

# RELATIONAL NEEDS AS PREMISES FOR HEALTH

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## **Rezumat: *Nevoi relaționale ca premise pentru sănătate***

*Frecvent, în activitatea psihoterapeutică, se descoperă că în spatele multor simptome sau afecțiuni somatice există aspecte relaționale care funcționează defectuos. Acestea se referă atât la relația cu propria persoană, cât și la relația cu ceilalți. Restaurarea coerenței interioare, respectiv armonia dintre ceea ce simte, gândește și manifestă în comportamentul persoanei, devine un instrument puternic de reconstrucție a echilibrului psihic și fizic. În realizarea acestui deziderat a fost necesar ca, în prealabil, să fie identificați sabotorii interni, cum ar fi resentimentul, gelozia, proiecția, transferul, culpabilitatea etc., care reprezintă o sursă importantă de distorsiune în sistemul relațional. Pentru a ilustra toate acestea, s-a recurs la exemplificări prin prezentarea unor cazuri. Rezolvările terapeutice demonstrează modalități de aplicare a igienei relaționale.*

**Cuvinte cheie:** "sabotori" interni, igienă relațională, rezolvări terapeutice

**Abstract:** *In the psychotherapeutic activity, it is often discovered that behind many symptoms or somatic disorders, there are relational aspects that malfunction. These refer both to the relationship with oneself and with others. The restoration of inner coherence, respectively the harmony between what the person feels, thinks and express in behaviour, becomes a powerful tool for reconstructing the mental and physical balance. In achieving this goal, it is necessary to first identify the internal "saboteurs", such as resentment, jealousy, projection, transference, guilt etc., which are an important source of distortion within the relational system. To illustrate all these, examples were used by presenting some selected cases. The therapeutic outcomes demonstrate certain ways of applying relational hygiene solutions.*

**Key words:** "internal" saboteurs, relational hygiene, therapeutical outcomes

During years of practice, I noticed that, in many cases, complaints of the patients aimed at highlighting aspects of dysfunctional relationship with the partner, the family, the child, etc. and only in the side plan regarded symptoms. In situations where the symptoms were at the forefront, it soon emerged that behind them were also relational problems. Often, the relationship with himself / herself appeared to be the problem, more or less conscious, by an incoherence between what he/she felt, thought and acted, not because being dishonest with themselves, but because hearing themselves truncated, distorted by patterns or prejudices interposed between the deep self and the mind embedded with certain beliefs, attitudes, patterns learned during family, school and social education.

Jacques Salome, a French psycho-sociologist, has written over 70 books on interpersonal relationships and has developed a method called ESPERE (which means Specific Energy for an Essential Relational Ecology), based in the 1970s, as a communication pedagogy aiming to a relationship harmonization. ESPERE explains ways of healthy interaction by providing strategies that facilitate relational "hygiene", so that having with a good relationship with oneself, we can get a good relationship with others, regardless of its type or context in which we find ourselves. In my cases, I have privileged ESPERE's strategies to heal relationships because of the simplicity of this method, its concrete, visual character, and of the fact that it promotes the same type of assertiveness approach as the cognitive - behavioural approach.

Having a good communication with each other requires prior setting a good communication with one's own person. It is amazing how many problems people can have when it comes to hearing and understanding themselves!

Here are some case examples:

M A is a 40-year-old woman with higher education, a demanding but satisfying job, a seamless marriage, and two nice children: a 6 year old girl and a 7 year old boy. For about a year, she started having night-time awakenings, with difficulty in sleeping again, heart rhythm disturbances, heavy digestion, bloating, and a persistent candida. She was getting tired, as early

as in the morning, and focused with difficulty in professional tasks. Important events in the patient's anamnesis included an abortion, as an effect of a treatment with large amounts of antibiotics for a severe urinary infection. At the time of illness and treatment, the patient did not know she was pregnant. Doctors warned her that risks of malformation were too high and advised her to quit pregnancy. Although the pregnancy was discontinued without any somatic complication, sleep disturbances and extra systoles soon became apparent.

The psychological assessment revealed a deep frustration (she really wanted a third child) and a sense of guilt (linked to the ending of little life that grew into her). The restoration of the patient's balance at all levels depended obviously on the "annulment of guilty sentence", issued from internal moral instances, which had, in her case only, the "indictment" section. Restoring a good and correct connection with oneself means also to listen impartially, with goodwill, those parties we could metaphorically name "defense attorneys". These were not particularly cultivated during her education, maybe even on the contrary, these were silenced, oppressed by the system of values and personal beliefs. In this line, Jacques Salome has written a book "If Only I'd Listen To Myself: Resolving The Conflicts That Sabotage Our Lives" (1). But impartial listening is only one that is able to put, for the moment, into brackets the system of values and personal beliefs.

