



Turning a Blind Eye and Unformulated Knowledge in the Family

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ABSTRACT

This article addresses the issue of blindness, or turning a blind eye, employing two alternative realms: Psychoanalysis, and System and Family Therapy. Reference is made to deliberately turning a blind eye to well-established facts as part of a mental mechanism in individuals for whom dealing with reality is unbearably difficult. A disregard for facts may be viewed as an instrument that eventually leads to a distortion of reality and to deficient, unconsolidated self-esteem, with shades at times of psychosis. The subject is approached from two opposing realms, to underscore the importance of psychoanalysis as well as that of system and family therapy in the present context [11]. Two clinical cases are illustrated.

Key words: blind eye, reality testing, transitional space, therapy.

INTRODUCTION

Literature, the theatre and psychoanalysis have dealt extensively with the human impulse to ignore disturbing reality and resist facing the truth. Jose Saramago [10], illustrates blindness in his book on the “white epidemic” that spreads throughout every city and country. The epidemic causes blindness, and quarantine is imposed for all infected people in an abandoned insane asylum. The disease spreads nonetheless. One woman, the wife of a local ophthalmologist, is infected but retains her sight. She joins her husband in a derelict house where a gang of hooligans, all blind, have taken charge and are physically abusing the inmates there, robbing, raping and killing them. The woman can no longer resign herself to the situation and she murders the gang leader, following which she, her husband and a few other sympathizers escape from the house. Though soldiers were posted to guard the house, they too have absconded, allowing the group to go free. On returning to the city, they try to impose order through the total chaos that has taken over, without much success. In the end, sight returns to all the city's inhabitants, with the cause of the blindness remaining unexplained.

The book refers to a contemporary society in which the injustice and moral depravity to which its members are subjected, cries out for redress. The story has profound symbolism, inviting a number of questions:

What is blindness? What does it symbolize?

Is blindness an internal mental state? Or is it existential and universal?

Do we accept blindness in our lives on a daily basis?

Is it up to us to choose what we see and what disregard?

It is not difficult to find a parallel between Saramago's story and criticism of the society in which he lives, or Western society in general.

To return to the examination of blindness, or turning a blind eye, from the psychoanalytic, and system and family therapy points of view, in a well-known article, Steiner [12] describes our connections with reality as if there were no "all or nothing". Psychoanalysis has always been interested in human situations in which individuals choose to ignore reality and dismiss facts, to the extent of distorting and falsifying them. This state is one in which they are aware of reality but prefer to disregard it, it being too harsh and unbearable. Steiner refers to this mechanism as "turning a blind eye" and in his view it contains the correct dose of ambiguity in terms of the extent to which the facts are essential or non-essential.

On the one hand, there is deception, plain and simple: The facts are known and the conclusions have been drawn, but we prefer to ignore them. On the other, we are in many cases only vaguely aware of having chosen not to look reality in the eye, without quite knowing what we are avoiding. It is well known, claims Steiner, that our sense of awareness comprises different levels, and that different defense mechanisms affect our feelings of contact with reality. In any event, turning a blind eye appears to be inordinately complex and tricky, even involving multiple mechanisms.

As clinicians we often encounter patients who present false situations. At times they refer to themselves, their achievements and their true condition in grandiose terms. There are times when they choose to ignore the insights that have been acquired during the course of therapy. These attitudes appear to be in keeping with a particular mental state that is intolerable for them, making them choose to sidestep the facts. Some know that the situation they recount to themselves or to the therapist is a false one but hold on to the faintest prospect of its materializing, in the hope of turning the fantasy into a reality. Such individuals live in a world that is indeed severe, insulating and isolating, making it important for them to come up with a means to sugar-coated reality.

Steiner goes on to address the case of Oedipus Rex [11], the play by Sophocles. He suggests that readers realize that Oedipus is not necessarily innocent, ensnared in a destiny that offers him no mercy. On unmasking the Oedipus complex, Freud too [9] thought that it involved moral conflicts as well as subliminal intellectual forces dictated by a supreme power. He even states that analysis is a process of seeking the truth, one in which the unknown is revealed to the patient in a slow and gradual manner – just like Oedipus Rex the play, in which the truth is known only at the tragic end.

Is it possible that Oedipus is aware all the time of the real blood relationship between himself and his father, King Laius, and his mother, Jocasta, whom he marries? Steiner states that most of the key characters in the play have turned a blind eye to the tragic fact that Oedipus himself has murdered his father since it is one that is too horrific to live with.

Vignette

Yuri: "I don't understand or have an explanation for the fact that I am on edge every time Iris [his wife] approaches me".

