

Patterns of Interpersonal Interaction that Influence Mental Health

A presentation at the
“Family Therapy Today” Conference
in Geneva on 23 June 2017

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An Early Formative Experience

When I was in psychiatry residency at the Psychiatric Hospital, a 36 year old woman was admitted with severe depression and high suicide risk.

Despite comprehensive psychiatric care, she remained chronically depressed.

Her husband worked full time, took care of the kids, and maintained the home.

Tragically, he was involved in a terrible car accident: 2 people were killed.

He was not injured, but the police charged him with ‘manslaughter.’

He began to flounder in his activities, becoming less and less able to cope.

His wife got a ‘pass’ to help with the kids and felt better about herself.

Her depression progressively improved and she achieved a ‘full recovery.’

After 18 months, the court found the husband ‘not guilty’ of all charges.

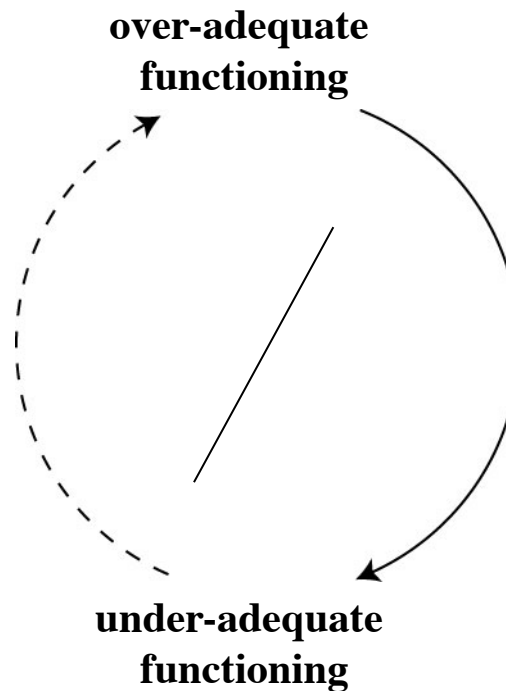
He was relieved and quickly resumed his previous high level of activity.

Her contributions were displaced and she began slipping back into depression.

Before she could be re-hospitalized, she killed herself: we were shocked!

We speculated about a possible systemic explanation:

Could it be that she was caught in a couple interaction pattern of **over-adequate/under-adequate reciprocity**?



Some core concepts from Systems Theory

“Systems are composites, i.e. they are always made up of component parts”

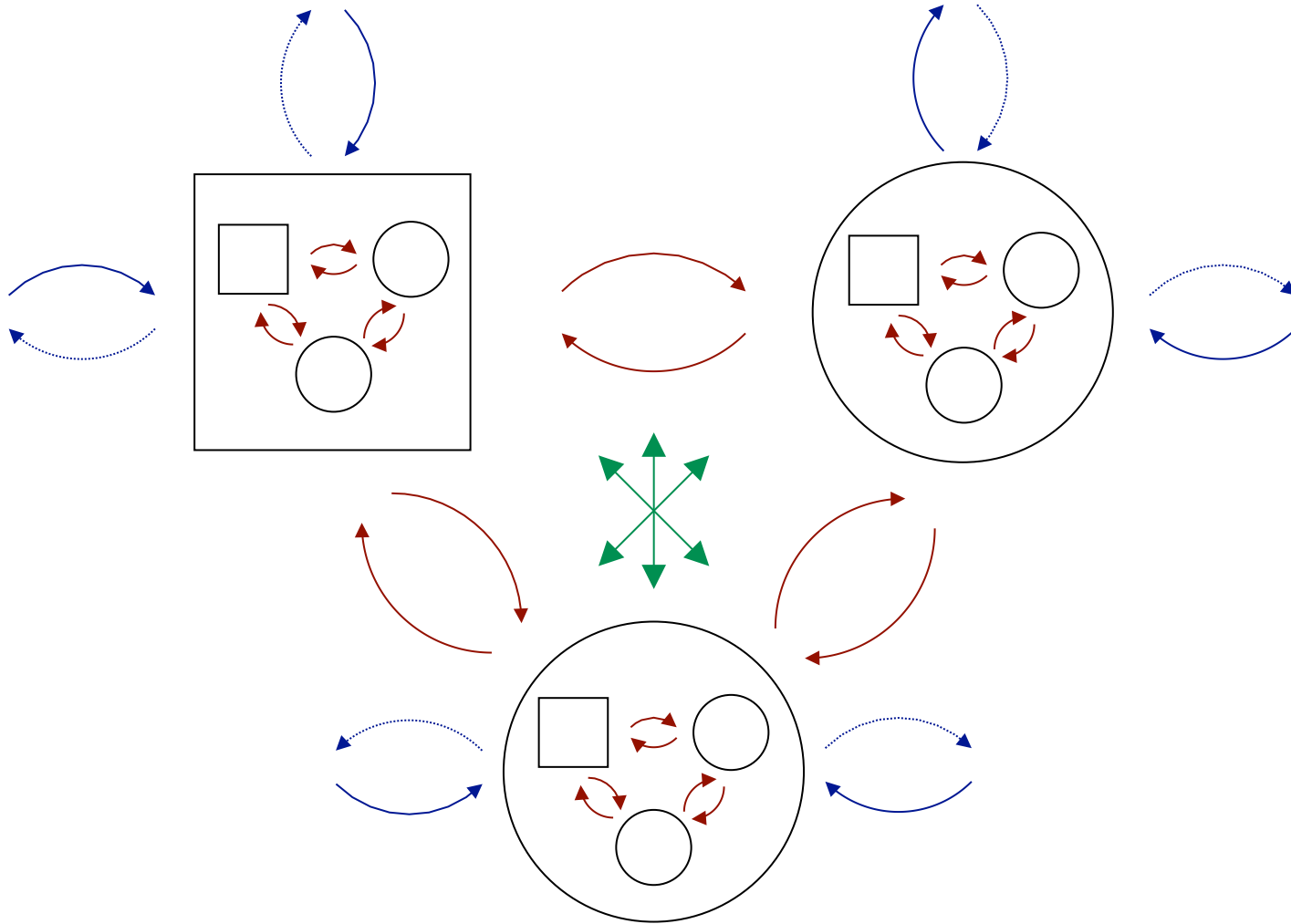
“A change in any one part triggers change in every other part”

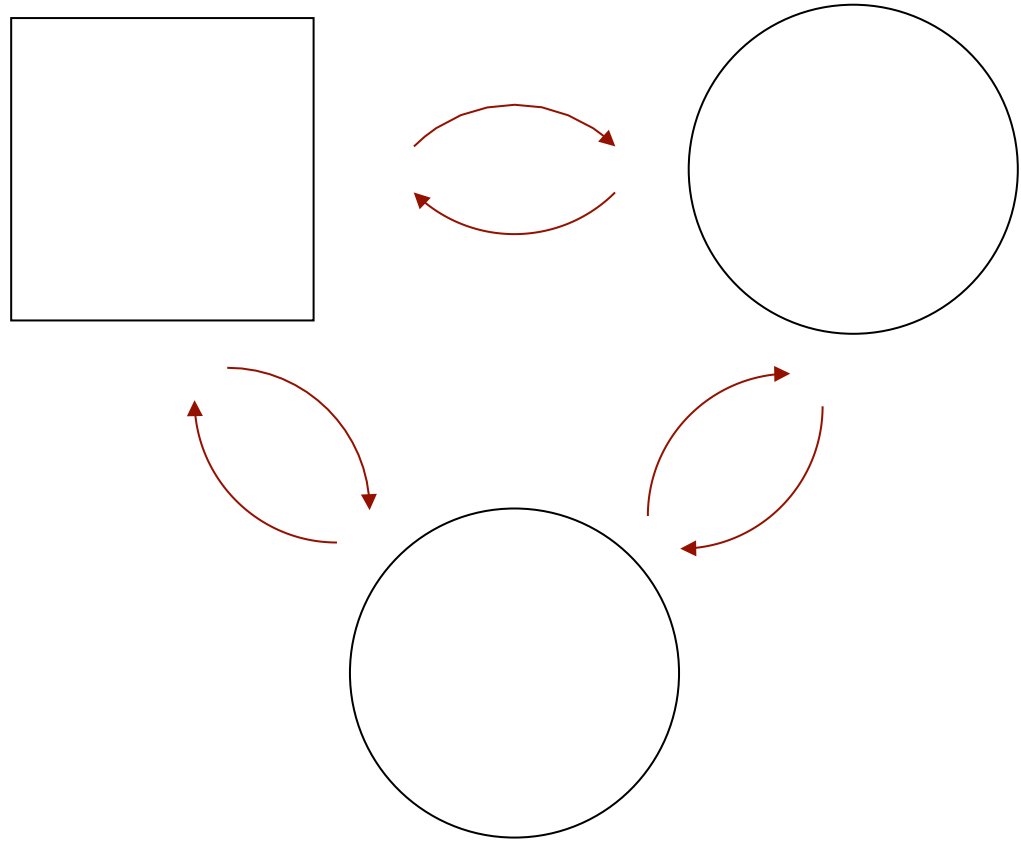
“The whole is greater than the sum of the parts”