Of course, "to understand" does not necessarily imply "to accept". There is a strange popular saying: "It is bad with evil, but worse without it," suggesting that a known evil is more bearable than a confrontation with something unknown that, although not yet known, is invested with potential danger that we do not know if we are able to defend ourselves! Although such a relationship with life seems to be detached from a book about "dwarfs on the brain", we can find it in people who in various contexts are intelligent, efficient, and seem to have a good mental coherence. They define themselves as "prudent," but in fact they are anxious and often locked in an unhappy fate.

If the patient makes an alliance with the illness, not necessarily realizing this, getting out of the morbid state becomes impossible, despite any therapeutic effort made by the physician / psychologist. If the therapist does not realize the real situation of the patient, the health condition not only would not improve, but may even get worse. Dr. Eric Pearl describes such cases in his book "Reconnection" (2). I also had situations in which the psychological analysis revealed motivations for attachment to the illness, given the belief that the presence of the illness would help achieve a purpose that is important, even more important for the patient, I would say, than the threat of illness itself. Pearl mentions among his cases the situation of a patient who, after a spectacular evolution in multiple sclerosis therapy, which resulted in her getting up from the wheelchair, she gave up psychological therapy for a while, and when it came back, it was in a clear regress, being again immobilized in the wheelchair. The deeper analysis of her problems highlighted the following conflict: the immobility in the trolley determines the husband's presence as an assistant and life companion. If she became an autonomous person, there was a risk that he would leave her for the mistress he had. Only when she decided to take that risk, she was able to make real progress in her recovery. So, according to rational logic, the woman came to treat her disease, but according to emotional logic, not being sick meant being autonomous, which, in her mind, risked that the husband would not feel bound (morally of course) to continue standing beside her. Interestingly, communication with yourself often becomes an obstacle course! In order to be as close as possible to our true feelings, to listen to the emotions that we are going through, we need much attention and vigilance. Emotional states may be competing, and behavior will usually take course to the direction of dominant motivation.

When talking about communicating with the other, we refer to what is shared at various levels (informational, emotional, symbolic, anecdotal, imaginary, etc.), says Salome (3). As parents and educators focus more on imposing limits than on developing relational skills, communication becomes polluted by complaints, reproaches, accusations that, of course, hinder

communication and lead to conflict and neurosis.

The relational aspect of our lives can be a powerful means of manipulation and blackmail. I remember the case of some parents who wanted to bring their 6-year-old child in therapy, because every morning mobilizing to leave home was a torment. The child managed to delay leaving the house, so that his parents could not get to work on time. Of course, all the explanations, methods, as well as those in the coercive range, have been tried. Father, working in the military, risked serious problems by often being late. Of course, the psychological approach to analyzing the reasons for the child doing so was necessary, but as a measure of urgency, correction could be made through relational modeling. So, I recommended parents to apply the following strategy: in the evening, without any time pressure, in peace and quietness to tell the child that they, as parents, understand that the kid has sometimes a difficulty in getting ready to leave on time. But mom has to be driven by dad and then dad has to get to work on time to keep his job and bring bread at home. Therefore, if it's difficult for him to be ready in due time, the parents will not be mad at him, but they will have to leave him at home and meet again in the afternoon. Thus, he will have to stay alone at home, not as a punishment, but because they have no other solution. Parents were very skeptical that simply putting information into such terms will solve the situation. And yet they did it. Why? The communication was empathic ("I understand it can be difficult" ...), without inferiority for the child ("Why are not you able to...?") and without aggression (criticism, threats). On the contrary, an objective condition was emphasized, which the child could easily understand and accept as a given, not as an arbitrary measure against him. Moreover, he was given the power of decision: can you go with us or not? We quickly understand, at any age, that it is absurd to push hard open doors. It seemed to me a good life opportunity to make the child understand that free will can be exercised at any time, but the consequences of the decisions we make are not subject to our desires.

Relational communication is an "obstacle run course", which, to qualify as a winner, requires all participants to take place on the podium, and obstacles (internal "saboteurs") must be overcome. But who "sabotage" us in our own citadel? Self-constraint, resentment, jealousy, culpability, judgment, comparison, projection and transfer.

