

## ***Psychic transmission of fear and its rematrix by the active method***

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### **Abstract**

This article proposes a reflection on parents' psychic transmission to children and symptoms and fantasies production in children. To this end, an analysis was made of unconscious alliances established in the family group, in which shame and secrets are the primary basis for the formation of pathologies of fear transmission. Through session of parenting orientation, it was introduced to the intra-psychic spaces to facilitate the rematrix of fantastical stories of the children and the disarticulation of their symptoms. Therefore, it was demonstrated by the Active Method, which integrates Psychoanalysis and Psychodrama, through intermediary objects, to obtain results in a case that portrays the family as an open system in which fear installs itself in identified patients.

**Keywords:** psychic transmission, psychodrama, fear, family, unconscious alliances

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### **INTRODUCTION**

In this article, we aim to identify and intervene, through the psychodramatic method articulated with Psychoanalysis (Kim, 2008; Dias & Kim, 2017), a problem situation that permeates the family group analyzed in their relationships and is personified by the

symptom of fear in one of the daughters of the oriented couple. Fear is here considered a protagonist character in the family discourse.

Fear is a recurring theme in the contemporary clinic that is undergoing various social transformations, which interferes with the reorganization of cultural and family ties. In this way, the family lives in the contradiction between consumer society, discouragement and discourse produced by an education based on principles such as love, affection and respect. This contradiction, generates the anguish of the absolute void of ultimate reality, in which nothing is lacking (Dias & Kim, 2017; Moreno, 1997). Therefore, we consider the narcissistic<sup>1</sup> culture inserted in a family in which the subjectivity of fear was sought and displaced to the couple's bed. The initial contract of constitution of the analyzed family comprises undisclosed facts that interfere with its dynamics. Thus, we penetrated the secrets of this family group that deal with themes such as sexuality and assisted fertilization, due to the father's HIV status. In order to rematriize<sup>2</sup> family bonds, subjectivity manifested through guarded and unshared fears and desires that are repeated as a negative death drive to avoid frustration was addressed in parenting sessions as a way of verifying reality.

This central theme refers to a generational chain in which the child is enrolled and becomes a link: Parental Psychic Transmission from parents to children, which is defined by Granjon (2000, quoted by Azevedo, Féres-Carneiro & Lins, 2015, 58), as the conception of "one subject, preceded by another, as a forced heir, beneficiary, but also thinker and even creator of what was transmitted to him". In the article "Child symptom: effect of psychic transmission?", Meyer (1983, quoted by Azevedo, Féres-Carneiro & Lins 2014, p. 177) explains that:

Even before birth, the baby is part of the parents' fantasies and is "shaped" by them. After birth, a new dynamic arises regarding the baby's demands. However, the parental pair demands that their newcomer be complicit in their unconscious fantasies.

In line with this, the dynamics is related to the socio-family context to the definition of social roles of its members and the bases of their interrelations. In other words, the daughter is a product of the situation generated by the formation of a pair, which is in itself, a source of this dynamic caused by the greater or lesser reception of the parents.

Likewise, the orientation of parents includes the function of welcoming them in their anxieties, providing greater understanding about their children and the evolution of the development of family bonds.

We suppose that when talking about their fear of anguish, there is a psychic movement and parents come into contact with their unconscious fantasies, which when decoded, would allow greater contact with reality and more appropriate referrals. Thus, the active method analyzes unconscious alliances established in this family group, favors the adaptive effectiveness of the family, differentiates what belongs to each participant and assists in finding solutions to a new response that is required of each subject.

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<sup>1</sup>Narcissism – by reference to the myth of Narcissus, is love of self-image. Freud designates the first narcissism as the child who takes herself as an object of love, before choosing outward objects (Laplanche & Pontalis, 1991, pp. 287-290).

<sup>2</sup>Rematriize is to have a new chance to revive differently and rearrange the previous matrix, giving room for spontaneity (Drummond, Boucinhas & Bidart-Novaes, 2012, p. 71).

## Psychic transmission

We consider that families have their secrets, which have an important dimension in terms of preserving the privacy and autonomy of both individual and family groups, and that, in this case, secrets play a central role in interlacing their members (parents and daughter) in unconscious alliances.

We know that a family group is made up of the couple and that results in an articulation between several people and several generations; in this way, a space for the passage of psychic transmission is constituted. The family thus becomes a matrix in which this transmission occurs, and significant identifications are generated in it.

