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Field Theory and Trans-generational Phantasies

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SUMMARY:

There is an enormous literature on the inheritance of trans-generational phantasies and phantasms. I deal with a specific aspect of the theme in this article: whether *mental and relational fields* (such as those characterized by 'nobility' and boredom) can cross over several generations.

It is normal practice for the analyst to attempt to identify the personal (conscious and unconscious) motivations behind a given situation, which is presented by the patient as being unpremeditated or due to reasons beyond his control or wishes. In some cases it proves useful to change point of view temporarily, and ask oneself whether the patient is dealing with 'something that does not belong to him'.

Since not everything in the patient's character is part of his life plan, analysis does not need to be all-embracing. In fact, during analysis, it is important that the patient manage to preserve and develop his essential character traits on the one hand, and, on the other, dispose of some of the phantasies communicated by his parents, or, more generally speaking, by his family environment. These phantasies often make excessive demands on his resources and developmental capacities (Bonaminio et al., 1992). If the analyst does not allow for this possibility, he will run the risk of interpreting this type of phantasy to the patient, insisting that he take responsibility for it, when it really originates in the family context.

If this happens, the patient, being already 'occupied' by something which he himself has not chosen, finds himself being gradually driven into a dead end situation. He feels guilty if he repels something which, instead, he should be able to distiguish from himself, only subsequently choosing and possibly accepting it, or putting it to one side.

Ego-alien Factors

Winnicott (1972) writes of rejected "elements", which cannot be directly represented, cannot be told, have not been "mythologized", but are present in the mother's or father's mind. These elements often clash with the family context and tradition inherited by children. In the guise of *Ego-alien factors* they can invade the child's life and evolutionary process, rejecting all the affects and values he has inherited. It is important to point out that the parents are denied access to these elements, which are not repressed or excluded or rejected, but rather move along different "channels" and in different "dimensions" to those to which the parents have access (Neri, 1982a). Winnicott mentions a striking image used during a consultation by a child in describing how the train he and his parents were in suddenly came to a halt to let an express pass. Only after the points had been changed could they continue their journey.

Discontinuity and Continuity

"The elements not belonging to the patient" are not always in such contrast with the environmental and cultural situation of the family. In fact, they are inherited as a part of the family's secret history. In such cases, it is continuity that prevails over discontinuity.

Let me give an example:

A grandfather, son and grandson. The grandson (the patient) hears something his grandfather says to his father: "... don't make him feel guilty". He asks himself: "what mustn't I feel guilty about ?".He eventually realizes that his grandfather is talking to his father about his uncle's (his father's brother's) death.

While the grandfather is responsible for this guilt feeling, at the same time he wishes to protect his grandson. This patient's destiny has been influenced in different ways by the grandfather's

(and father's) expectations. Now that the analysis has reached a fairly advanced stage, he is going to decide whether (to what extent and in what sense) this guilt belongs to him; I mean, belongs to him as an individual and not only as a member of a family group. As a member of a family group he is part of this guilt; as an individual this guilt is not part of him (Soavi, 1992).

Trans-generational Phantasy

The case I have just outlined leads on to the examination of the notion of trans-generational phantasy (Lebovici, 1988), which covers:

- the reason for "adoption" (of a sense of guilt)
- the setting up of a chain (or sequence) of identifications
- the phantasy

The *reason* why an individual adopts his father's or grandfather's phantasy inheritance is his need to maintain some kind of link (of love or hatred) with them. Freud reveals his discovery of this in The Ego and the Id (1923) where he writes that: "A sense of guilt that has been adopted in this way [...] is often the sole remaining trace of the abandoned love-relation and not at all easy to recognize as such" (p. 50 n. 1). The passing on of a guilt feeling (or phantasy) from one generation to another implies the setting up of a *chain of identifications* between fathers and children (Kaes 1986; Guyotat 1986). M. Faimberg (1988) writes of a special type of unconscious and alienating identification compressing three generations. At this point one

could also include imitation in the special sense given to it by E. Gaddini (1968).

The idea of *phantasy* is certainly the most complex aspect of the notion in question (Cappellato et al. 1991). Some psychoanalysts set up an analogy with screen memories and use the term 'screen-image', while others suggest that the phantasy, like the primal scene, is set up by means of retroactive organization of vicissitudes initially simply recorded but without emotions and particular phantasy value (Bonaminio et al. 1989, 19; Cournut 1990).