Iris: "I feel as though you are trying to avoid me. You suddenly lose your temper, then cut off. I always remain hurt".

Yuri: "Yes, I already understood in the one-on-one counselling I had that I am in fact re-enacting the aloof relationship my parents had. But my wife does not in any way resemble my mother. I do not understand or have an explanation. I simply choke up when she nears me".

The insights gained by Yuri from the individual therapy he underwent were not enough to change the pattern of his relationship with his wife. Even in the couple counselling they had, they learned to recognize the kind of vicious circle in which they were trapped in terms of the pattern of communication between them. They still find it difficult to recognize what the other is going through in those situations in order to respond empathetically to each other.

In therapy oriented to unformulated family knowledge an effort would be made to discover blind spots that Yuri and Iris possess with respect to both themselves and each other. Yuri activates blind spots with Iris, and vice versa. These mutual effects create in both of them patterns that are replete with elements of unformulated family knowledge, from which there appears to be no way out.

"Wherever there is unformulated family knowledge there will be transitional space" [7], this, in my opinion is a maxim that best serves us in the present context, being in my mind also an apt paraphrase of Freud's well-known statement: "Where id was ego shall be".

According to Winnicott [16] it is possible to integrate systemic perspectives with a range of psychoanalytical concepts.

CLINICAL CASE 1

Tamar, a young woman of about 30 and a computer programmer, seeks therapy, claiming that she is an innocent victim of circumstances in her difficult life. Tamar has no life partner and no social connections, while suffering chronically from penury despite the high salary she earns.

Tamar arrives at several insights during the course of therapy, and looks as though she understands how she contributes to her current situation. However, this understanding does nothing to stop her from reverting to her old ways, time and time again – ways that predictably result in her remaining stuck in the same rut.

It is not difficult to see that Tamar deliberately ignores the insights and realizations that she has reached in therapy. She insists on portraying herself as successful, and someone who will soon achieve a surprising technological breakthrough by means of the start-up towards which she is directing her energies. But nothing develops. She experiences herself as in the doldrums in her career, feels terribly burnt out, and is advances nowhere. A highly intelligent girl, Tamar nonetheless spends most of her life alone and destitute.

At times Tamar lords over her therapist, treating her even with disdain. The therapist clearly sees that Tamar is being deceitful about herself and her accomplishments.

Very rarely does Tamar talk during therapy about her loneliness and shyness, and how this has prevented her from fulfilling her potential and from producing concrete results. Recognition of this and statements of this nature would present a reality that is unbearable for Tamar and so she therefore chooses almost never to deal with it.

Tamar has one friend, Rachel, whom she calls her best friend. Tamar is extremely jealous of her and although they meet, they do so fairly infrequently. After every get-together with Rachel, Tamar's distress grows more acute and she falls into a state of depression. Rachel has a serious relationship with a partner, a fact that makes Tamar's jealousy difficult to bear.

In therapy, Tamar reveals a dream she had: It is a Friday evening and she is asked to a party to which Rachel and her partner are also invited. Once there, Rachel's partner asks Tamar a number of times for a dance, even whispering words of endearment in her ear. At some point Rachel approaches the couple on the dance floor. Rachel's partner leaves Tamar and proceeds to dance with Rachel for the rest of the evening. From that moment on he never looks in her direction again.

Tamar's dream reveals two aspects of her selfhood:

She is aware of the seriousness of the relationship between Rachel and her partner, but prefers to indulge in fantasies in which Rachel's partner actually prefers her.

She is in denial and disregards the commitment Rachel's partner has towards Rachel. In other words, Tamar is turning a blind eye to the connection between the two since it represents an intolerable reality for her.

In working on the transference that arises during therapy, Tamar experiences intense exhilaration every time she senses that she has succeeded in drawing the therapist into the falsehood that she is cooking up with respect to her life, her career and her non-existent love life. In contrast, whenever issues from the real world come up during the course of therapy, with the therapist helping Tamar to accept them, Tamar feels the therapist to be demeaning and intimidating, while attempting to strip her of the little good that nevertheless exists in her world (just as her parents did in her childhood).

In Winnicott's view, it is necessary to facilitate the creation of a transitional space for Tamar in the framework of therapy, of a nature that did not arise spontaneously in her childhood between her and her parents.

In the supportive and facilitating space that opens up in therapy, Tamar experiences something of what she was deprived of in her childhood:

Authentic self-experience, free of the need to please and adopt rigid defensiveness (engendered by investigation and discovery of the true deprived self).

Processing of past traumas; experiencing reparation and healing.

Creation of a secure base, enabling the establishment of intimate contact free of phoniness.