We **constraint ourselves** each time we first trust our limitations and remain prisoners in a given frame of reference. So, for example, when inviting a 15-year-old girl to taste a delicious roasted mutton, I was denied saying she never ate such thing and thought she wouldn't like it.

Communicating with her on several themes, I found out that she was ready to give up everything she did not know or thought she did not like.

Regarding **resentments**, these have a profound source in what we experience as a real or imaginary lack during childhood. For the child, the distance between the world of desires, the violence of needs and the source of possible answers is infinite. Lack of adequate expression rise to resentment, rumors, illusions, confusions, distortions. Resentment does not seek to understand, but to hurt. Not long ago I heard a couple exchanging words. He: "Did you bring me the jacket from the boat?" She: "Yes, I brought it, 'cause you "left like a flower"! "He: "and your hand broke by doing this?". The intensity of resentment gives the measure of the distance between the hope and the person's vision of the relationship. This gives birth to a whirlwind of recriminations, self-justifications, accusations aimed at getting rid of the feeling of rejection, of under - appreciation or of loss. Resentment drives poisoned messages on the relationship pipe and, in time, clogs it.

**Jealousy** is another terrible saboteur of relational communication because it feeds from frustration and imaginary in a weave of lowering life and intense desire to destroy the obstacle that seems to the jealous person to interpose between him/her and the object / subject one craves for. In order to prevent the jealousy among siblings, many parents strive to offer both similar things. But this attitude denies the difference, because they do not have the same needs at the same time. Salome mentioned the remedy applied by a grandmother to her nephews: she

deliberately cut the chocolate bar into unequal parts, and at children's protests she replied: "Who said life is fair?"

Another "saboteur" is **guiltiness**, a poison given to someone (sometimes self-administered), that is born from an overwhelming sense of "should" or "have to" and the imaginary expectation that we make up to the account of the other. I have heard many men claiming that monogamy does not correspond to an internal law. The perceived guilt was mostly related to what they supposed to be partners' sufferings. They felt that were cheating just putting themselves in the place of the other, and by this identification movement, they were referring to their own jealousy.

Guiltiness has many facets, depending on the relationship in which it manifests itself. It can lead to self-devaluation ("I am inefficient, incapable, pitiful, unworthy of being loved" etc.) and self-destructive behaviors (accidents, deprivations, repeated failures, depressions, etc.). Sometimes people have a fundamental inability to recognize their shortcomings. They have a strong personal protection, so for them things are conveniently arranged in a process of blaming the other, pretending to be the real owners of truth.

**Judgment** is a powerful factor in "sabotaging" relationship and communication, a real trust killer. My first case in psychotherapy was a young female student in medicine, first year. She could not manage to pass the year, because she was stuck in front of teachers at oral examinations. The source of this blockage was her father, from which she received avalanches of unfavorable judgments that made her feel inferior. Hoping to "contaminate" her with more efficient behaviors and attitudes, her father used another fearful saboteur: **comparison**. The patient had a more skilled, voluble and extrovert sister, perhaps even more intelligent, which was a constant model to which the father was referring to. By these unfavorable comparisons, he was sabotaging both the patient's self-image and the relationships with others, the latter perceived as a potential sources of devaluation for her.

One of the most common and frequent saboteurs in our relationship is **projection** and **transfer**. Many things we can project: parental images that have filled our childhood ("cold" or submissive relationships with parents, that we sometimes see as the pathway in which our relationships must also take place), idealized images granted to masters, teachers, or the loved ones. The latter involves a relational trap for both protagonists: the one that is the subject of idealization will not feel recognized as he/she really is, and the other that projects will not be able to build a real relationship with a real person. Difficulty in relationship also creates a "loan" of intentions, which is part of the transferential processes. These are also a form of projection by assigning one's own desires or fears to the other. Thus, we frequently hear: "You do it just to annoy me", "You do everything to backbite me", "You want to make me jealous", etc.

In the case of **transfer**, the other one becomes a screen that he/she looks at images that were sent to , believing with all conviction that these images come from him/her. In the process of transfer we let the other to define us, by his wishes, fears, needs and convictions. It is a particularly damaging process, especially for children who are seeking their own identity and are still influential ("you are shy", "you are exactly like your father", "you are extraordinary", etc.). These above are some of the most common behaviors that obstruct the relationship, distort it and cause "injuries" to others or to ourselves. To acknowledge them is a first, absolutely necessary step. The next step to becoming truly competent in communicating with others is to master specific relational communication strategies.

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