

# Correlations between Significant Others and Psychopathology? Family Therapy

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## Introduction

In writing this article as a therapist I was concerned with symptoms of distress which amount to and contribute to the formulation of diagnostic criteria. The focus is on patients and their pets from two patient settings – one the family therapy unit, and secondly from the patients attending the adult general psychiatric service. Within the family therapy unit we were concerned with children with two diagnostic criteria: an emotional or a conduct disorder. With the adults we were concerned with general diagnostic criteria associated with psychiatry.

As a family therapist and visiting families in their homes some homes and circumstances were more unusual than others. But whatever the circumstances I have learnt that all information is relevant, only differing in degree of relevance. Whether it was the extended family, the neighbours, the living amenities, debts, illness, or skeletons in the cupboards all provided the background narrative enabling me to understand the family dynamics and help formulate where the causative bottlenecks were and to assess what form my intervention would take. In family therapy the children were always the reason for the referral but invariably the children were only reacting to problems within the family and caught up in dynamics which they did not understand; and so often they were made the scapegoats. Their referral reactions were associated with hyperactivity, disruption, stealing, night terror, failure to develop normal milestones, enuresis, encopresis, etc. Often if they were of school age the school dealt with them as 'naughty' and they were punished. The family would in the extreme cases ask for them to be removed from the home believing that the family would settle down and be better off without them. Often the school and the family ganged up on the children in an attempt to justify the 'punishment' of the children.

In general psychiatry it was a different story: patients were often feeling alone and alienated struggling to work out why they were ill, where they had gone wrong or who or what circumstances they could blame. Some would hang on to the past unable to view a future, remaining in ditches they had dug for themselves too fearful or perhaps even too comfortable to get out. Once a diagnosis was made the treatment resources were rolled out. However they too may well have been the children who were themselves victims of childhood trauma seen in the family therapy service?

This seemingly at first thoughts light hearted article is not just about the patients but about the patients with their pets - the pets I encountered as a therapist whilst visiting these families in their homes. To put this article in perspective it follows an invitation by a Journal to submit 'a manuscript' this submission led to others in which I have written case studies: each one concentrating on a particular family. This invitation was a departure from my more usual research manuscripts but it did strike a cord – confronting the objective versus subjective personal encounter which propelled me into thoughts resulting from my therapeutic experience and as a research scientist. I found the research on the one hand was objective but my subjective thoughts and experience was building and fuelling a foundation from where I formulated the research hypotheses which I then tested. I could not do either justice without the other? My first departure from research was a

manuscript designed to get feedback from therapists: Manikins, Nursery Rhymes' and Secrets. I really didn't know if I was the only therapist to identify a mechanism in which the children referred to the family therapy unit were via manikins' nursery rhymes and secrets conveying the source of their psychic pain?

When I made the connection myself I was elated and that is not an exaggeration. It enabled me to short circuit the therapeutic process. I understood the sadness, the loneliness these children were experiencing with no means to convey their impossible plight - the injustice and the consequences. The objects they identified whether rings, books manikins etc. encapsulated their difficulties in one as it were!

This article therefore follows in a similar vein. Why do these families have unusual pets. What does it say if anything about the psychopathology? Eysenck [1] and Glezer et al. [2] both made the connection that cruelty and psychopathology are correlated but neither going as far as saying 'unusual pets'. Begging the question can I expect unusual pets in families experiencing distress? Similarly can I expect and should I listen and look for the symbols used to conceptualise disorder? Maybe I should test the hypotheses?

I say at the beginning 'light hearted' but these encounters were strange even amusing and intriguing, however they were sometimes far from light hearted having even sinister and serious implications. Strange as it may seem the pets became part of the family dynamics often central to the various strategies these troubled families employed. So powerful were the influence of some pets that the serious decision of a divorce for example, with its huge consequences; involving children, finance, selling the home etc. were deferred because of the love of a dog.