According to Correa (2000, quoted by Azevedo, Féres-Carneiro & Lins 2015, pp. 60-61):

Intergenerational psychic transmission includes aspects of metabolization of psychic material transmitted by a next generation that, when transformed, passes on to the next. In this mode, psychic transmission constitutes the “positive inheritance” of membership. Transgenerational psychic transmission refers to a “defective” mode of transmission that includes psychic objects from a more distant genealogical heritage, in which we find voids and gaps in the transmission.

We also highlight a dimension of transmission that is censored and not talked about, understood as “the secret”. Dolto (1988, quoted by Azevedo, Feres-Carneiro & Lins, 2015, p. 62) states that:

At that point where language ends, it is behavior that continues to speak. Thus, the child through its symptoms can embody and personify the consequences of a living, family or marital conflict, camouflaged and concealed by its parents.

Correa (2000, quoted by Azevedo, Féres-Carneiro & Lins, 2015, p. 63) explains:

In the first category of secret, “the unspoken”, as an interception of saying, presupposes an interdiction, and a deliberate prohibition, meaning, “that is not spoken of”. There is something hidden, usually associated with shame and guilt. . . The second category of secret, “the unnameable” is outside the registered record. Something has not been said for lack of words and, therefore, transits in the offspring as unspeakable, unlinkable, foreclosed and on the margins of a possible psychic work, doomed to repetition as an attempt at representation.

In line with this, André-Fustier & Aubertel (1998, quoted by Azevedo, Féres-Carneiro & Lins, 2015, p. 65) stated that the family psychic apparatus functions as “a sense matrix, which serves as the primary envelope and support” for its members, who decode it in the construction of their inner world.

In a dramatic context, in the development of the sessions of the analyzed case of Parent Orientation (OP), through the use of intermediate objects (pillows) and the psychodramatic technique of doubling, a space of dialogue and interaction was proposed to give continuity to the affections presented by the parents in the dramatic scenes, as well as to favor the thinking of their own thoughts, differentiating them from the daughter’s fantasies.

## Anguish of fear

According to Freud (1926/1976), fear is a healthy emotion, not a pathological one. When we feel that we are in danger, it is the fear that alerts us and activates our survival potential. However, when fear becomes unmanageable and undermines self-confidence and self-esteem, we face anguish. In line with this, anguish is related to danger situations. Phobias would correspond to unconscious repressed symptoms related to loss, dissatisfaction and helplessness. The symptom reveals not the truth of the disease, but the truth of the unconscious subject. So, in this case, we were faced with the particular expression of a psychic conflict, a family suffering without narrative, which denounced psychic movements, but of which its members were unaware.

We start from the diagnostic hypothesis that the daughter's symptoms of helplessness (fear of sleeping alone, fear of theft) would resonate with the distress processes experienced by her parents (fear of unemployment, separation, death, illness), unconscious demands of the couple who were transformed into actions by reinforcing their daughter's behavior, allowing her to sleep in her parents' bed (symptom). The symptom appeared in the parents' bed and revealed a misfit in the family. In other words, there was a veiled necessity that coerced parents into allowing the girl to stay overnight in the couple's bed, which required intervention focusing on the reorganization of family ties through Parent Orientation sessions.

## Method

### • Instruments

The Active Method (MA), which articulates Psychodrama with Psychoanalysis (Kim, 2008), provided a space for parents' orientation (OP), so that the "unsaid" could be thought, revealed and elaborated. In it, we seek to know, through the couple's relationship, the roles developed by each member of the family group. In this process, we consider the confrontation favored by the concreteness of psychodrama as a painful and even traumatizing truth, which unveiled the secrets of the parental relationship, which was the main plot of this family theme. In its execution, we use the method developed by Kim (2017, p. 90, quoted by Dias & Kim, 2017) which consists of adapting "games and group dynamics as mental and body initiators to enable the emergence of the perception of dream and emotional qualities. These perceptions are then organized into dramatic scenes that concretely communicate the emotional experiences experienced", transforming these concrete data into *insights* that would be interpreted by the advisor, thus offering an opening of the perceptual field by the doubling technique, which aims to "get in touch with the patient's unspoken, and sometimes even unconscious emotion in order to help them express it" (Cukier, 1992, p. 40). Thus, the emotional climate is decoded into verbal language that contextualizes what the subject can abstract from conc-

rete scenes.

According to Kim (2017, p. 91, quoted by Dias & Kim, 2017),

The psychodramatic device, in working with the current problem situation permeated by anguish, deals with the undeveloped aspects of the mind and necessarily needs to focus on real threats from the inner world, which materializes in dramatic scenes at the time of the encounter.