Encouragement of self-holding; detachment alongside affiliation with the community in which she lives.

SYSTEMIC PERCEPTION OF FAMILY UNFORMULATED KNOWLEDGE

Family unformulated knowledge [6] consists of all the facts that family members do not know about each other, or do not want to know due to the pain that it causes them. Family relations, influences, residues from the past, uncontained memories, and history handed down from generation to generation – when all these accumulate, producing a load on the self of the individuals in the family, they cloud relationships, whether deliberately swept under the carpet or simply absent from the family chronicles. Family unformulated knowledge becomes a permanent but silent escort to all. [5]

There are always situations, events and emotions that the self or the family members do not know about each other. These are not elements that are assimilated into the personal narrative, nor do they supplement the family narrative.

TRANSITIONAL SPACE

Transitional space according to Winnicott [15] is a common space that is created between mother and baby, one that has beneficent transformative qualities. It is in transitional space that interpersonal as well as intrapsychic constructs are created, allowing change and transformation to be experienced.

Transitional space allows change and movement in a manner that does not cause trauma since no coercion is involved. It exists in spontaneous interpersonal experiences and serves as a basis for processes of adaptation, intimacy, integration and mutual empathy. It is extremely relevant in relationships the individual has with his family and his environment. When such a space is not formed spontaneously, it can at times be created in a structured manner as part of the therapeutic process.

The aim of transitional space in the systemic therapeutic process is to change deep-seated patterns of undemonstrated emotional states, processes that have not undergone symbolization, states of inner emptiness, pathologies, intergenerational transfer, and a lack of emotional and behavioral regulation, among others. It thus contains an interactive emotional core where the therapist tries, together with the patient, to change and expand the repertoire of feelings and behaviors, while making it more flexible. It is relevant to work in both the psychoanalytical and systemic therapy realms.

From the interaction created in the relationship between therapist and patient it is possible to understand and interpret certain aspects of content that have not been processed, or the elements of family unformulated knowledge. There is constant movement between the common spaces of the family and the transitional spaces. In addition, there is ongoing movement between the intrapsychic transitional space of the self and interpersonal transitional space. Unprocessed and unknown elements pass via the common family space to the transitional space through dialogue, joint experiences, and resonance between two or more individuals, thus creating a change for the better as well as processing unknown elements [5]. The role of the family or couple therapist is to pinpoint the elements that will pass from the common family space to the transitional space, thus helping to process them and make them known and coherent for the family members [6].

CLINICAL CASE 2

Eitan: "Who is Nurit, my younger sister? She is already 40 years old. And I don't know. She is a smart girl, talented and good looking, but does not succeed in anything she does in life. There is nothing she starts that she finishes. She has no permanent partner. She does not make a living. There is no work in which she perseveres. She started studying towards a bachelor's degree a number of times and each time stopped in the middle. We are not allowed to talk about her in our family since everything is perceived as a criticism of her. She has a knack of making us feel blamed for her failures. There is some sort of secret pact between her and my parents, who still support her. My brother and I are not allowed to say anything against her – my parents are immediately mobilized into action and defend her ..."

In stating the above, Eitan is introducing elements of family unformulated knowledge into the therapeutic space. Lacunae, black holes, elements missing from the family narrative – all these make it difficult to understand what exactly is happening in his family.

This appears to be a case of personal unformulated knowledge, something that can surprise us in dreams. Family unformulated knowledge poses new, different questions that could be developed in encounters with the self or in the common family space.

Processing of these elements is uniquely important, although it requires a supportive, beneficent and transformative environment, such as transitional space. If it is thus understood, then high importance should be accorded to transitional space in systemic therapy as well, this being a therapeutic aim in itself.

"Wherever there is family unformulated knowledge there will be transitional space".

Eitan (50) grew up in a highly dysfunctional family. His father would spend several months abroad on work assignments. His mother was depressive, lying in bed most of the time, while Yohanan, the middle brother, was totally disconnected, escaping whenever he could to be with friends. Even when the father was in Israel, the parents fought constantly and painfully and on more than one occasion the mother flung the father's belongings out the window.

Nurit, the younger sister, needed to be ferried to her various extracurricular activities. When the father was in Israel he always volunteered to give her a ride; he used the free time he had then to meet with other women. Nurit was apparently aware of this and had, inevitably, become a partner in crime with her father.

As Eitan's sees it, he has been the family's "savior" and "redeemer". The father always worked overseas and had affairs with women, while Nurit was too young to understand what was going on in the home. With her constant state of depression and sojourn in bed, the mother was barely functional. The middle brother's escapism meant that he spent most of his time outside the home, even staying overnight with his friends.