Family Myth

It appears to me that the ideas of 'phantasy' and 'family myths' can be usefully juxtaposed. A particular event or figure occupies a crucial, central role in these myths. However, a collection of phantasies, prejudices, and ways of being together typical of the family group has been accumulated behind the façade, and under the protection, of this figure. There is also a small nucleus of feelings within the 'family myth'. Such feelings, which are usually correlated to vicissitudes of distress, unworthiness and shame, are hidden. Let us take the example of the myth of a noble, persecuted family. This myth implies the existence of a behaviour pattern and a relationship with the outside world and between family members that adequately complies with the myth's structure, examples being haughty behaviour and a reserved way of doing things etc. Although this myth is apparently coherent, it is in fact the result of the accumulation, over time, of elements of historical reality together with other invented or exaggerated ones. In the past, the family may have known better days, but was not subject to any particular persecution, at least not serious enough to have lasting effects on the family history.

The first behaviour patterns (haughtiness and very reserved ways of doing things) imply a relationship developing both within the family (lack of physical contact between members), and the outside world (inability to participate in social events). However, within this accumulation of elements which make up the myth, there is also the nucleus of the above mentioned feelings of distress, unworthiness and shame: the other side of the coin as compared with haughtiness and noble reserve. These feelings which are intimately perceived by the members of the family are apparently justified by episodes in the family myth. But they are really almost entirely independent of them. For example they recall the parents' and patients' inability to accept small, tender, insecure character traits, which, as a result, become a kind of 'unspeakable monster' (Neri 1982, 338-41).

The analyst must attune his listening finely, if he wishes to perceive these feelings. On occasion, while following the patient's narration, he notices discrepancies between the feelings provoked in the person listening to the narration and the frequently heroic, epic light in which the facts are presented. By making room for this perception, the analyst can note, in a tone of voice or detail of the story, the echo of something like a vicissitude of unworthiness or distress, left unexpressed by the 'official narration' (Tagliacozzo 1992).

Some observations

While making use of the 'ego-alien factor' and 'trans-generational' hypotheses in my work, I found that, though they were relevant to my patients' situations on different occasions, some aspects contrasted significantly with the clinical details of certain cases of mine. The main difference from Winnicott's ego-alien factor concerned the fact that he suggests the idea of something compact bursting on the scene (the express train), whereas what I was dealing with could be described by adjectives like 'diffuse', 'impalpable', 'formless' or 'ubiquitous'.

What concerns me most in this paper, however, is the second hypothesis, and I shall now summarize the elements in harmony and disharmony with the trans-generational phantasy in my clinical experience. As already mentioned, in many cases there was complete harmony. I was, therefore, able to recognize a *phantasy*, which had been worked through and institutionalized by the family, and then openly handed down or secretly induced. I was able to recognize the *chain of identifications* facilitating its inheritance. The same was also true for the *psychic representative* (father, grandfather or ancestor) setting the phantasy into motion.([1])

In other cases there were differences in one aspect or another. For example, 'content' was not well defined or organized. I was dealing with atmosphere, moods, or self-perception modalities. It may have been a case of Freud's (1926) obscure powers of feeling which are so difficult to translate into words. I was not facing identification with one of the parents (or a chain of identification), but an almost total fuzziness between generations. 'Content' was not inherited by one person from another, but, in a sense, spread around. What I mean is that they passed through people, like gas, without being halted by the barriers set up by generations and individuals' 'psychic skin'. Quite the contrary; it was the content that kept together people, who were 'unstructured' and undifferentiated as concerns that particular aspect of their identity.

The Dream of the Three Flower Pots

At this point, I shall provide an example from clinical practice. The patient was a young woman who had requested analysis because she suffered from agoraphobia. The problem of agoraphobia will remain in the background, however, in my account. What I shall emphasize is the relationship between the propagation of certain moods and defective identity development.

Maria's solidarity with her mother was mostly founded on sympathy for her suffering. During her daughter's childhood the mother was practically beyond reach, since she was almost always shut up in a world of phantasies and memories. The mother only took notice of her daughter when there was distress to be shared. Thus, Maria, in order to reach the affective vicinity of her mother had to accept her code of suffering.