For this, the parent advisor, according to Bion (1977, pp. 124-125, quoted by Dias & Kim, 2017, p. 91):

... learn to deal with chance, what you do not know, what you are unaware of and inspect each specific situation to provide opportunities for turbulent events: an opportunity to see what interaction exists between the emotional situation that is apparently restricted to the individual and the way it mirrors and affects other individuals.

In this intervention, we also rely on the technique of Psychodramatic Image Construction (CIP), a methodology created by Bermúdez (1966, cited by Guimarães, 2018, p. 42) with the goal of transforming mental images into psychodramatic images through people (as auxiliary ego functions) or two-dimensional objects such as fabrics and pillows. These objects were conceptualized by the author as Intermediate Objects (OI) and, in this case, used by the parent advisor to reestablish the interrupted communication. Thus, intermediate objects were used as technical resources of Psychodrama and with a function called by Moyavo (2012, cited by Guimarães, 2018, p. 43) as "mediator, where the presence of the object is decisive for the emergence of expressive communication behaviors".

We realize that the pillows are useful for a dynamic approach in working with Family Image or Socio-family Atom, because they favor the definition of an intimate production of the parents, which enable us to access the inner world of the couple. Moreno (1975, quoted by Cukier, 1992, p. 75) defines social atom as "the core of all individuals to whom a person is emotionally related or at the same time related to him". In line with this, the dramatic investigation of the social atom in the case analyzed aimed to explore the family in a sociometric context.

Through this instrument, we were able to obtain a global evaluation of the images proposed by the family group to understand the specific contents in relation to the constructed forms, their relationships and interrelations, the feelings involved, the fantasies and the interconnections between and referring to the past, present and future of the individuals involved.

### • Procedure

We included the diagnostic family interview because it understands that "the child's symptom emerges from an intrapsychic system that is, in turn, inserted in the sick family scheme" (Arzeno, 1995, p. 167, cited by Sei, Souza & Arruda, 2008, p. 198).

During the four individual sessions of the psychodiagnostic process, M, the fictitious name given to her daughter, presented the need to reorganize what belonged to her, "daughter", and what would belong to her "parents". Considering this fact, OP interventions were performed with the objective of working on the real problem situation that permeated the family interrelationship and personified in the daughter, identifying the dysfunctional areas affected by the symptom.

The Parent Orientation (OP) process by the Active Method (MA) was developed in five bi-weekly sessions, with only the third and fourth sessions with each parent. During this time, M began the process of individual psychotherapy with the same counselling psychologist as his parents.

### Description and Analytical Summary of data obtained from the OP sessions

At first, we conducted an interview with the parents. The complaint was related to the fact that daughter M (9 years old) did not sleep alone in her own room from birth. The

family group has a history of assisted fertilization with seven artificial inseminations until the firstborn M was fertilized. The couple's other daughter (4 years old) was conceived five years after M's birth in a single fertilization attempt. The father was diagnosed HIV positive and the mother, aware, accepted the marriage on the condition that they have children. They built in their relationship with daughter M as a support network for the marriage. The mother is a bilingual salaried teacher and maintains the family, and the father is unemployed.

The central psychodramatic theme worked out in OP sessions was "Fear lives at home ... And who sleeps in bed?".

In the first OP session, we started with a scene in which the elements "bed and three pillows" formed the scene. In the dramatization, the parents occupied the position of the three pillows and experienced the feelings: fear of dying, not being able to see their daughters growing up, thinking and even talking.

Doubling with the mother: "*I'm afraid of M getting out of bed and leaving an empty space... afraid to look at my husband and know that we have not had sex since marriage*". Doubling with the father: "*I'm the breadwinner of this family, I don't understand what you're talking about... This is not enough! I don't believe in therapy*".

**Analytical Summary:** Parents confirmed the hypothesis raised by the counselor through a doubling directed at them: "Daughter, do not grow up, we could not bear to have to review our marriage", that M is corresponding to the unconscious desire of the parents to stay in their bed and presents the symptom "fear of thief" as a form of psychic defense. We share the need for parents to encourage daughter M's behavior to get out of their bed.

In the second OP session, the parents reported that M was spending the nights in her own room, sleeping in her bed alone and the workout scene was: "bed with only two pillows" (without M's pillow).