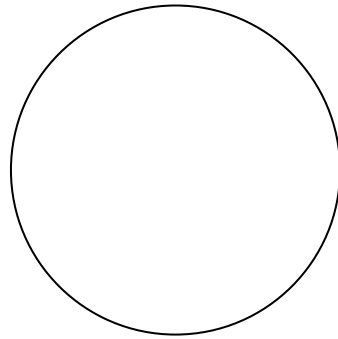
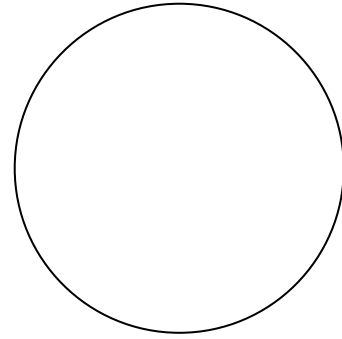
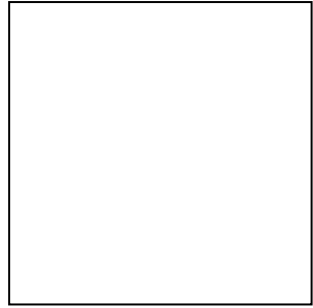
“Systems may be analyzed in different domains and at different levels”

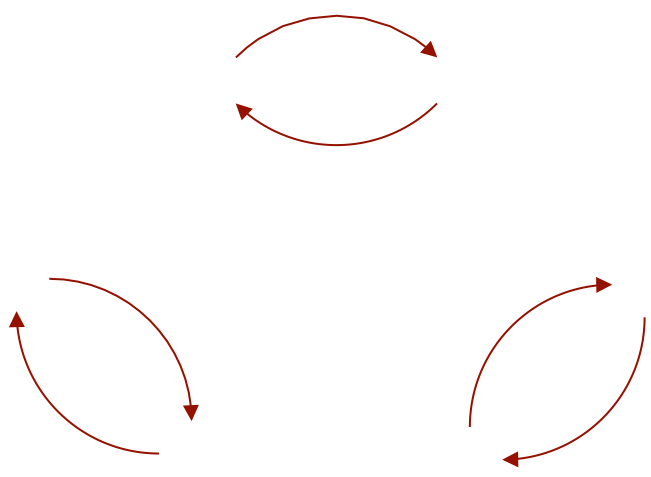
“Living systems are characterized by homeostasis and autonomy”

“Human relationship systems are characterized by recurrent, reciprocal, or ‘circular’ interactions”

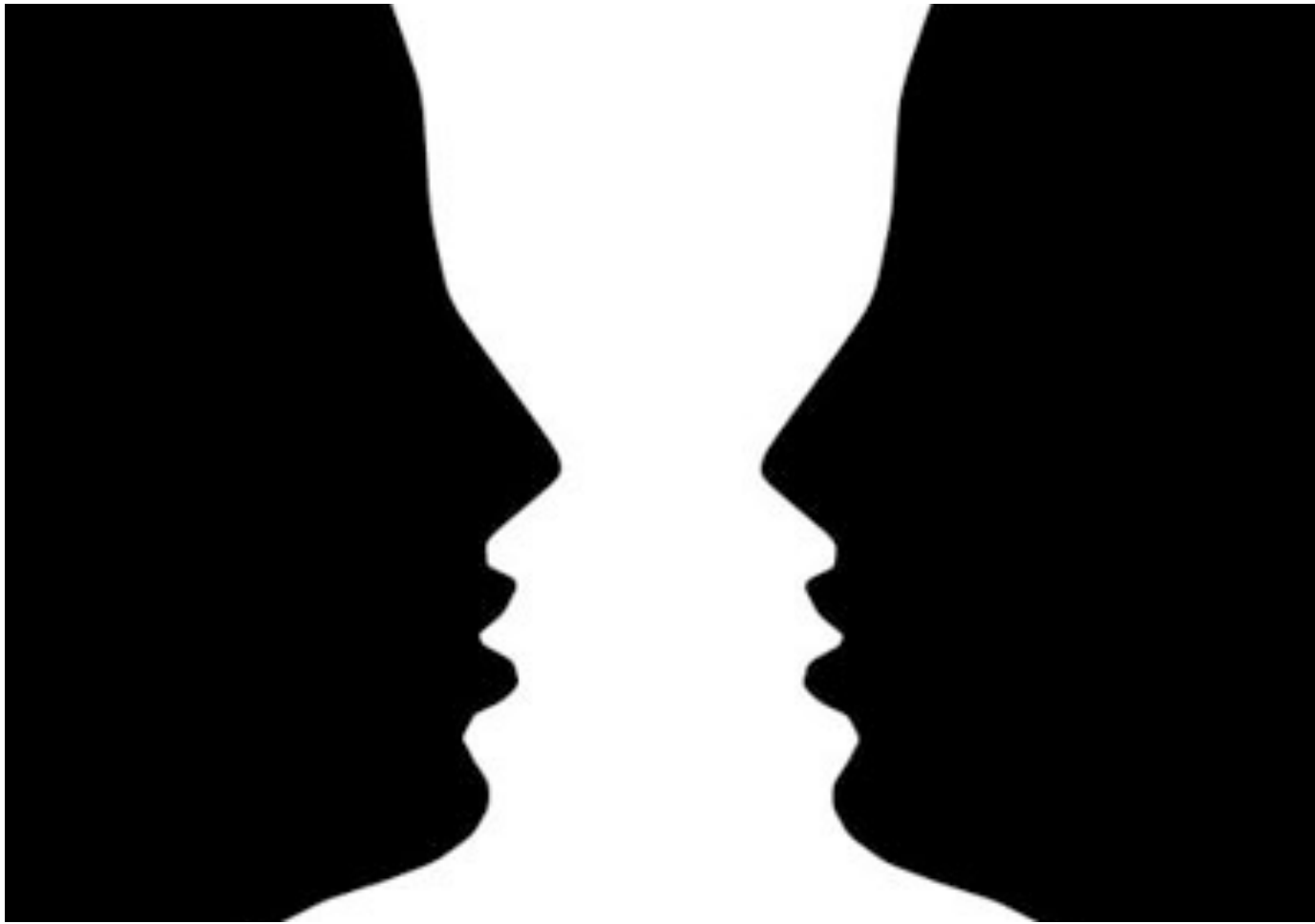




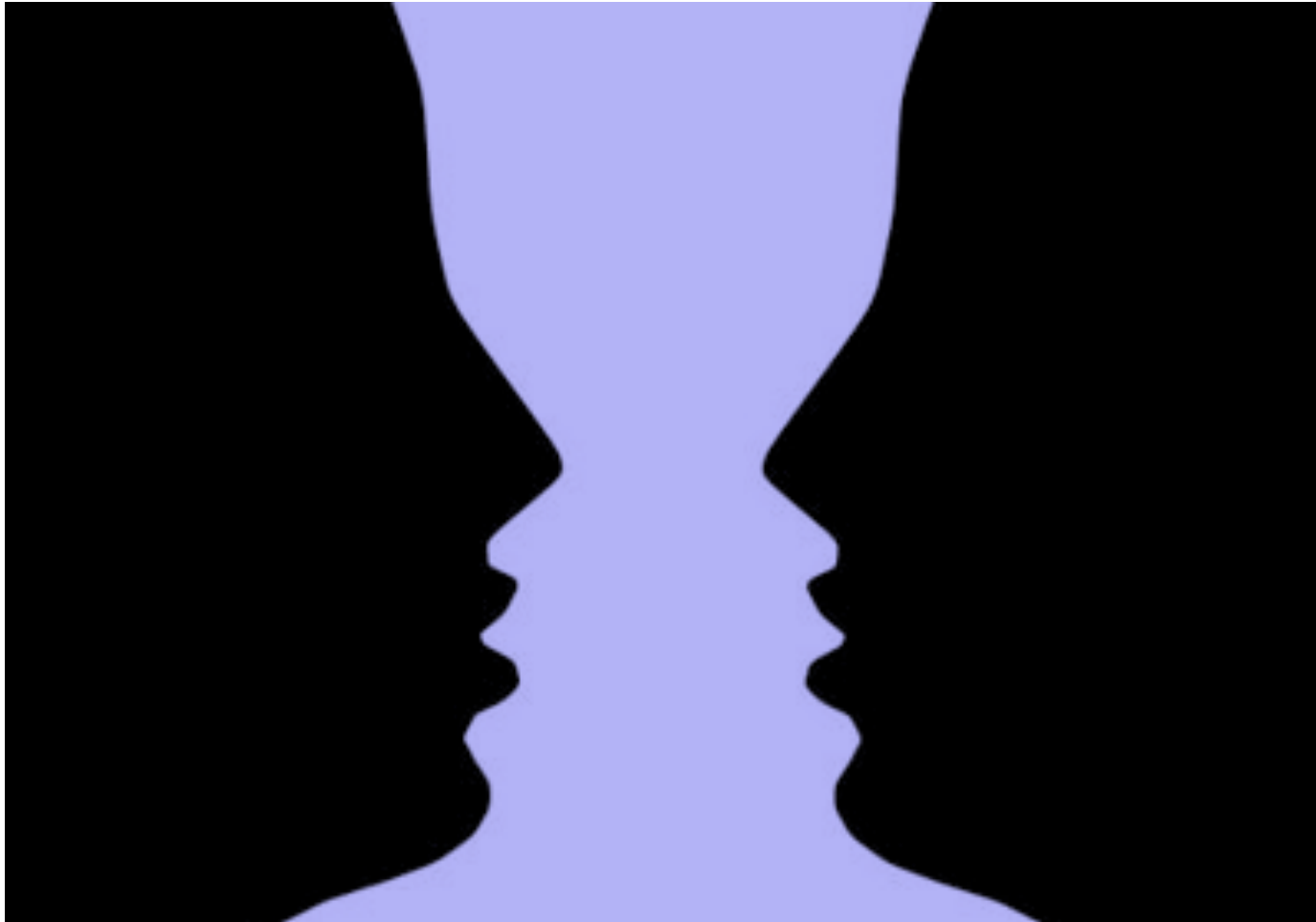




A figure/ground gestalt shift



What is the shape of the purple vase
in between?