As "savior" Eitan fantasized that his family could not function without him. He covered up for both his mother's dysfunction and his father's absence. He would remind his mother to prepare sandwiches for Nurit's excursions. He shopped at the local grocery. He made sure to pack everyone's bags when they were off to visit their grandparents. He even made dinner.

One day, Eitan realized that his entire family had gone on a trip without him and that he and his wife had not been invited. For him this was a resounding slap in the face, coming from out of the blue. His therapist, on the other hand, was surprised at his being so offended, as during the two years of therapy she heard innumerable times how much he hated family gatherings and expressed his wish that he be exempted from them.

Through the therapist's reverie, cautious contact was gradually established with the unformulated family knowledge. Together with Eitan, she went over one aspect after another of the family members and reconstructed the chaos that had become a permanent state.

From Nurit's point of view, Eitan never rescued her from the impossible situation in which she found herself trapped vis-à-vis their father. Eitan blinded himself by closing his eyes and he became a distant onlooker. He saw what was convenient for him to see. He never offered Nurit a shoulder to lean on or to play a key role in her life. Yohanan, the middle brother, distanced himself from the family altogether, cutting himself off both physically and emotionally; Eitan was certainly of no consequence to him. The father never noticed the efforts Eitan was making, being engrossed in his own business of keeping his broken family together, including dealing with a depressive mother, earning a livelihood, and pursuing his romantic escapades. The mother, in her state of depression and tension, was clueless regarding Eitan's efforts. Both parents took his behavior for granted. They also vehemently denied their own dysfunction.

For all the other members of the family, then, Eitan and his role was marginal. As such, failing to invite him to the family excursion was an expression of the emotions that had been lurking beneath the surface for some time.

Following revelation of the unformulated family knowledge in the course of therapy, Eitan's grasp of reality improved. The shattering of his fantasy (of being a savior and redeemer) then became much less destabilizing. Even if he did not entirely abandon the image of savior that he created for himself, he could then relate to the rest of the family through recognition of their genuine needs. In this case, cracking the code that had locked family unformulated knowledge opened up a possibility for true restitution.

Psychoanalytic therapy, focusing primarily on the intrapsychic domain, would have undoubtedly pinpointed the narcissistic turmoil that Eitan was undergoing between his longstanding fantasy of being a savior and redeemer, and the crisis he felt on encountering the truth about his family. However, supplementing this with work on unformulated family knowledge exposed the unstated narrative in Eitan's life, broadened his perception of reality, and turned the splintering of his fantasy into a much less rocky event.

It should be emphasized that unformulated family knowledge in itself does not in of itself comprise psychopathology. However, when its content and procedures are not processed through spontaneous transitional spaces, the elements described can accumulate and become destructive burdens.

When in the course of family life an insufficient number of spontaneous transitional spaces are created – due to various pressures such as divorce, personal disorders and depression, among others – unformulated family knowledge could appear in the common family situation in a

number of pathological forms, such as those seen in Eitan and Nurit (unregulated aggression, unexplained sense of emptiness, etc.).

Revealing unformulated family knowledge may then be likened to interpretation of dreams and as part of a continuous, spiral process, akin to probing the unconscious. The bonds formed between the therapist and patient enable the introduction of threatening elements into the transitional space that has been created in the course of therapy, allowing them to be processed.

IN CONCLUSION

When intrapsychic elements such as memories, dreams, thoughts and wishes encounter information and overt memories of family members, lacunae are created in the forms of cluelessness, blindness and persistent lack of understanding of unclear content. Despite the natural identifications within the family, together with closeness and intimacy, the lack of an informed perspective creates obstacles for each and every individual, and destroys healthy family relations [7]. Certain content and events that were created in the common family space are scattered like part memories and information, both in the individuals and in other family members who were present at such events.

Unformulated family knowledge accumulates as a substrate that threatens and burdens individuals and mutual relationships in the family. When such loads accumulate to excess, the spontaneous transitional spaces, which are meant to assist in processing them, become constricted. The experience then becomes one of suffocation and this reduces the possibility of any insight or conscious growth on the part of each of those present.

Unformulated Family knowledge, alongside blindness or “turning a blind eye”, is in psychoanalytic terms, a mechanism that distorts and falsifies the perception of reality [12]. As a result, the conduct and coping on the part of those who are supposed to be helped by these mechanisms is seriously disrupted. These individuals find it difficult to deal with the demands of reality, and sink further and further into a world comprising mostly of imagination and fantasy, leaving them unprepared for the real world and for adaptive coping with challenges.

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