Important fragments of the dramatization occurred when the mother looked at her husband and asked, "*Why don't you help me? I do everything myself. I know you are depressed, unemployed. You're still very stubborn, you just do what you want. You spend the day watching Netflix and at night you run away from us*". Doubling with the mother: "*I'm tired of doing everything in this marriage alone. Can you help me?*". The father replied, "*It's all right. I don't have the strength to do it when you want it. The bills are paid. Everything is in order*". Doubling with the father: "*I'm the provider, isn't that enough? If I die, how will you manage?*". The mother replied, "*I'm going to the US with the girls and we won't die of starvation*".

**Analytical Summary:** Given the difficulties presented by parents in dealing with the empty space in bed and possibly afraid of their own thoughts (death, separation, unemployment, illness), they were referred to perform their psychotherapy processes individually.

In the third OP session, we chose to work with the father and mother separately in individual sessions.

## 1. Individual session with the father

In the session with the father, we directed the warm-up to the history of the name (father and daughter have the same name). We work with two pillows (father and daughter). The advisor started the dramatization with M's pillow: "*Can you tell me the history of my name, Dad?*". Father: "*I chose your name*". Advisor in place of M: "*Did you want me to be just like you?*". Father: "*I had never thought of that*". Advisor in place of M: "*What if I have been like you?*". Dad: "*I don't know, I think you're good, I'm good, my dad was good, we don't know how to say no, we do everything to please people, we don't think about ourselves... I went hungry as a child. My brothers did not study, I was the only one who studied... My father called*

*me and said I had to help him... When I got older, I helped, I bought a popular apartment... With a lot of effort, I was able to say 'no' to the demand that only grew and I organized my financial situation, but it led me to depression... I cried at night and covered my mouth so no one could hear... I was afraid, I was isolated". Doubling with the father: "Daughter, I understand you, I understand your fears, it is very difficult to have to hold a close family together". The father cries and continues: "Did I do this to you? Do you know anything?". At this point, the advisor did a role reversal and the father replied in the pillow of M: "I don't know anything, I'm afraid of thief". Doubling in place of M: "I don't know, but I feel there is a secret, that you are not a real couple". In the last dialogue, the father's response was: "Daughter, I will take care of myself, I have already started therapy. You can sleep quietly".*

The advisor asked how her father currently felt in this family, if there were any projects. She replied that he was comfortable, that his project would be to get a job, to improve, and that he needed to see his wife as an attractive woman. Father says: "I have to make up for lost time, I don't know if I can make it". Advisor: "Do you understand that you have to release M from this secret? That she needs to leave this place as the guardian of this relationship? That her fear of thief is how she found the name for this fear of something happening (breakdown of relationship)?". Father: "Now I realize!".

**Analytical Summary:** We point out the importance of the father's permanence in the individual psychotherapeutic process to feel more confident in this moment of professional and affective transformation.

## 2. Individual session with the mother

The two-pillow warm up set a mother-daughter conversation about family history. The mother reported that she married for the purpose of having children and safety. Coming from a family of separated parents, she suffered a lot, her life was difficult. The husband has always represented security, but today he is unemployed, depressed. She is feeling very lonely. She doesn't want to break up, she thinks he could commit suicide and she couldn't stand living with that guilt. Doubling with the mother: "Daughter, I don't know what to do. If you separate me, you may suffer what I suffered; if you get married, you won't be able to grow up". The mother adds: "Oh, what a relief! I can't tell this to anyone. I am carrying the secret of my husband (HIV positive). People think he's a wonderful husband. When I say we don't have sex, all I hear is that 'you can't have everything!'".

**Analytical Summary:** We concluded that it is important for the mother to have a therapeutic space that welcomes these complaints and anxieties, so that she can name and rethink them so as to allow the healthy emotional development of the daughter.

At the last closing session, the three pillows returned to the stage. We resumed what the beginning of OP was like and did the timeline technique, in which parents drew a timeline outlining the key facts of their lives and then reflected on learning and how they incorporated these responses into their identity matrices in the role of father and mother.

Doubling with parents: "We need to look at the current reality and define if we will stay married", "M looks great, but needs a real family", "There is an empty space that we can fill with a life movement".

**Analytical Summary:** We emphasize the importance of parents remaining in their individual therapies so that each, in their uniqueness, understands and elaborates the meaning of being and staying married. We analyzed that "fear" was in fact "the third pillow" that was

formed in the couple's bed and that, with the direction of M to the bed itself, the issues inherent in their relationship gained prominence and space to be worked on.

## FINAL CONSIDERATIONS

We identified in the OP space, the fundamental role of the family in relation to the "intergenerational psychic transmission" and verified symptoms produced and passed from parents to daughter.