Introducing the ‘IPscope’

The ‘IPscope’ is a cognitive instrument, for distinguishing and describing **specific Interpersonal Patterns of interaction for systemic assessment**, which entails both perceptual and conceptual operations.

By definition, Interpersonal Patterns, or ‘IPs’ reflect repetitive or recurrent interactions between two or more persons, distinguished by an observer (often a systemic therapist), which highlight the **coupling** between two classes of behaviors, attitudes, feelings, ideas, or beliefs, that tend to be **mutually enabling** and **mutually reinforcing**.

The suffix ‘**scope**’ in the IPscope is intended to draw an analogy with other human-made instruments which ‘help observers see’ that which is ordinarily hard for the naked eye to see (cf. a microscope or telescope).

Components of the ‘IPscope’

The IPscope entails a typology of at least 6 kinds of IPs:

WIPs = Wellness Interpersonal Patterns

PIPs = Pathologizing Interpersonal Patterns

HIPs = Healing Interpersonal Patterns

TIPs = Transforming Interpersonal Patterns

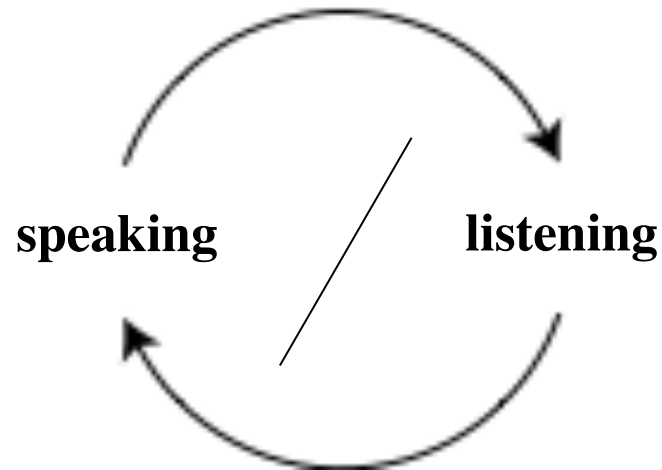
DIPs = Deteriorating Interpersonal Patterns

SCIPs = Socio-Cultural Interpersonal Patterns

A '**WIP**' or *Wellness Interpersonal Pattern* is defined as a recurrent interpersonal interaction that enables generativity, competence, and/or effectiveness of one or both participants and/or that sustains or enhances health in the relationship.

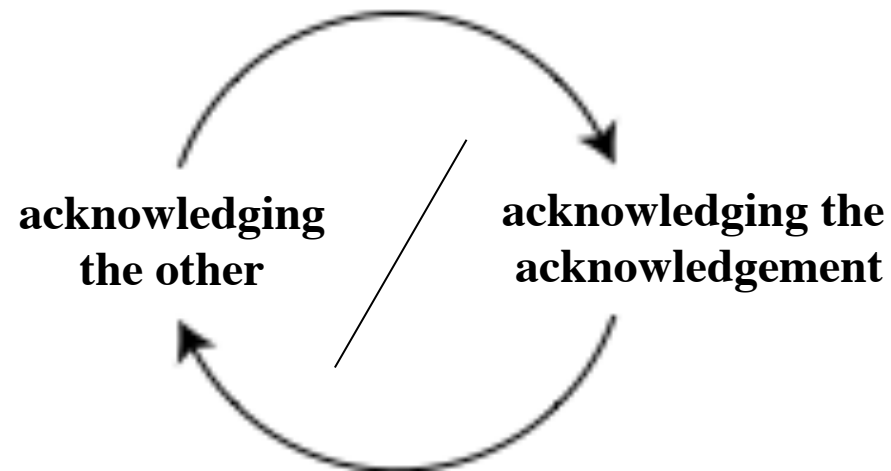
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Sample WIP-1



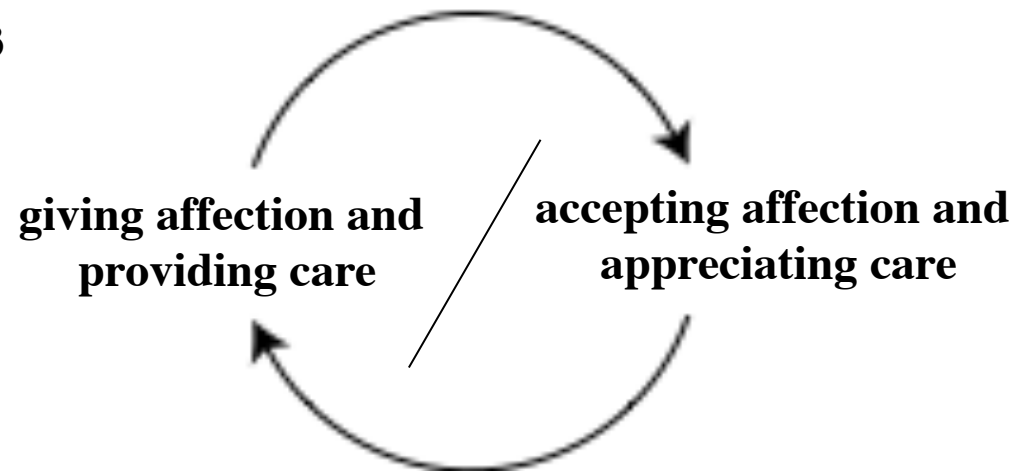
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Sample WIP-2



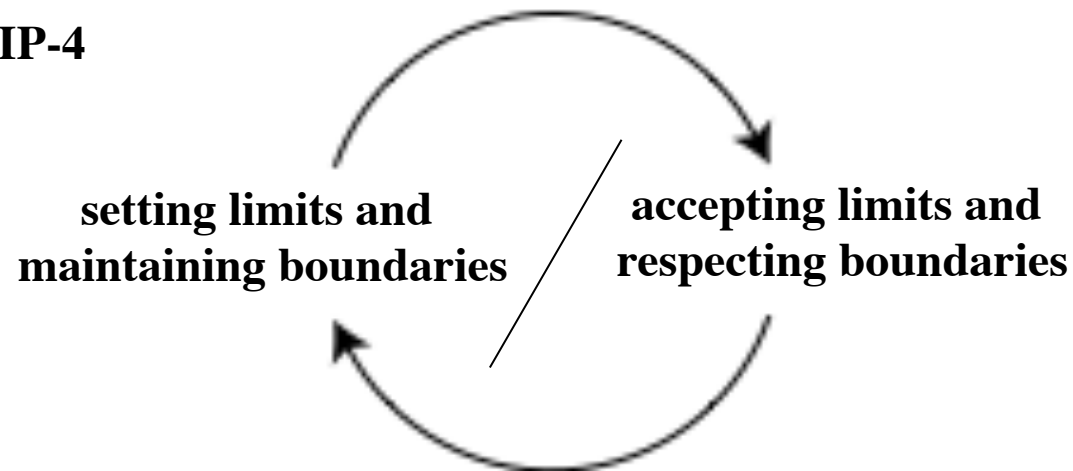
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Sample WIP-3



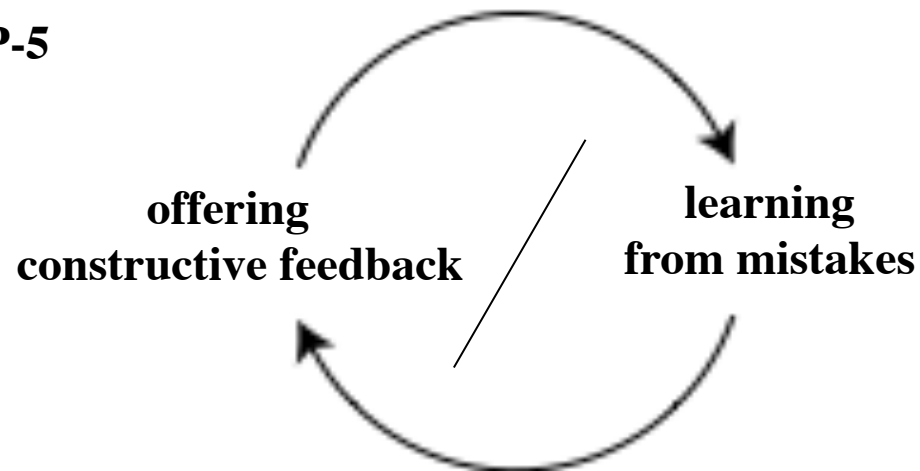
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Sample WIP-4



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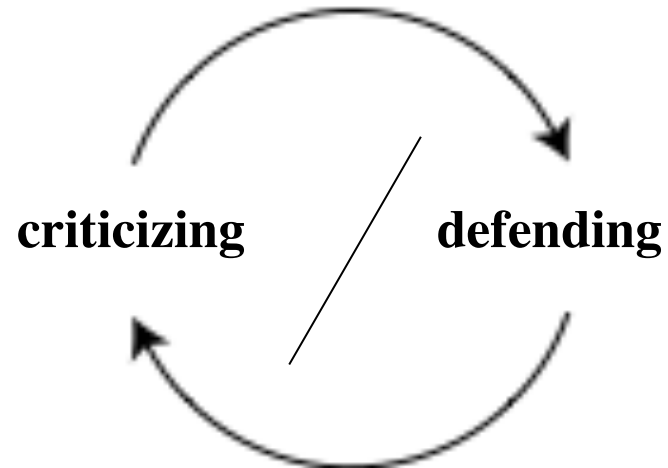
Sample WIP-5



A '**PIP**' or *Pathologizing Interpersonal Pattern* is defined as a recurrent interpersonal interaction which activates or increases negativity, pain and/or suffering in one or both persons interacting, or which results in deterioration of the relationship.

