

ADOLESCENCE, BULIMIA AND FAMILY

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The context in which this research has developed is the Servizio Materno Infantile: a public and territorial institution for childhood, couple and family with various competences. The S. M. I. has either competence of social nature (economic aid for the have-nots, paying charges for the minors, familiar entrusting, report for the Juvenile Court), or medical, psychological and pedagogical competence. For this reason in the S. M. I. work different professional figures corresponding to the different activities treated: activities related to contraception and to interruption of pregnancy, vaccinations and observation of the baby, intervention on the problems related to school and health education and has also task of diagnosis and therapy concerning the psychopathology from 0 to 18 years. In the Servizio Materno Infantile of the XIV U. S. L. since 1981 was born and has developed a family therapy teamwork led by a psychologist who made a training at the Centro Milanese di Terapia familiare. This team has determined his own space of competence in family therapy work and since 1984 has organized a research on families with adolescence child which came to the Service with problems of psychological disorders. During the research the team was made up of a psychologist, who was the therapist in the session and an observation group: three psychologists, two pedagogists a social worker and a psychiatrist as supervisor. In turn, a member of the group, but the supervisor,

entered the sitting as observer. The session was video-recorded and the other members of the team observed it through a one-way mirror. Obviously the families knew the use of the one-way mirror and the camera. At the end of the session the therapist and the observer left the room to discuss with the other members of the team the hypothesis of work. Then they came back to the session to give a conclusion.

GOALS OF THE RESEARCH

The target goal of the research was to verify the problems in engaging adolescents in psychotherapy. It is an attempt to overcome symptoms and problems connected to this particular period of change replacing them within the problematic context of adolescence which is shared by all the family in horizontal and intergenerational relationships. To do that, first of all the team worked to reframe the symptoms and to activate the positive resources of the family through a different interpretation which is the systemic one. They used the first interview as a communicative instrument in order to free the parents from the guilt and to free the adolescent from the definition of "identified patient".

This hypothesis of work is focused on the idea of the family as a system and the concept about the family life cycle.

REFERRING SCHEME

The family might be considered as an opened, complex and in non stop evolu-

tion system, that is a dynamic totality which develops because of the interrelationships of its members and between them and the external environment. The family shows therefore flexibility devising solutions to reorganize when it receives a stimulus from one of its members or from the external environment.

"Every system is setting up in an arch of time through a series of attempts, adjustments, corrective feed-back up to become one original systemic unity kept by peculiar rules to that system" (Selvini).

Therefore styles, opinions and myths organize family experience and allow it to face the phases of disorganization which are necessary to modify the balance of a specific stage of its own life cycle, in order to acquire another one more suitable to the new situation.

"The family life cycle represents then the model of evolution of a system which has the capability to change keeping its integrity, in order to assure growing on and continuity to the members which form it. It's just inside this double process of continuity and growth that the personality of each individual is formed, so he is constantly forced to renegotiate the own need to belong with the necessity of separation in order to be autonomous. One of the most significant elements in such a process is the one concerning the importance of the family myths as elements of intermediation and exchange between family and individual. (Andolfi)

About the myth, it's interesting to consider what E. Gillerion (1980) observes about a certain compatibility that may be found between the discoveries by systemic therapy and the connection with the phantasms. Lebovici quotes: "His work is mostly constituted on the relation with the phantasms and myth, where he sees an active reciprocity from the myth to the phantasm and from the phantasm

to the myth. With Levi-Strauss, he believes that Myths can be considered in fact from a double point of view: from one side diffuse attitudes, non crystallized and without institutional character and, on the other hand stylized compulsory attitudes sanctioned by tabù or privileges that are expressed by a certain ceremonial. The first attitudes concern people as individuals and the second ones concern collective behaviours. In the second case the myth goes beyond the individual psychology, expresses a certain social order and makes us understand family homeostasis. "Lebovici keeps on remembering that "the myths often had the function to deny a passed story and justify a present behaviour. Therefore at family level phantasms move around. We can say that phantasm originates the person and the family myth originates the family relationships." Leaving to the psycho-analyst the task to point out the connection myth-phantasm let's focus our attention on family relationships.

We can see that everybody, more or less consciously, turns to the myth, which represents a model, when it's necessary to give a meaning to the relationships or either to our own behaviour and the others' ones.

"Children emancipation, for example, acquires a different value according to the effects on the parents and on the family which are attributed to it: if it is identified in the creation of an unfilling empty, which will bring who remain in the family to be in despair, it will become a prospect to be avoided, in any case full of sense of guilt. On the contrary if it is seen as opportunity of evolution and perpetuation of the family, it gets positive connotation (Andolfi)

This dynamics is clearly typical of adolescence, when the problem of separation, individualization, loss, reaches its critical phase, because of the

stimulus either from inside and from outside the family to the adolescent individual and to the family system to which belongs

Let's consider then adolescence such as an information of changing for family system. As "information of changing" we refer to the concept by Maturana about the tendency of the alive organism toward always more complex stages of organization and of differentiation through the interaction among the components of the system. Such an information produces a changing in the all family system which reorganizes itself on this new datum: the adolescent, the parents, the brothers, structure a different relationship

It 's a changing for which they should find again some rules, some distances, an interaction according to the time.

All the member of the family should define again themselves to front the growing up and the phantasm of the son going away

VIDEO

We made follow up of cases about different pathologies connected with adolescence after one and eight years from the end of the therapies. The case presented in the video interview (23 min. duration) is that of a bulimiac girl 25 years old we saw for the first time when she was 16. She had 14 Sessions of family therapy during one year.

One year later, at the moment of the first follow up we verified an improvement of the simptomathology: loss of weight, decrease of bulimiac crisis and vomiting. After eight years we took again contact with the patient and her family and we invited them to come to our Centre for a new follow up

All the meetings have been video-recorded: both and separately the talks with the patient and with the family.

We make together an evaluation of the

actual situation. We showed to the patient and to the family a selection of video recorded sessions of eight years before and we asked them to comment on the videos and particularly on the meaning they gave at that moment to adolescence and the appearance of the symptom as a message of changing

Then we asked them to speak about the evolution of pathology according to the therapies (individual and family) they made.

They were asked to define the advantages of each kind of therapy in their experience

The patient after one year of family therapy left it to make other kinds of individual therapies with different therapists. She declared to be unsatisfied of every kind of therapy and pointed out some personal aspects: she didn't fulfil herself in affectivity and sexually.

After some time she had also a relapse into simptomathology

The parents said the family therapy helped them very much especially at the very beginning also if they didn't realize at that moment they were making therapy for their daughter and not for themselves. For that reason now they think it would have been important to transform the second part of the therapy in a therapy for the couple

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