A further aspect of mother-daughter solidarity was their belief that they were noble; people who at least acted, thought and felt nobly. ([2]) Their sharing of suffering was also coloured by nobility. Their identities as women were characterized by these traits (Stein et al. 1991) as well. The mother's family had considered women incapable of any practical action, needing protection, like perpetual children. Sexuality was partly ignored and partly repressed. Maria's father, who had a different educational and social background, had established with the mother a relationship based on inequality. Maria's mother had probably used nobility and acceptance of suffering to ward off a feeling of distress and regain at least a partially positive image of herself (Petacchi 1992). Maria had only been partially successful in personalizing and developing the 'way of being a woman' she

had absorbed from her mother. ([4]) Without her realizing it, this old-fashioned, partial, sketchy way of living her female identity had been extended to her relationship with her daughter. Maria's daughter, on reaching puberty, had become seriously ill. As was later to be diagnosed, one of the lobes of a lung had failed to expand (a case of pulmonary atelectasis).([4])
Maria took on her first real responsibilities when she began to look after her daughter during her illness. This was how she realized how unsatisfactory and limited her way of 'being with' her daughter had been up to then. In her own words: "loving someone can be suffocating; too much sympathy can stop you moving, and make you stay the way you are according to that idea". Maria also realized that if she really wished to help her daughter, she would have to take a new look at the relationship with her mother. When this process of revision had reached its peak, Maria had the following dream:

"Three fellow teachers came to see me at home. When I was showing them the balcony, I noticed three flower pots, one on top of the other.

I went inside. I now looked at the dining table, which had one central leg. The leg was opening up. There was a plant inside. It had not grown very much and was in a rather poor state due to lack of water, light and air. but it was still alive."

The following associations can be linked to the dream:
The flower pots, one on top of the other remind her of the female line consisting of her mother, herself and her daughter.
The table leg, the family breed; *the dried up plant,* her daughter and also herself.
Lack of air, light and water, suffocated affects, the bond between her mother and herself.
The three fellow teachers who come to see her at home are linked by the patient with a new mentality (which is different from her mother's) and her three visits to the analyst each week.
Their going onto the balcony in particular reminds her of a small invention of hers for looking after the plants, and which she believes may concern her relationship with her daughter.
Here is Maria's account of her invention:
"Last year, on the balcony, I had planted some flowering plants (they call them 'impatiens') in some window boxes which already contained some big climbing plants. The climbing plants had a lot of roots, and so the other plants, which should have added a touch of colour to the balcony, turned out to be scanty, stunted little things.
This year I had a different plan. I wanted to plant the small plants in flower pots and stand them on the earth in the flower boxes. I also made sure that the pots were made of rather thin terra cotta. There was a reason for this. The balcony has an automatic sprinkling system, looking after the flower boxes, but not the extra pots.
I thought that when we went away for our summer holidays, the small plants would get enough moisture through the thin sides of their pots. And that's just what happened. When we got back to Rome the earth in the pots was dry at the top, but moist underneath. The plants soon began to thrive again."
To be able to understand this dream better, some information on the patient's progress under analysis would be helpful. Before the summer she had made considerable progress. For example she was now coming by herself, no longer being accompanied by an old governess. However she had asked me something that left me a little doubtful. She wanted the times of her appointments changed, so that she could spend more time at home with her daughter.
I asked myself whether in this way the patient was trying to detach a part of herself from the analysis. I was reluctant to accept her request, because, by involving the setting, it would question my role as the guardian of the stability of the analysis. In the end, however, I had accepted the changes, for the following reasons: the patient was asking me to trust her, and I thought she deserved this trust; there was a request for wider autonomy; the patient was going to use the time at

her disposal to develop her essential role as a mother. In September, after the holidays, we had applied the new time table.
I believe that, by means of this choice, the patient had been able to differentiate me within herself from the inflexible, dogmatic 'dutiful' attitude shown by her mother. These elements had developed during the summer break, and now the dream showed that a new kind of mother-daughter relationship was possible. Thus my interpretation for the patient is based on the idea of a new relation between her, as a mother and her daughter.
The flowering plants, placed in the same earth as that of the climbing plants with so many roots (the roots of a family tree, the totalizing affects) suffocate. If they are completely separated they will be unable to nourish themselves with water. So they must be separated but at the same time linked by a thin, porous surface (a skin). In this way the small plants will have enough room to grow and essential nourishment will be able to pass from the large flower boxes to the flower pots.