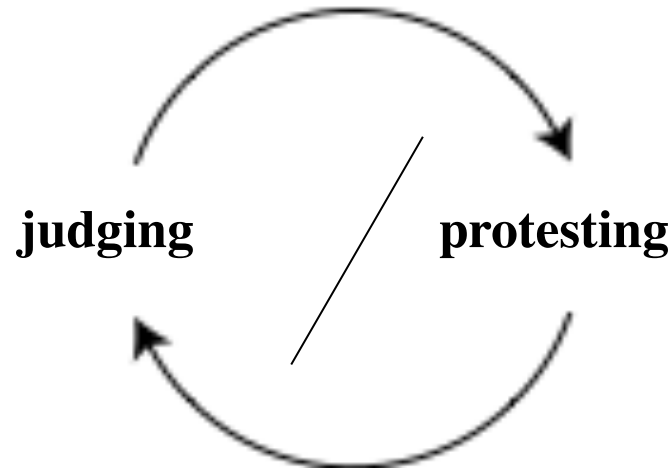
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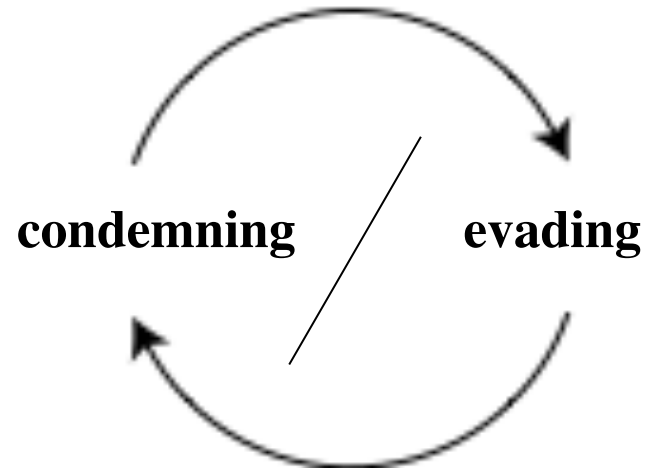
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Sample PIP-2



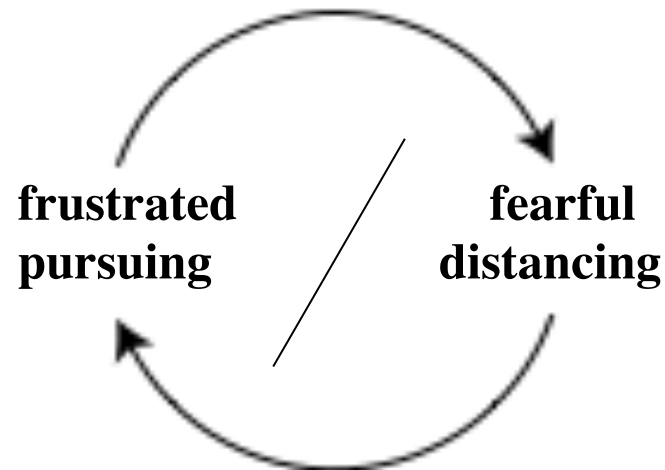
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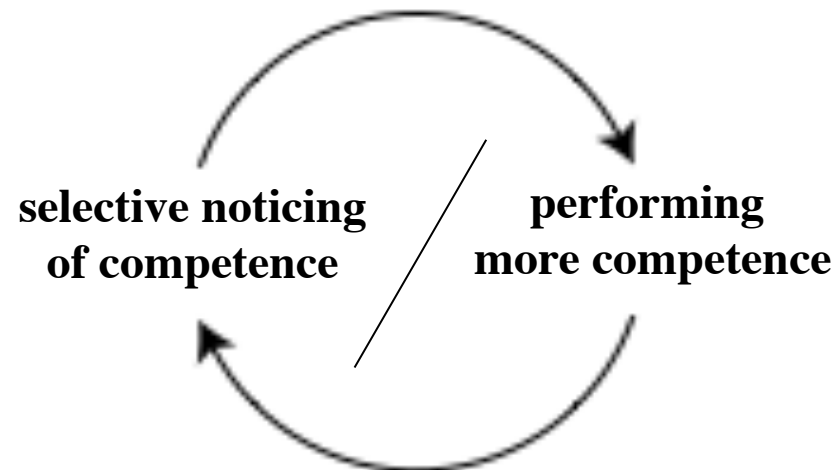
Sample PIP-4



A '**HIP**' or *Healing Interpersonal Pattern* is a sub-category of a WIP that constitutes a specific antidote to a particular PIP by bringing forth positive behaviors and/or experiences in one or both of the interactants that specifically *preclude or contradict* some component of the PIP.

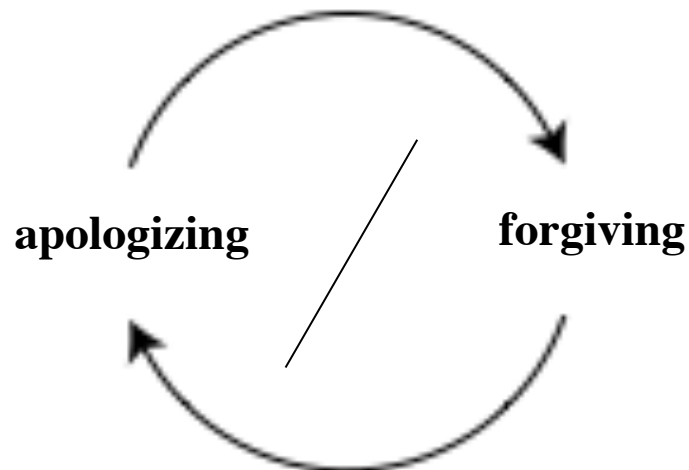
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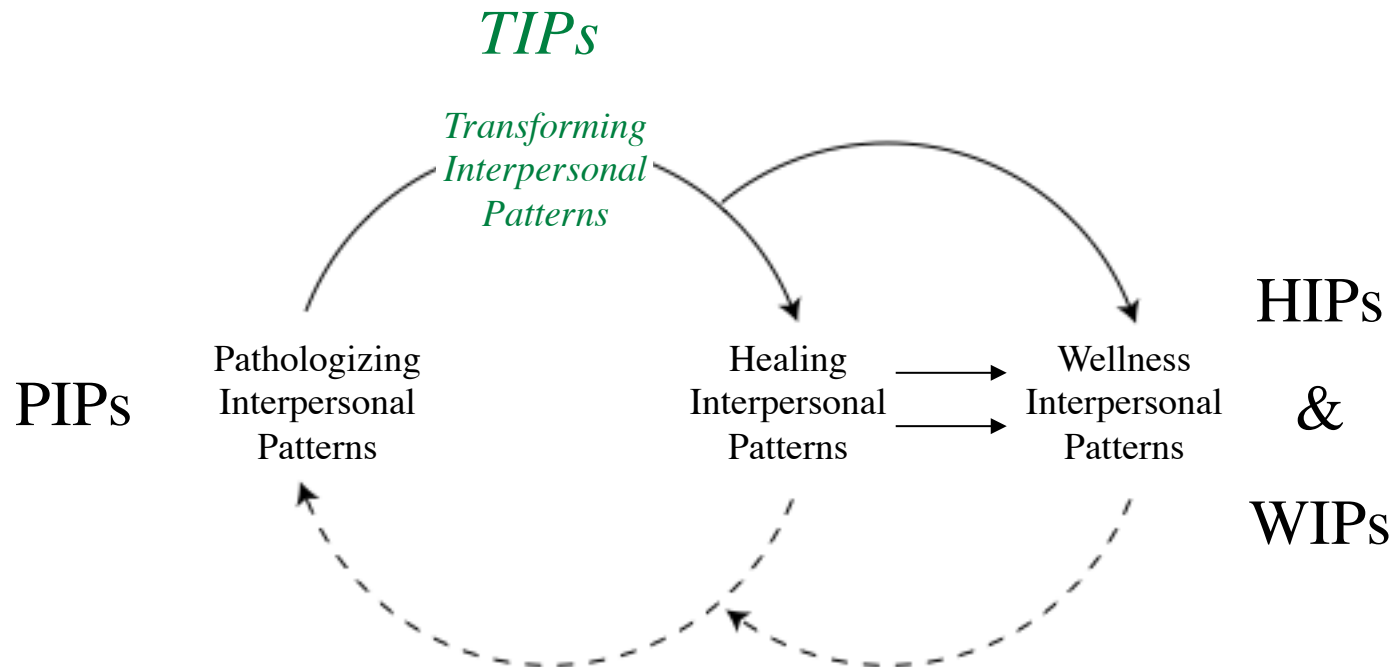


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Sample **HIP-2**



Movement among the IPs within an overall interpersonal relationship system

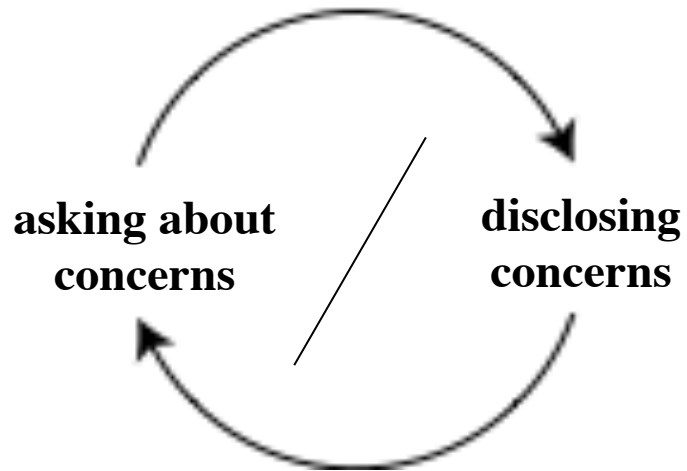


Clinical families tend to get stuck in PIPs;
Healthy families spend more time living in WIPs

