absent under the influence of a hypnotist, who affectively invests (transference) the subject, possessing an exceptional power to alter traits or symptoms.

Transference is a mechanism of re-learning affectivity that encompasses all the aforementioned processes. Thus, transference is an investment, love, identification, imitation, and suggestibility relationship that the patient forms with their psychologist, aimed at reactivating, here and now, their lived experience and psychological structure. This structure has, in fact, been shaped based on the traits of the parents and, to some extent, their affective competence. The psychologist therefore picks up the patient at this point and attempts to allow them to achieve an emotional "catch-up" through a process of reidentification and reinvestment. Essentially, it is an improved object relation designed to enable the patient to achieve the missing affective stage.

According to Freud: "The Ego is the sum of the objects loved in the past" [5]. In other words, the self has a rather vague and general sexuality, which constitutes it as an Ego, but through the object.

Love State	Hypnosis	↔	Therapeutic Transference	Identification
Rich Ego becoming impoverished	Poor Ego enriching and impoverishing simultaneously		Poor Ego enriching and impoverishing simultaneously	Poor Ego enriching

The Ego, under the influence of affective learning mechanisms in family, couple, or therapy contexts, signifies the link between desire, others, and traits of the self.

3.Familial Characterology: Between Phantasmatic Object Relations and Real Transactions

The goal is to retain from psychoanalysis the concept of meaning, from systemic family therapy (non-psychoanalytic) the concept of the group, and to disregard what does not concern either meaning or the group-namely, behaviorism-thus forming a clinical familial characterology. Clinical familial characterology enables a dual epistemological advancement, where the individual must be linked to the group, and secondly, where the family group is recognized as capable of performing meaningful transactions between members, not limited to cybernetic transactions. This approach situates itself, through this dual progression, at the opposite end of behaviorism (Theory of the individual without meaning).

This allows us to schematize these approaches, studying the traits of the Ego, its genesis, structuring, and potentially its therapy, as follows:

- Psychoanalysis (Individual with meaning).
- Systemic Family Therapy (Group without meaning).
- Psychoanalytic Family Therapy (Group with meaning).

Diagram of A. Aiguer on Familial Characterology and the stages of Ego structuring: what can be affectively taken up by the therapist through transference and allow the patient to continue their emotional evolution where it has stopped.

The familial character thus determines the psychogenesis between parents and child, which will produce the individual's character or symptoms based on later adaptive conditions.

Based on the "Formation of the Ego" diagram below, we can state that the Ego of the child may crystallize at any given psychogenetic stage depending on the limits of the family's affective competence (familial character).

The role of therapeutic transference enables the patient to continue their affective re-learning with the psychologist beyond the limits of the family's affective competence.

Child			Familial Character
Empty self Very Partial drives	Investment	Partial formations of character	Partial object (schizophrenic mother refusing the individuation of the child)
Schizophrenic self Partial drives	Investment	Character	Unified object (autocratic parents, father of the mirror stage, does not manage the law but creates it)
Paranoid self Unified drives Narcissistic	Investment	Character	Ideal separated and separating object (mother and father as anacletic parents, neither masculine nor feminine, just ideally large)
Anacletic and dependent self Platonic drives	Investment	Character	Oedipal object (neurotic parents) Seductive mother, punishing father. Father manages the symbolic law as it is, but does not create it.
Neurotic self Structured symbolic drives			

Figure 3. *Diagram of the Formation of the Ego*

J. Lacan views the structuring of the subject (Id-Ego-SuperEgo) as following a similar emotional trajectory. The Self is initially in a state of emptiness (psychic void), without a narcissistic representation (Ego) of itself, nor a symbolic articulation (I), having only drives (THE REAL).

Then, the child will emotionally invest in their mother (object a) through their drives for satisfaction and simultaneously for the formation of their "Narcissistic Ego." Initially,

this will be a fragmented narcissism, then a unified narcissism (object a, which is the Ego or self-image), shaped by the reflection of the mother-object (a). (THE IMAGINARY: the space of drives and fantasies without limits or order). This is psychosis as structure, character, or pathology.

Finally, the Ego sexually invests in the opposite-sex parent while fearing the castration of the symbolic law. This structures their psychological identity (man or woman) and, at the same time, organizes the subject in the order, culture, and mediation of their desire: neurosis as structure, character, or pathology. (THE SYMBOLIC).

The traits of character classified in individual characterology are, therefore, the products of typical family transactions, both phantasmatic and real:

Narcissistic transactions, anaclitic transactions, and neurotic transactions respectively produce withdrawal, megalomania, dependence, or rituals as character traits at the individual level. Among the familial characterologies discussed, we retain that of Alberto EIGUER, as it best aligns with our theme-the study of familial characters in a psychoanalytic sense. Other characterologies are considered to better situate this familial characterology, whose essential paradigm is "the transaction of meaning."

This means that what is exchanged between family members are phantasmatic stories (narcissism, Platonism, Oedipus meaning) under the action of cybernetic laws. (Transactions)

A modern characterology must be the culmination of a multitude of theoretical and clinicalpsychological analyses, which will eventually be "tied together", so to speak, by this characterology. In other words, a psychological theory or even a psychological school must have, as its ultimate epistemological goal, the constitution of a characterology.

Psychoanalytic family therapy is the basis for clinical familial characterology, which is in the process of being established through the work of Eiguer, Richter, Brodeur, etc.