Trans-personal Propagation

In Maria's case the 'suffocating affects' spread out from her mother to her, and had also absorbed the relationship with her daughter. Maria's relation with the analyst had been preserved, however. The patient had been able to achieve awareness and change her other relationships, from this safe base. The relation with the analyst is extensively invaded in other patients as well. The space for a possible analytical relation is occupied by the propagation of 'something', which to a large extent influences the exchange occurring during the session (Di Chiara 1985, 458).
I shall give a last brief clinical example to help my argument.
A patient is so effective at inducing passiveness, tiredness and boredom in the analyst, by different means, that the latter is in a way fascinated. The emergence of these tiresome, paralyzing mental states could be considered the effect of an envious attack on the analyst's thought capacities. Following another theoretical and technical perspective, the patient is attempting to keep the analyst at a distance, by means of a barrier of boredom, fearing his supposed intrusiveness. At the same time, and contradictorily, the patient exhibits the need to keep the analyst close to him, to have him all to himself, to hold him down in his power.
Both interpretations grasp something which is, in fact, present in the relation. Nevertheless, I should like to suggest another possibility. The patient is not the cause of boredom, but It propagates through him. Boredom and a cruel moralism were the salient traits of the atmosphere in his family, the element keeping a bored family together. Boredom was the element which was known and to which reference was made to be sure of keeping together. The patient had subsequently taken over this atmosphere as a mental context, and was now passing it on to the analyst.
These phenomena showed an evolution during analysis. After about two years together, it appeared to the analyst that 'the boredom factor' was taking on an almost deliberate characteristic. It was no longer simply a case of propagation. The patient reproduced boredom during sessions for the analyst to work through and transform. At this stage the patient was a prisoner of 'something' which he managed to reproduce, but for which (in contrast with two other patients) he was still incapable of taking on responsibility. It was something that, on one hand, kept him prisoner and annihilated him (to the point of undifferentiating him from what was trapping him), but which, on the other, he himself continued starting up again. This 'something', which I would call 'field[1] extensively occupied what could have been the analytical field.
Further developments follow:
The analyst tried to direct the patient's attention to the hypocritical and lying elements in his family. So as not to make the patient feel unjustifiably guilty, the analyst was very careful to separate the family field (the effects of which were felt by the patient) from the patient's needs and desires.

Following this type of analysis the figures of the members of the family began to emerge from the boredom, like lyophilized flowers after being watered. These figures were accompanied by feelings characterizing the particular relation. For example, a feeling of fear when close to the mother emerged, and this had never happened previously.
At this stage, the boredom field could be thought of as a form of conservation (lyophilization) in which the patient had compressed (dehydrated) something (fear of being too close to someone) which was only to develop later. These lyophilizing feelings had probably been present over several generations.

Field

While discussing the case of the patient propagating boredom, I used the word 'field'. I will now discuss certain aspects of this notion further. Field, as a conceptual tool at the analyst's disposal, together with those of setting and transference, has only recently appeared, thanks to the work of M. and W. Baranger (1963-87).([5]) Since the notion I am referring to differs in part from that of 'bi-personal field' which I have mentioned, a brief summary of my view may prove useful (Bezoari and Ferro 1991). My conception of field covers two meanings.
The first is a mental and relational 'place', where content can be expressed and transformations and thought operations achieved (the analytical space). F. Corrao (1992, 11-12) has recently illustrated this perception of the idea of field. He considers it to be the implement set up in the working psychoanalytical field by means of the modalities of an interactive dyad between two individuals/subjects successively generating a changeable context, whose scope is the production of expanding cognitive constructions transmitted by narrative, linguistic, communicational or expressive plans or projects. These constructions are structured in complex dia-logical forms, both in the discourse and in the interpretive (hermeneutic) and logical registers.