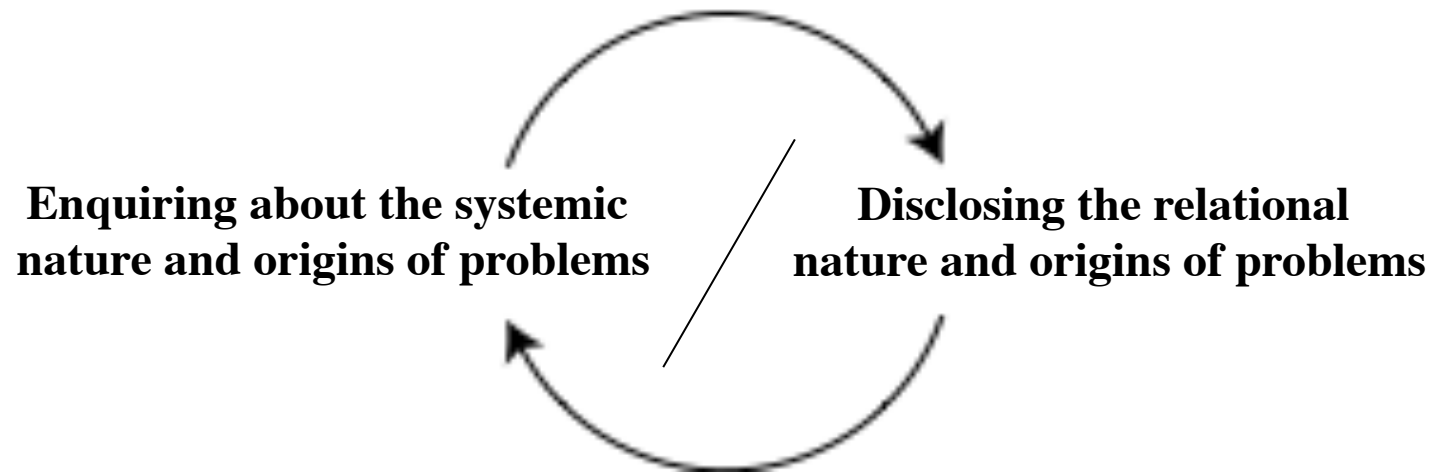
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Sample TIP

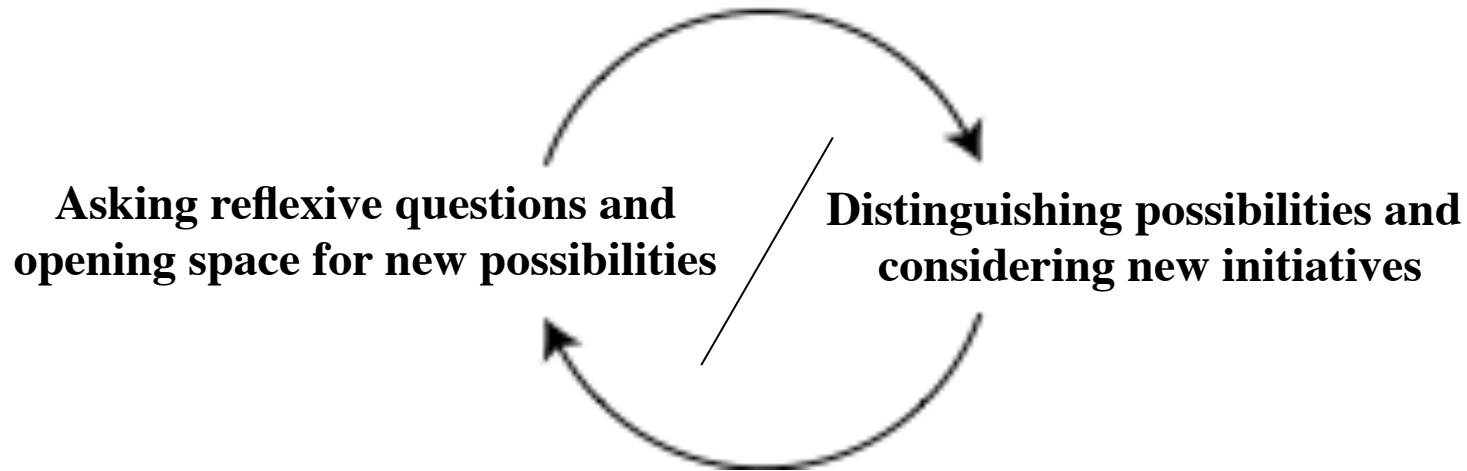


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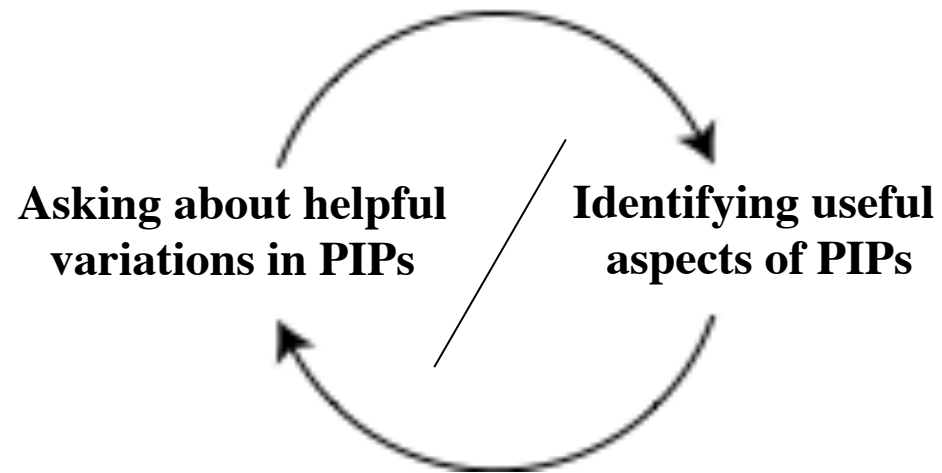
Example of a deconstructive TIP

A '**TIP**' or *Transforming Interpersonal Pattern* is also a sub-category of a WIP, which could enable movement away from a PIP or towards a HIP or WIP.



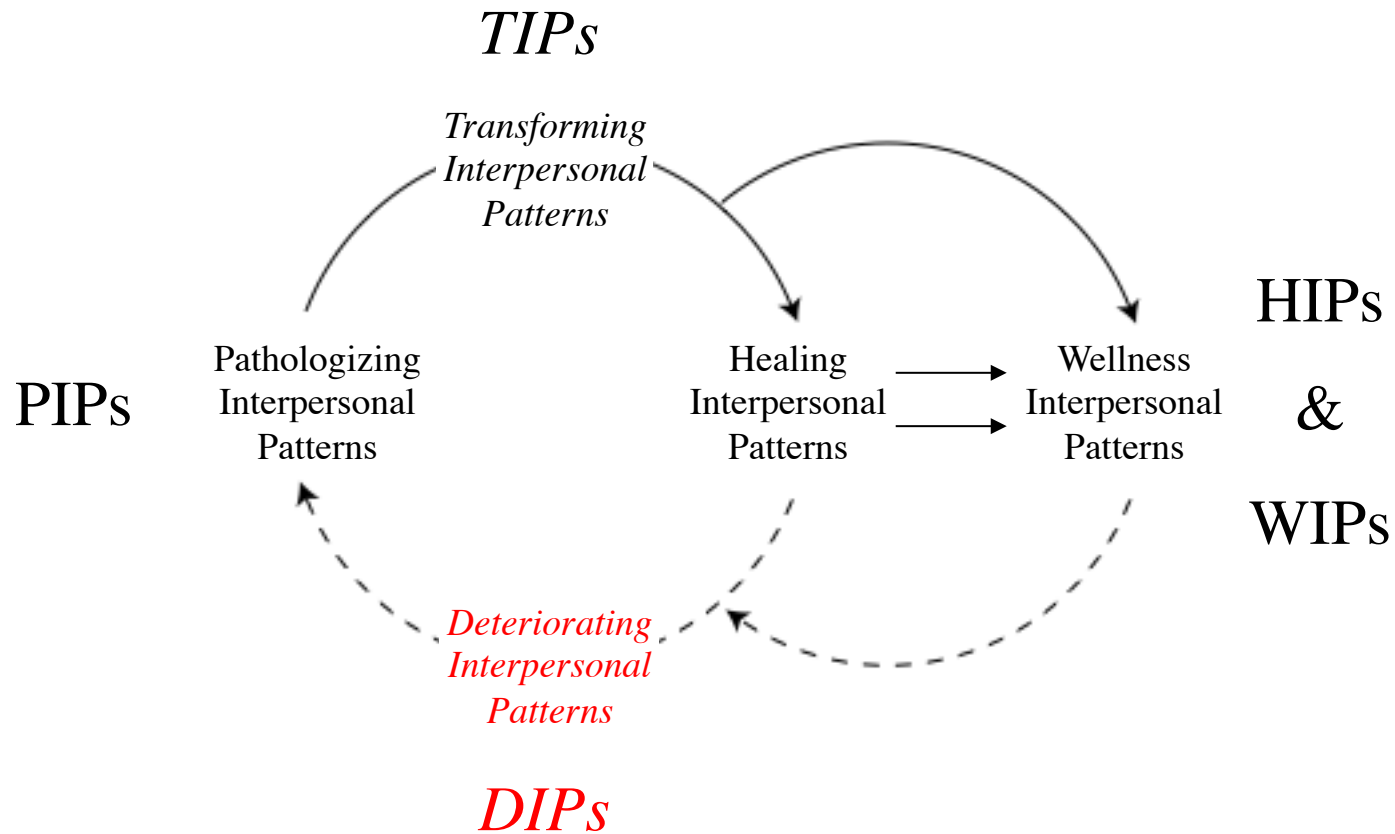
Example of a co-constructive TIP

A '**TIP**' or *Transforming Interpersonal Pattern* is also a sub-category of a WIP, which could enable movement away from a PIP or towards a HIP or WIP.