We note the contribution of stories, discourses, and desires to the family system of these parents as a category of secrets that were foundational in the daughter's fantastical constructions (fear of thief). We found that daughter M's anguish was related to her parents' intrapsychic conflicts and entwined parents and daughter in unconscious alliances.

We found that there was a real connection between the symptoms identified in parents and the symptoms presented by the child. We work to codify the couple's "anguish of fear" and grasp the ramifications of that fear in the family context.

We reaffirm the importance of intergenerational psychic transmission in the formation of the daughter's anguish of fear. We concluded that the daughter's fear responded directly to her parents' unconscious demands.

We realized the need to look into this issue and create an intervention strategy in two areas: individual psychotherapy with the daughter and five orientation sessions with the parents.

In this case, we pointed to the possibility of re-signifying the difficulties presented and releasing, in a significant way, the repetitive insistence on symptoms and hidden truths.

We considered that the OP, through the MA articulated with the OI (pillows), was a brief intervention, focused and centered on the theme "anguish of fear" that permeated the family interrelationship and favored the knowledge of the unknown, revealed in the scenes, through psychodramatic techniques (especially the doubling with interpretative function), the naming of secrets and the remission of symptoms.

Prior to this intervention, the parents did not talk about the problem, they could not get in touch with reality and therefore did not perceive alternatives of resolution. There was a delirious couple with a secret who projected their fears on their daughter. The configuration of the "pillows" indicated the role of a father playing the role of "brother" of the daughter and a mother playing the role of "widow" of the living husband.

At the end of this orientation, the roles of each individual were highlighted; through interpretative analysis, it was possible to facilitate the rematriation of this intergenerational model. We indicated that they remain in their individual therapies to reflect on what they would do with this marital contract. The explicit need to see themselves in the current condition, that is, to see the causes that mobilized the symptoms manifested in the child.

Consistently applied OP can effectively help remedy the daughter symptoms and seek more appropriate solutions to problem situations presented by the family group. However, in order to remedy the symptom, there must first be investigation and identification of the causes that promoted it, so that they can be worked on therapeutically and elaborated. This was the path taken in this case of Parental Orientation.

## REFERENCES

- Arzeno, M. E. (1995). *Psicodiagnóstico clínico: novas contribuições*. Porto Alegre, RS: Aramed.

Azevedo, L., Féres-Carneiro, T., & Lins, S. (2014, jul./dez.). Sintoma infantil: efeito da transmissão psíquica? *Caderno de Psicanálise – CPRJ*, 36(31), 169-189.

Azevedo, L., Féres-Carneiro, T., & Lins, S. (2015). A família e a transmissão psíquica. *Psicanálise & Barroco em revista*, 13(1), 57-71.

Cukier, R. (1992). *Psicodrama bipessoal: sua técnica, seu terapeuta e seu paciente*. São Paulo, SP: Ágora.

Dias, E. T., & Kim, L. M. (2017). Angústia de separação e capacidade de simbolizar, na inter-relação entre o professor e a turma de alunos. In E. T. Dias, L. M. Kim, & M. M. Baptista (Orgs.). *Polifonias psicológicas e educacionais: vozes e olhares dirigidos à escola e à cultura* (pp. 83-120). Jundiaí, SP: Paco Editorial.

Drummond, J., Boucinhas, M. F., & Bidart-Novaes, M. (2012). *Coaching com Psicodrama*. Rio de Janeiro, RJ: Wak Editora.

Freud, S. (1976). Inibições, sintomas e ansiedade. In: *Edição standard brasileira das obras psicológicas de Sigmund Freud* (vol. 20, pp. 107-180). Rio de Janeiro, RJ: Zahar. (Trabalho original publicado em 1926)

Guimarães, L. (2018). As imagens psicodramáticas com bonecos. *Rev. Bras. Psicodrama*, 26(1), 41-50.

Kim, L. M. (2008). *Estudo da contratransferência do professor na inter-relação com o grupo de alunos*. Tese (Doutorado em Psicologia Clínica) – Instituto de Psicologia da Universidade de São Paulo, São Paulo.

Laplanche, J. B., & Pontalis, J. (1991). *Vocabulário de Psicanálise*. São Paulo, SP: Martins Fontes.

Moreno, J. L. (1997). *Psicodrama*. São Paulo, SP: Cultrix.

Sei, M., Souza, C., & Arruda, S. (2008). O sintoma e a dinâmica familiar: orientação de pais na psicoterapia infantil. *Vínculo – Revista do NESME*, 2(5), 101-219.

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