Eysenck [1] in describing the characteristics of high scoring psychoticism scorers explains that socialisation is particularly alien to them, describing them as odd, isolated, troublesome, lacking in human feelings for fellow human beings and for animals. He explained that such 'children' try to make up for lack of feeling by indulging in sensation seeking 'arousal jags'.

Nevertheless concentrating on pets I am suspect that I am not alone and that these tales will provoke many a memory in therapists with similar backgrounds. Like me they may well have become intrigued by the relationship between patients and their pets. But to therapists newly embarking on a career it is an interesting but neglected topic/

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observation and one which I hope will interest the readership. I have found that the more I make connections the more interesting, exciting, and effective my intervention becomes.

The first example begins with Bruce a stray dog with a really empathic nature. What became of him I do not know but I still feel for his welfare for as I explain he became part of my patch.

### **Bruce**

Bruce was a mongrel dog rescued by an alcoholic couple during one of many periods of sobriety and during one of their attempts to stop drinking with the addition of Bruce. Bruce appeared to be the addition to the family that they never had. The couple: Coira and Scott were childless, unemployed, living on benefits in social housing. They were when sober full of regrets of their misspent lives, and keen to reform and would try to impress their intent to become good responsible citizens – ‘this time’. Prior to Bruce their lives would be a revolving door of: on drink, off drink, being penitent, trying to reform in hospital, and out of hospital. Then Coira would steal drink from a shop ensuring she was seen on the CTV cameras. She would return to prison where she enjoyed ‘trusty’ status and where she felt secure.

Prison was the only place where she was away from temptation, where she had respect and status. In prison she was reliable, caring, respected, and motherly towards the younger women offenders. The staff was always welcoming; after all I suppose she made their lives easier? Coira and Scott started drinking to obliterate painful memories associated with abuse during their childhoods. Like many patients they had an affinity with each other with their shared experience of abuse. Patients of abuse at the hands of others can use personal abuse as an excuse - to take no responsibility for them in the present.

Coira’s partner Scott was also an alcoholic and synchronising the abstaining periods: when they were both intent on abstinence was predictably hazardous. It was always the aim to ensure that they could support one another but inevitably the difficulty and pressure of living drink free was too much and when one started drinking the other would soon follow. Apart from being born in Scotland, a history of: drinking, theft, abstinence, hospitalization, then failure and prison the alcoholic problem was the only behaviour they had in common.

They were a likeable couple who would attend the alcohol group we ran full of support and kindest towards the other alcoholics who like themselves were trying to give up drinking. This group apart from the psychotherapy would exchange stories of their lives as an alcoholic: such as when they were drinking they shared the same problems where to get rid of the empty bottles. Coira and Scott would explain how they managed: they had a strategy a walk into town which passed many litter bins and in these would be fed the empty bottles two at a time. By the time they reached the supermarket they had dispensed with all the empty bottles and they could restock with more alcohol and return home. Other members of the group would share how they dispensed with the empty bottles: hiding them in the sleeves of clothes hanging in a wardrobe or placing them on beams in a garage. All these strategies were aimed at hiding the evidence but carried the additional burden that one day there would not be enough sleeves or space on the garage roof and either they would fall from the garage beams or the number of stiff sleeves would give the game away.

Therapeutically we would try to provide them with support and insight into their addiction and means by which they could swap their dysfunctional lifestyles for a more productive alternative.

Coira and Scott appeared to be doing well and impressed the group

with advice and tips on how to beat the drink. I would call on the group members in their homes when I could in between individual and group therapy. One day I knocked on the door of Coira and Scott and an unfamiliar woof sounded from within the house. I was welcomed with tea and Bruce was introduced to me. He was quite a sizable dog with a brown coat. He appeared to be a mature dog not just in years but also in his nature. He sat obediently while Coira and Scott told me how they had come by him. He was obviously aware that we were all in admiration of him. Their family was complete.