Example of a utilization TIP

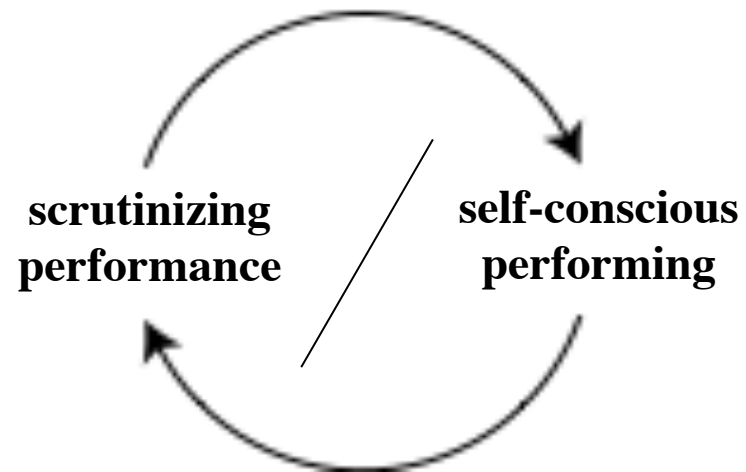
Movement among the IPs within an overall interpersonal relationship system



A '**DIP**' or *Deteriorating Interpersonal Pattern* is a sub-category of a PIP, that creates conditions for a probable slip from a TIP, HIP, or WIP, towards a PIP.

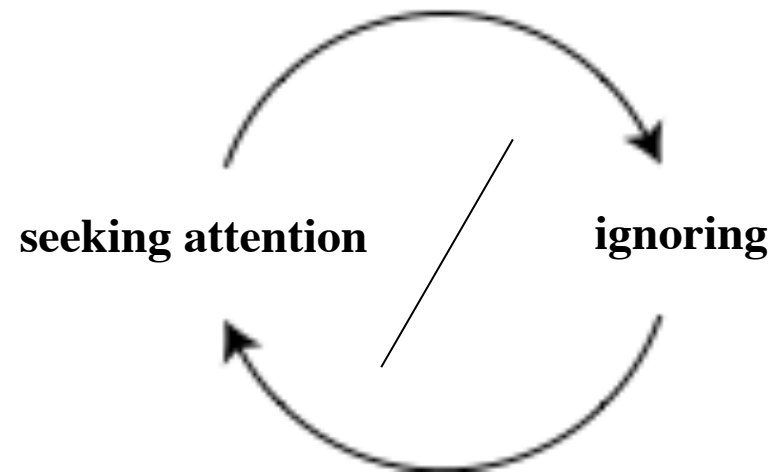
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Sample DIP-1



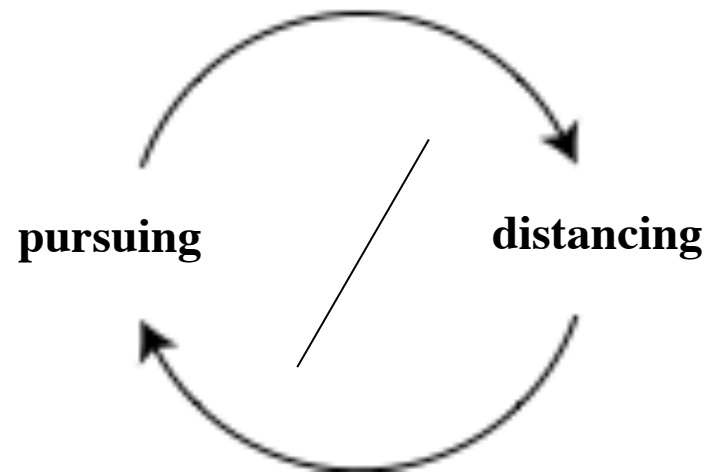
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Sample DIP-2



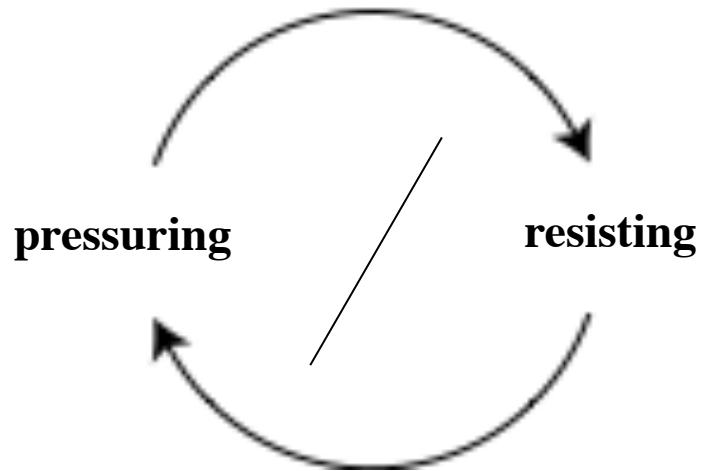
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Sample DIP-3

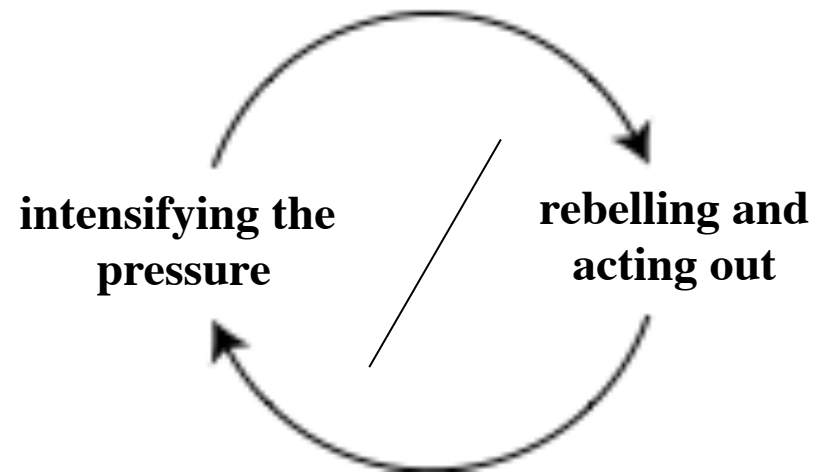


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Sample DIP-4



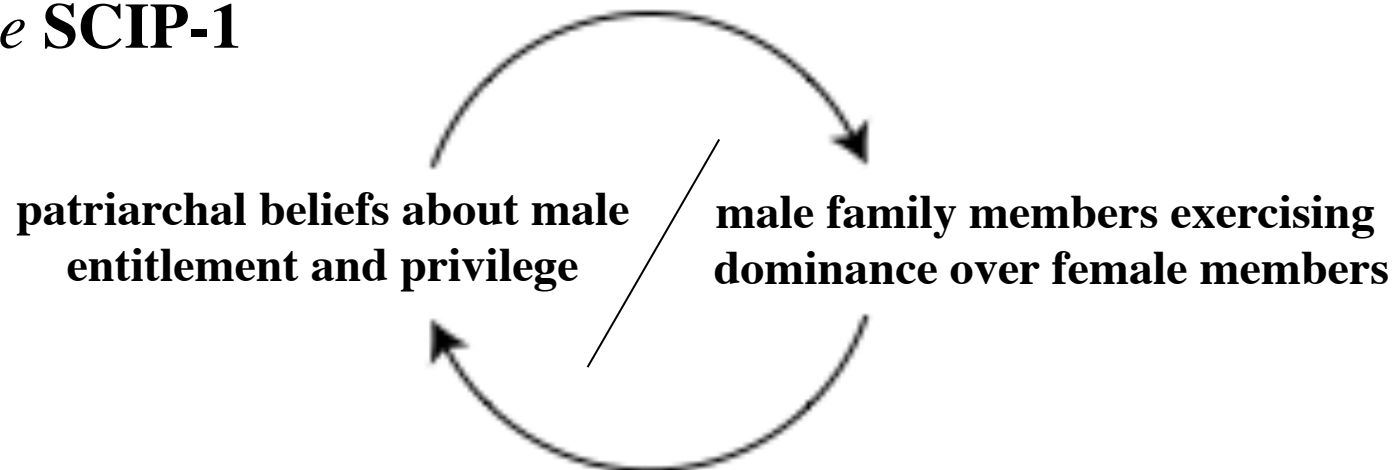
Depending on the intensity of a Deteriorating Pattern (**DIP**),
it can easily slip into, and become, a Pathologizing Pattern (**PIP**)



A ‘**SCIP**’ or *Socio-Cultural Interpersonal Pattern* describes how social discourses, values, and/or beliefs in our culture are taken up and enacted by family members; who through their enactment of the pattern reinforce and/or re-inscribe the discourse or pattern in our community or culture.