Psychoanalytic family therapists such as Wynne, Stierlin, Ferreira, Searles, Rosen, Décobert, Brusset have empirically and demonstrably established a correlation between the type of individual pathology and the specific form of familial transactions observed. Concepts such as "schizophrenogenic mother, mother hen, delinquent families, anorexic families... absent father, inadequate father, foreclosure of the symbolic father (Lacan), child as symptom of parental pathology (Mannoni), symptom demanding individuation (Neuburger)" highlight this family-individual correlation.

The major interest of this approach is the expansion of psychology to include the family group. However, in purely systemic approaches, this correlation has unfortunately been made without the clinical-comprehensive dimension.

Indeed, cybernetic laws-totality, communication between system elements, equifinality, digital and analog communication, homeostasis, morphogenesis-are applied to the family group without this dimension of meaning, while human groups are precisely carriers of meaning (understandable phenomena, not observable).

Therefore, it is impossible to directly integrate these laws into a theory (clinical familial characterology) without this paradigm of the transaction of meaning (we cannot mix gold with metal).

In fact, there is the reality of transactions in the group based on the laws mentioned above, but their action relates to something that resonates meaningfully. The family thus obeys both cybernetic and psychoanalytic laws because "individual character traits are truly the product of cybernetics, which is observable, and of meaning, which is understandable," as D. Lagache states.

As a fundamental law of this clinical familial characterology, we assert that: "Schizoid, paranoid, hypnoid, hysterical characters... are the product of specifically human meaning under the influence of systemic interactions".

4. Psychological Disorders and Therapeutic Transference

The psychotherapist intervenes at one of the levels of fixation or conflict to allow the psychotic or neurotic patient to continue their emotional journey; but this time, the patient faces the psychologist who will not, as the parents did, explicitly display their character. On the contrary, the therapist will attempt, through transference (psychogenetic emotional catch-up) and kindness, to always reflect the patient's desire, never lagging behind it.

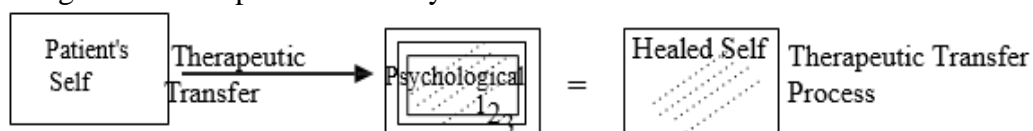
The therapist anticipates the patient's desire as an object, which, due to the inherent lack, is always in search of an affective object. This object must, naturally and imperatively, always be of a higher level in terms of psychic maturity compared to the patient's Ego and drives (desire), so that the patient's personality can evolve into a more "normal" and deeply authentic one.

Transference functions as an emotional re-learning process based on the model established by the psychologist. In other words, transference operates as a model for emotional catch-up in the missed stages of psychogenesis.

In the therapeutic transference process, the patient engages in operations of re-identification, re-imitation, re-investment, and reintroduction of an affective object (the psychologist), which, in itself, represents a succession of evolving objects (like Russian dolls) according to the development of the patient's Ego and drives. The Ego, therefore, is aligned with its drives, while the affective object must always be superior to the Ego and its drives by a step.

Thus, therapeutic transference operates as a true parental/familial complement. In other words, where the family stopped in the process of the subject's affective structuring, the psychologist will step in to rehabilitate the desire where it got stuck, restoring this relationship. The therapist will take it like "a thread from a spool and bring it toward them". As a result, the patient will awaken and be freed from their characterological constraints. At the very least, they will undergo a kind of emotional adjustment, with fewer conflicts, less anxiety, and fewer symptoms as an adaptive result. This is achieved through the path of transference and the re-love offered by the therapist, leading to a more authentic mental health.

This therapeutic transference will at least ensure the patient a reinforcement of their Ego through better acceptance of reality.



(In Russian dolls)

Thus, the failures of emotional learning during childhood are caught up through the therapeutic transference the patient experiences with the therapist, as described in the diagram.

Talking about Narcissism in the emotional development of the child, in the structure of the adapted psychotic personality or in schizophrenic symptomatology, requires, simultaneously, the study of the complementary dimension [10]: the schizophrenogenic behaviors of the mother toward the child, the narcissistic character of the family, and the psychotic (pathological) transactional structure of this family.

Psychogenetic stages, character, and symptoms are both individual and familial. Whether dealing with pre-objectal drives, pre-Oedipal objects, or compulsive traits, they ultimately concern both the individual and the family group [9].

This article thus contributes to the establishment of a clinical familial characterology, where character, emotional psychogenesis, and mental pathology are studied at both the individual and family levels.

As we highlighted at the beginning, psychological disorders seem to coexist with typical and characteristic family behaviors, leading to the identification of familial character traits cataloged in A. Eiguer's familial characterology (typology). This characterology serves as a "reference standard" for any diagnostic familial characterological or pathological evaluation [10], and we recall its classification:

- Narcissistic Family: Traits – Introversion, Isolation
- Anaclitic Family: Traits – Sadness, Dependence
- Neurotic Family: Traits – Avoidance, Cleanliness, Theatricality

5. Conclusion

In summary, and to conclude, we can state that, among all psychological currents, family therapy seems to be practically the only one that situates the problem of mental pathology not within the individual, but at the level of the relational family system, both phantasmatic and real.

As a result, we can assert that family relationships do not obey solely to systemic or cybernetic laws (totality, communication, homeostasis, rules, etc.), but rather follow the laws outlined by psychoanalysis (narcissism, drive, object relations, etc.), provided that these laws are considered within a truly group-oriented context.

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