The next time I visited they were excited to get Bruce to fetch his suit. Bruce albeit somewhat reluctantly, bits like a child, whose parents wanted to show him off, fetched the suit. It was tartan and consisted of a tartan coat and a matching tamishanta hat. Being Scottish they were very pleased it was tartan and told me how they had bought it from a charity shop. Bruce was regaled in his suit and went along with the needs of his owners. They told me how proud they were of him, he was a popular talking point and neighbours would pat him and recognize him. Previously the couple would avoid contact with their neighbours and try to maintain a very low profile. Because of their drinking they wanted anonymity but now they enjoyed a new found sense of belonging to the neighbourhood through Bruce. The daily exercise from walking was also beneficial to all three. So all appeared to be going well. Bruce was more than a pet he was the child they’d never had but also in a funny way their mature guardian and facilitator?

The next time I called the curtains were drawn and the house looked disserted. I knocked at the door and then Bruce barked but there was no sign of Coira or Scott – I sensed they were there. I peered through the letterbox and Bruce put his nose up to the opening – he remembered me. I shouted through the letter box “Coira, Scott! Open this door I’m not going until you let me in!” After quite a while a curtain moved and then Coira came to open the door in her nightie, crying and very apologetic followed by a very remorseful Scott. The house instead of being neat and tidy told the story, drink and empty bottles were lying around, I poured the remaining drink -whisky down the toilet. Bruce was clearly very worried and kept looking at them and then turning to me, he seemed comforted that someone understood. I read the riot act and asked them how they could let themselves down so badly let alone Bruce? Did not they feel any responsibility? Very shameful they apologized saying they had let everyone down themselves, me, and Bruce. We parted with appointments to see me the next day.

I was hopeful that this was a slip from which they could learn and then continue the life with Bruce and hopefully a better future. Maybe exploit work opportunities or even retraining. But it wasn’t to be, a short time later Coira was back to her old ways: she contrived to be found stealing drink ensuring she was caught on CTV camera followed by a court case and the inevitable prison. Clearly our treatment our intervention wasn’t sufficient or successful.

### **Ferrets**

I had seen ferrets as a child used by my family to flush out rabbits. Any meat, including rabbit meat was a popular source of protein to eat during the Second World War when food particularly protein was limited. As pests the rabbits destroyed crops so country families such as my own often kept ferrets to serve as both a means of obtaining food and to cope with pests. I was not a particular fan of these little stoat like creatures – I didn’t like the way they would bite and then try to draw blood.

I had made an appointment to see a family with a particular problem associated with a young boy one afternoon. I can’t remember details

about the boy only to perhaps feel some sympathy with the scant attention he perhaps received from a mother who might just put her interest in the ferrets before her son? I knocked on the door and waited outside. These waits on the door step were in themselves ominous signs indicating maybe, disdain, fear, or disrespect. Inevitably one had a sense of reluctance indicating a lack of collaboration when despite an appointment the waiting on the doorstep was very prolonged. On this occasion after the initial knock some considerable time later a woman answered the door. She opened it very slightly and commanded 'come in quickly, I'm feeding the ferrets'. I followed her into the kitchen with some caution. She ordered me to take a seat in the middle of the kitchen on a stool, telling me not to move and to sit very still or I would put the ferrets off their meal. I sat reluctantly while the ferrets went round the work – tops vying for liver which was placed in various piles round the kitchen which the ferrets ate voraciously. My presence had obviously not put them off their meal!

True to my predictions it was very difficult to become involved with the mother of this child. She sabotaged all efforts to help her child. The alternative was to work with the boy, his general practitioner and his school, when clearly the focus should have been on the dynamics operating within the home. The ferrets were a clear indication of the source of the difficulties and priorities within the home.

### Snakes

In the building where the family therapy department was housed there were also district nurses who would visit families with newly born babies. One day one nurse came into the department very concerned. She had visited a couple with a new born baby to find a snake curled up in the babies cot – she had asked the couple about this and they told her it was their hobby collecting snakes it was a tiger snake. They showed no concern. Asking if the snake might be venomous the couple said "No the snake is only a baby". The district nurse returned to the health centre and made an urgent call to the centre in the UK concerned with poisonous reptiles. The reply was: The tiger snake is a very dangerous species it comes from Australia and is most prevalent in areas of high population density. Before biting they will act out a display where they flatten their necks and hiss. A bite from even a so called baby could kill. So much for just a harmless baby tiger snake? This was a similar situation to the ferrets: Parents fit the children to their own interests, in this case their pets. I am sure this behavior is not related purely to pets, one can see families where hobbies are continued without compromise and the need to adapt for the welfare of the family.