The second meaning recalls an a-temporal or pre-temporal (ahistorical) dimension. To be more exact, it refers to widespread, pervasive 'interferences' which are noticed during analysis (Braudel 1979). I shall now go further into this second meaning.
"By the term 'field' I mean phenomena that, to a certain extent, become independent of the persons who originated them, even when they arise from a group or family relation (Nissim 1984). These phenomena are often beyond awareness, while, on other occasions, they are perceived as interferences or pervasive atmospheres. Although it is often difficult to demonstrate it, 'field[1] influences and directs the perception and vicissitudes of individuals, couples and groups (Neri 1991)".
The two meanings are quite distinct. However, since the two series of phenomena (both the historical dimension and the a-temporality of what is 'outside' the experience, and of the substance of the meeting) are continually interconnected in clinical practice, I believe that a comprehensive term should be maintained, provided that specific uses are clarified (Neri et al. 1990).
The way certain 'feelings' manifest themselves and act can usefully be examined in the context of the idea of 'field'. One can argue that both resentment and guilt act through the powerful polarization of the mental and relational fields. The force of boredom and depression can partially be explained, if one considers that they multiply their power, by means of the almost complete saturation of the 'field'. Somatic symptoms and field can also be linked. For example, some headaches inherited from one of the parents or grandparents can be considered *equivalents* of living in a field which has become claustrophobic (Pallier 1992). Some regular colitis attacks can be interpreted as the effect of the dissolution of the borders and structure of a field, where it was previously possible to experience affects and carry on thought.

Proto-mental system

I am now able to return to a very important theme for the subject I am treating here. In the first part of this article I mentioned the trans-generational *transmission* of phantasies, and stated that in

certain cases it did not seem appropriate to use the terms ‘identification’ or 'chains of identification'.
I shall now take up the problem again turning to trans-generational and trans-individual *propagation* of fields. An explanation of propagation might be found, if we consider the existence of a proto-mental stage. The phenomena of this stage are simultaneously physical and mental. Bion (1961) explains:
"The proto-mental system I visualize as one in which physical and psychological or mental are undifferentiated... It is these proto-mental levels that provide the matrix of group diseases. These diseases manifest themselves in the individual but they have characteristics that make it clear that it is the group rather than the individual that is stricken." (p. 102)
At the level of proto-mental phenomena, both the individual and the group are undifferentiated:
"... in my opinion the sphere of proto-mental events cannot be understood by reference to the individual alone, and the intelligible field of study for the dynamics of proto-mental events is the individuals met together in a group. The proto-mental stage in the individual is only a part of the proto-mental system, ..." (p. 103)
In the proto-mental sphere the individual is part of a system, even when a distinction has been achieved at other mental levels. The image of the mushroom picker can come to our aid:
"looking at a clearing, the observer sees the individual mushrooms separate one from the other and spread over the wide area of grass. An infra-red photograph, on the other hand, would not show the mushrooms but the network linking them."
The proto-mental system (the mushroom picker's nutritional network) cannot be seen directly. It it is injured, the injury manifests itself in the suffering or disease of one or more elements (the mushrooms spread over the grass).
Certain patients (like the patient provoking boredom) include the analyst in the proto-mental system of their family group. Mental states and fields are spread on this proto-mental physical-mental basis. Thus the proto-mental system can be considered the physical-mental basis by means of which specific characteristics of relational and mental fields such as boredom propagate.

Being one and the same

The notion of proto-mental system is highly abstract. During sessions, it is useful to associate it with the idea of the existence of conditions and phantasies connected with *being one and the same.* I shall briefly consider this phantasy.
A wide range of affective and mental conditions can be recognized by clinical observation under the heading *being one and the same.* At one extremity we have a condition necessary for development of the capacity to experience emotional relationships: *fusionality*, understood as the basis of all deep sharing of emotions. It should be recalled that fusional phantasy is characterized by expectations of spontaneous sharing and, therefore, is not accompanied by intrusive violence. It is also important to remember that 'fusion' can be imagined either with outer or inner objects, can be conscious or unconscious and rejected (M. Khan and W.D. Winnicott 1978).
At the other extremity we have two conditions making relationship development difficult: *concrete dependence* on the other (a need for physical presence and constant, total attention); *confusion* (the other is indistinguishable from oneself and at the same time unapproachable).

Technique

To be able to deal with clinical cases, a selection of which I have provided, it is important to encourage passing from concrete forms of undifferentiation (concrete dependence and confusion) to fusion. These concrete forms are often an effect of a defective or distorted fusional experience during early childhood. Before being able to progress to differentiation, the patient must return to a positive fusional experience. Only after such an experience will the patient be able to progress towards relationships where fusion and separateness coexist (mental skin) (Anzieu 1987).([6])
I should also like to draw readers' attention to the question of fusion with fields, groups etc. Fusion, concrete dependence, confusion can be set up not only with the mother or partner, but also with a

group, clan or family. The notions of phantasy and trans-generational and trans-personal field can assist in identifying these fusional relations set up by the patient with collective elements. Besides, these notions contribute to separating what is personal from what is handed down or spread by a family nucleus or group.