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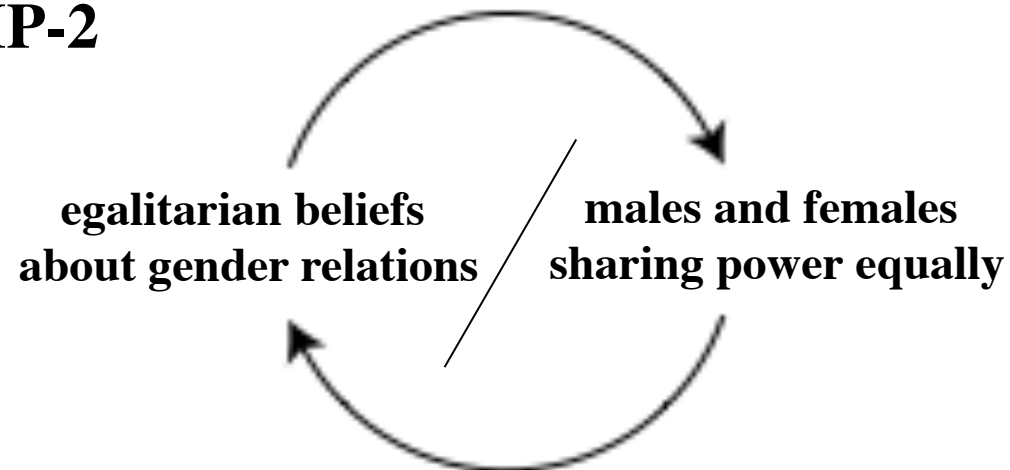
Sample SCIP-1



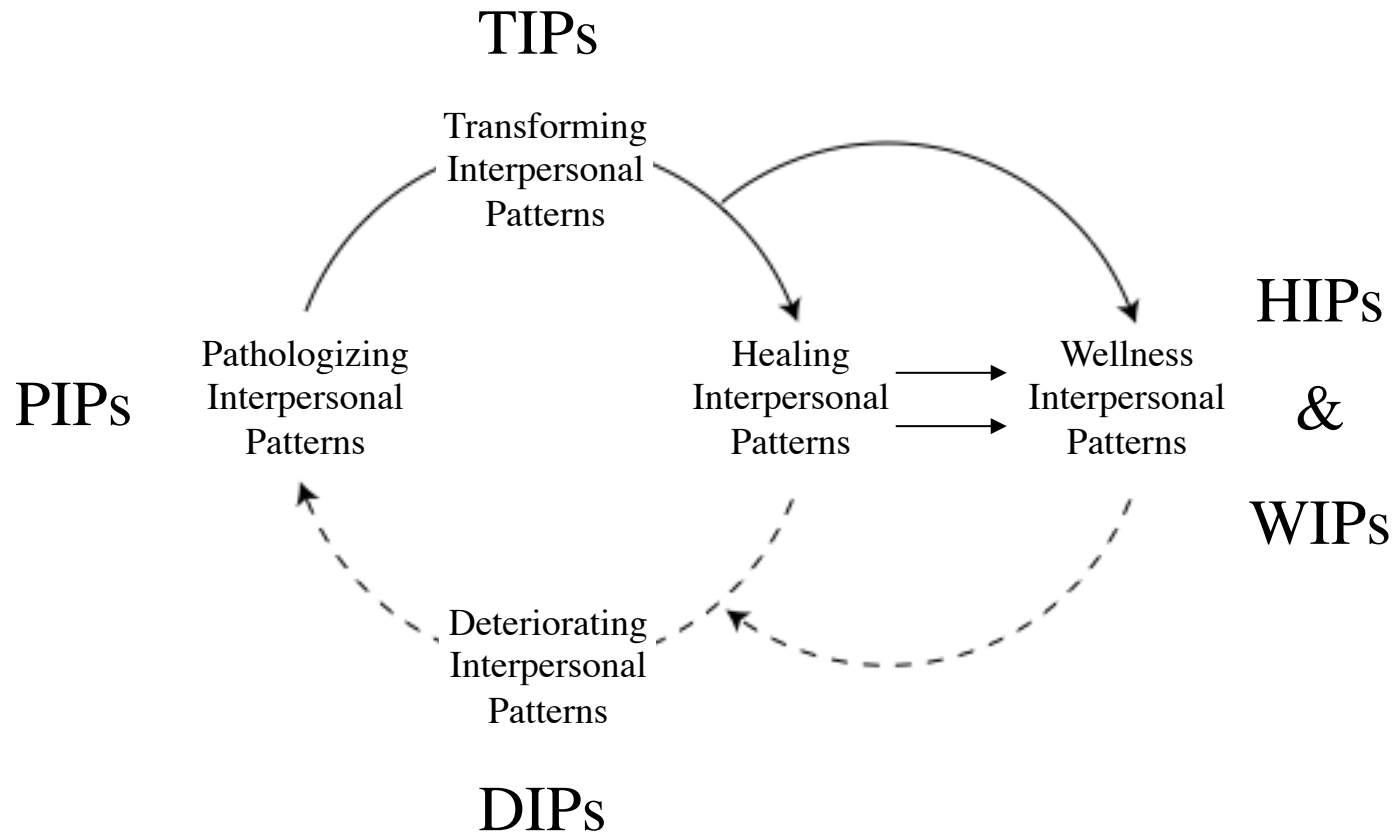
An egalitarian '**SCIP**' could serve as a HIPish antidote to the patriarchal SCIP of male dominance, or it could create conditions for confusion and conflict about roles and responsibilities. Thus, it could have either positive or negative effects, depending on how it is enacted and experienced.

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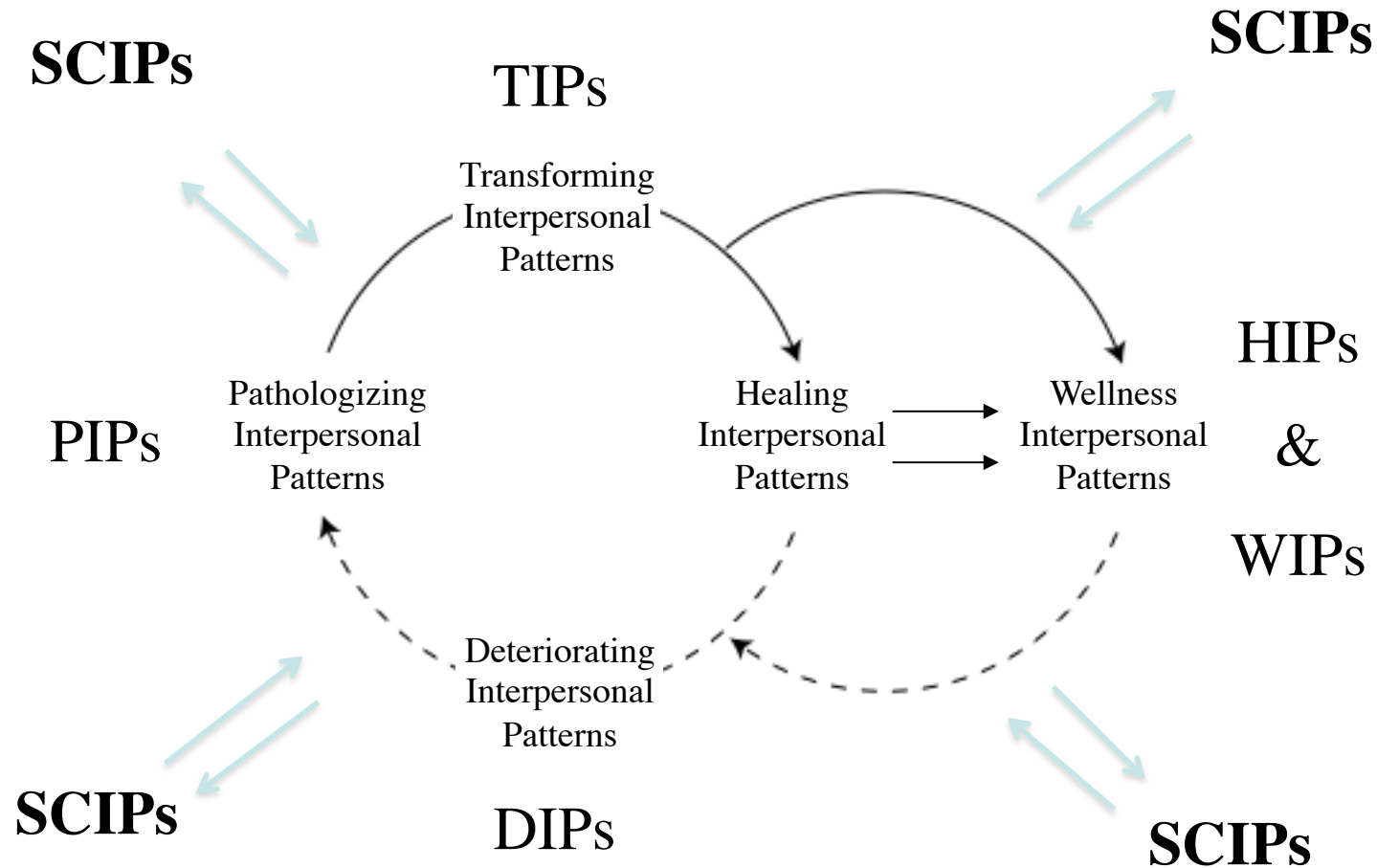
Sample SCIP-2