Naturally there is a flip side to this the families as a whole can benefit from the possession of certain shared attributes in the form of interests, hobbies and caring for pets. However as a therapist these can serve as valuable indications of serious distortions which are detrimental to the functioning of the family as a whole or to a child or individual member.

### Siamese cats

I was again out and about calling on various patients, on this occasion an elderly alcoholic. He lived alone in a beautiful house overlooking the sea. We were sitting in a lounge he against a beautiful picture window with the sea sparkling beyond, we were in deep in conversation about his life and his problem with drink. If I looked to my right I had an uninterrupted view of the kitchen. While listening to Derek my attention was drawn to movement in the kitchen. I did not want to appear disinterested in what Derek was disclosing but since I knew he was alone in the house I couldn't ignore an increasing amount of activity out of the corner of my eye! Not wanting to appear rude I mentioned this to Derek. He said "it's the cats the one cat's feeding

the other!" What they were doing was one cat took the lead and kept jumping up to open the refrigerator door. He eventually disturbed the catch and the door sprang open. The second cat got into the fridge and they selected what they wanted and helped themselves from the contents. So they were all happy. I presumed that when Derek was drunk the cats desperate for food had learnt to fend for themselves?

### A very large dog

I was asked to visit a family living in a remote area concerning a girl who the school were worried about. I found the address: the bungalow was surrounded in overgrown vegetation and weeds and looked dank and inhospitable. I knocked on the door. I was eventually invited into a very dark room by a rather sinister looking woman. The focal point was a fireplace where a grate was full of ashes with a single wisp of smoke curling up the chimney. The whole atmosphere was odd I would not have been surprised to have been told it was the headquarters of a witch's coven. Even the girl's mother was unusual she suited the room and the atmosphere: dark, drab with long grey unkempt hair.

The mother told me to sit down pointing to one end of a sofa. It was one of those very old worn out sofas without springs which I have encountered before. As you try to sit you wrongly predict and misjudge by which time it's too late you hit the base inches from the floor with your knees level with your chin. In this precarious position I tried to become composed as the therapist. The mother told me about the daughter who had yet to return from school. The plan was to discuss her daughter's difficulty while we waited for her to walk from the school bus.

While concentrating on the mother and her story, from another room there was a barking from what sounded like a big dog. Out of the corner of my eye I saw a white cat jumping up to release the door catch – the mother mentioned in passing that the cat was letting the dog in. It is worth reinforcing here that this distraction could have been avoided by the mother if she was intent on cooperating with me and taking seriously the visit to help her daughter resolve her difficulties. But her attitude and behavior was indicative and therefore an important constituent of the assessment process I was undertaking.

Eventually the cat did open the door and the dog pushed from the other side and barged in – he was an enormous black dog. As a farmer's daughter it takes a lot to faze me but from my very lowly position on the couch with my knees up under my chin I began to feel vulnerable. The dog reached up and put his huge paws on the side of the sofa and leaned over me menacingly. He towered above me now growling and showing his teeth his saliva dripping down beside me. I did become frightened, this dog was dangerous. The mother told me to 'sit tight' I took her advice because I was too petrified to move. Then the mother said "You're sitting on his jam sandwich"! I very slowly edged away from the dog and his sandwich - he pounced on the sandwich and I made my getaway while he was eating it. I left as quickly as I could to the safety of my car placing my jam and saliva covered coat on the back seat. I vowed never to visit again - they could see me at the clinic. It was such an extraordinary experience with the mother showing absolutely no concern it almost felt as if I'd been set up.