It should be pointed out that phantasy or field, which are inherited or propagated, and not accepted and personalized by the subject, come out as dark areas of experience, and inflexible elements of the Self.

These structures in which the personal and family spheres are concentrated and undifferentiated do not present themselves immediately to analytical observation, but appear only after some time. On occasion, it is the appearance of certain symptoms or disorientation vicissitudes, a consequence of the patients efforts to free himself, which indicate their presence.

I shall make a final observation on situations where a 'limiting oppressive field' occupies the potential analytical space. When this happens, the analyst's acceptance, containment and availability as a Self-object are not enough (Basch 1986; Curtis 1986). As long as he fails to realize that he is in the field set up by the patient, he is continually absorbed within it and continues unawares to be a part of it (E. Gaburri 1992). An operation re-delimiting the field, in some ways similar to the operation of redefining the setting, is needed. ([7]) In such cases, the analyst must cautiously destructure the pathological field. In most instances, this is a parasitic container packed with hypocrisy, lies and cliches, which drain thoughts and affects, rather than favouring their development. ([8])

The task is often a long one. A double need on the part of the patient must be considered: his need to free himself from the field to allow the individual element to come to the fore, and, at the same time, his need to preserve the field to keep himself together and maintain close connections with the people near him. Analyst and patient make small changes on their way out of the pathological field of suffering and boredom, so as not to lose fusionality (which was previously allowed by pathology and suffering). ([9])

Only when the 'pathological' field has been de-structured and made more flexible will the analyst be able to open up a field with the patient, which, owing to its characteristics, allows the relation to exist.

(1) In child analysis it is important that the technical and interpretative approach attribute relevance to phantasy reception, working through and inheritance from parents. Such an approach considerably reduces the risk of thinking of phantasy as too stable and stationary, and places it in the context of vicissitudes and relations between child and parents.

(2) Nobility was the quality that coloured the mother-daughter relationship in Maria's family. One could find other examples in families for whom mixing with high society and politics are very important. I use the term 'colouring', since one predominant quality is inherited. In other cases the same is true of the lack of a quality (e.g. lack of warmth or liveliness).

(3) During the *personalization* process what had been inanimate (the force of circumstances, the dead in command) becomes animate. At the same tune the individual takes over that part of his background which up to that time had been pan of the river of destiny, a river, whose currents are known, as C. Bollas notes, but into which one is plunged without being able to modify them (Winnicott 1961; Khan 1975).

(4) Atelectasis can be thought of as the result of a symbiosis preventing development, since one's movements are limited to two or three directions only.

(5) Notions which have rather close affinities with that of field can be noted in the thought of Bion. He directed our attention to group mentality, and basic assumptions concerning the group. However, it must be remembered that basic assumptions are phenomena that can be prominent in any group, while I refer to qualities of the field, peculiar to a particular family or a specific dan (for example, a specially cruel or cold element).

(6) One of the possibilities is that the analyst be continually reabsorbed by the 'unrecognized field', another possibility is that it invade ever new relational spaces. The patient may ask for the help of a psychiatrist who will 'support' the analyst, or begin group therapy in addition to individual analysis. He also might go on to further analyses etc.

(7) Different notions can contribute to the expression of the idea of destructuring in the pathological field. W. and M. Baranger write of the patient's *dis-identification* from previous "primary objects". I am grateful to them for this contribution.

(8) Referring to Bion's ideas, one could affirm that boredom and "pointless suffering" are puculiar to very rigid and concrete containers. Their function is that of "inverted containers" because they do not lead to the development of thought and sense, but rather drain people (analyst and patient) of their thoughts and affects.

(9) I should like to add something on fusion with a pathological field and its need for de-structuring. During discussion with F. Scotti, I was informed of a possible connection between fusionality and a rather frequent problem that comes up in day hospitals. Some patients with particularly serious problems refuse to go to these centres. This is usually interpreted as a rejection on the part of the patient of the centre and its staff. Another way of looking at the problem could be that of inability to leave home rather than a refusal to go to the centre. Many seriously ill patients have enormous difficulties in freeing themselves from pathological fusion with the family field. Leaving home would mean running the risk of losing a condition of fusionality which is absolutely essential for them, even though it is also a cause of suffering.

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