### Birds

Identical twins came to the drop in centre for under twenty five. Sometimes patients did not disclose initially why they had decided to attend and the twins were an example. They appeared identical with Cleopatra's style black hair cut in a stylish bob. They were both heavily made up with black eyeliner and mascara applied boldly and liberally

with lashings of bright red lipstick. They were a striking couple. If I asked a question they both waited for the other twin to do the talking. They would look at me and then look at each other mistrustful that the other twin might disagree. To reach any meaningful dialogue was not easy. I sensed they were worried because they realized that they could not operate alone and that they needed another viewpoint to help them come to some sort of conclusion. They told me that they had both had boyfriends but that it never worked.

They attended initial appointments in my office but still without any clear understanding and articulation of their need to visit me. They were always punctual and very respectful and appeared to value our sessions but I did not feel satisfied that I was getting to the cause of their concerns. Compared with other clients I was treating the twins did not rate as urgent or serious but I was also cautious sometimes it takes time and trust for patients to disclose their problems. I decided to see them in their flat to see if I could dig a little deeper and provide more help in their own surroundings.

They had a downstairs flat in a large Victorian house. Having located their entrance I knocked on the door and was welcomed warmly into their flat their home. The room was very large with a particularly high ceiling. To my surprise the room was full of parakeets – cheeping happily perching on furniture, or flying around the room up on the ledges. They were everywhere. The noise was deafening. It was amazing. I could understand having a few but there must have been a hundred or more. There was no way that it was possible to carry on a meaningful conversation – the next appointment was back at the clinic. Perhaps the twins just needed the peace and quiet of my consulting room?

Entering the homes of patients is a very privileged encounter and it does provide perspective in helping to understand the psychopathology. The very wide range of living conditions, styles and priorities provides a backdrop against which assumptions can be made. Some of these extreme examples suggest or indeed even indicate psychopathology. The extent to which the pets were indulged and cared for was often at odds with the patient's own lack of priority and personal health and welfare. For example a heroin addict always bought her pet food before buying heroin for herself. Animals for some appear to 'complete the family' or divert their attention. Alternatively to some patients their pets placed them in a position of control which they could not exert elsewhere. Others would show preference to their pets before their own children.

The link between psychopathology and the variety size, volume, and numbers of pets in some cases appears dysfunctional and uneconomic.

Particularly when necessities for the family were neglected in favour of the acquisition and feeding of the pets. As in the case of one family who despite many financial and dysfunctional difficulties adopted a dog who needed costly surgery?

However the stories of companionship and the benefits pets bring to so many outweighs the negativity. Such as the story of Oscar the cat who sensed death in a home for patients with dementia. Oscar is an example of pets having a self-selected role. He was a two year old kitten who the staff observed would visit patients dying. He would stay with them curled up beside them on their bed until they died. Staff confirmed he was always right alerting them when sometimes they did not know death was imminent.

The relationship between pets and their owners and for the part they play in therapy is popular. Dogs particularly bring comfort to children and to adult patients by visiting hospitals. Stroking and watching them behave in an uncontrived natural manner appears to bring comfort to the ill. No doubt forming a bridge between the irrationality of abnormality and normality in its most natural and unpretentious form.

However what I am suggesting is that the relationship between psychopathology and an unusual choice of pet is indicative. The behaviour of the client towards the pet and sometimes the behaviour of the pet towards the environment in which it has had to adapt can be illuminating. While the adults with psychopathology can make choices the children of these adults cannot. Observing children fitting into circumstances beyond their control with parents clearly irresponsible towards them was of great concern. As I have intimated the expectation of me as a therapist was to treat those referred and to communicate to the referral source my findings, e.g. James is suffering from an emotional disorder. The school complains that he is a destructive influence in the class room – hyperactive and unable to concentrate etc.

It never sat comfortably with me to name James and others like him as the patient when ninety nine percent of the time these children were just reacting to the dynamics operating within the family. The parents were so often parents with personality disorders and the children had to fit into two conflicting worlds – one eccentric the home environment and secondly school and a semblance of normality. For some an unsustainable position.

## References

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