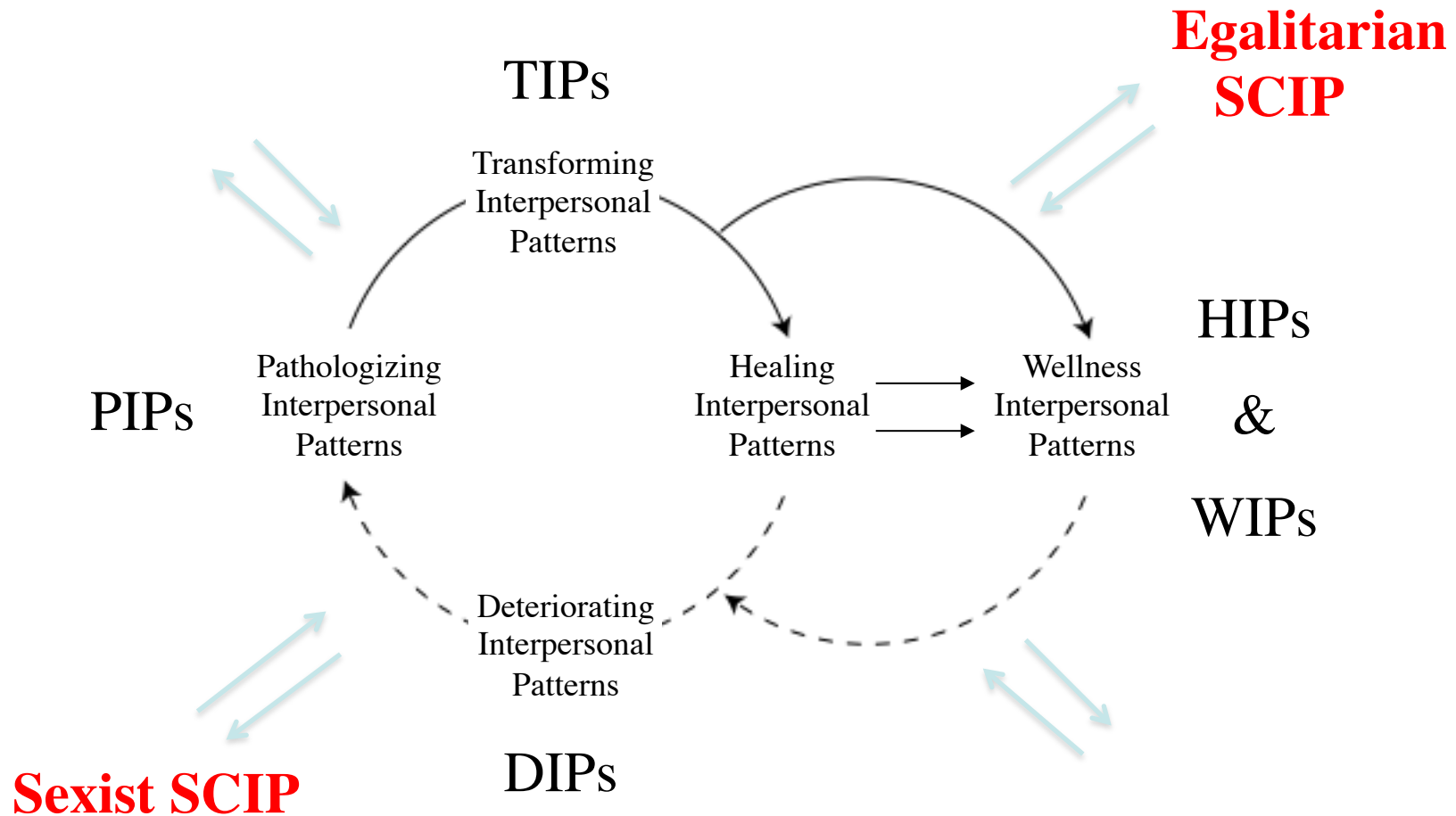
Where does one locate SCIPs within the overall interpersonal relationship system?



Where does one locate SCIPs within the overall interpersonal relationship system? **All over!**



Where would one locate the specific **sexist** and **egalitarian** SCIPs within the overall interpersonal relationship system?



Important features of the ‘IPscope’

IPs describe transient relational stabilities. These interaction patterns are always changing and are never permanent. However, when they are active, they profoundly influence our moment-to-moment experience.

IPs do not have a physical existence. They exist in the imagination of systemic observers. They are cognitive constructions that may be regarded as ‘**serviceable fictions**’ in that they serve to guide the initiatives of systemic therapists but are not necessarily ‘objective’ or ‘real.’ Their existence depends of the distinctions drawn by a systemic observer.

To limit the possibility of excessive exuberance in an observer’s imagination (to construct just anything), IPs are usually described in behavioral terms using **gerunds** (i.e. action-words ending in ‘-ing’ such as criticizing**ing** or withdrawing**ing**) which help ground the patterns in observable transactions.

Important features of the ‘IPscope’ (cont’d)

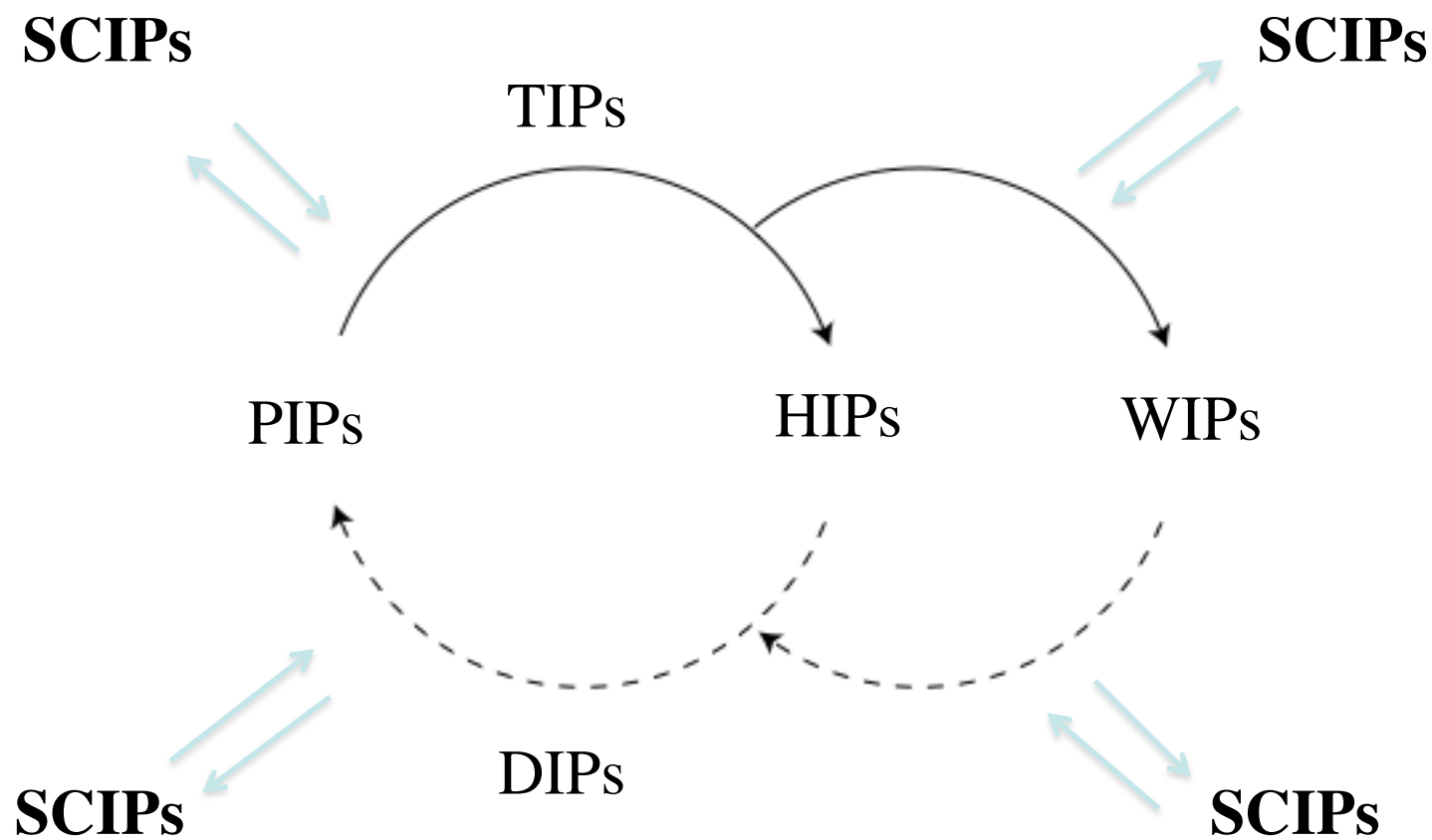
An important conceptual skill that helps therapists distinguish IPs is to learn to ‘**collapse time**’ in order to render the **circularity** of a pattern more visible.

A second conceptual skill that helps construct IPs is to selectively identify the **complementary coupling** between specific behaviors of different persons and to locate this coupling in the interpersonal space between those persons.

Recognizing the habitual nature of IPs is extremely important. People internalize sequences in the interaction and store them in memory, which serve to stabilize the pattern and render it increasingly ‘familiar.’

The familiarity of any pattern predisposes the persons involved to re-enact the pattern, regardless whether the pattern is conscious or not; desirable or not.

Drawing a full **IPscopic Reflectogram** provides a map to guide the overall process of systemic therapy

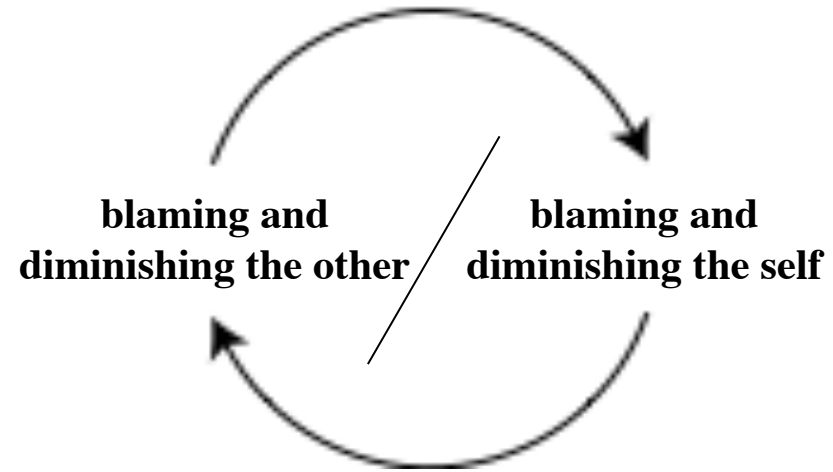


Deconstructing DSM diagnoses into PIPs

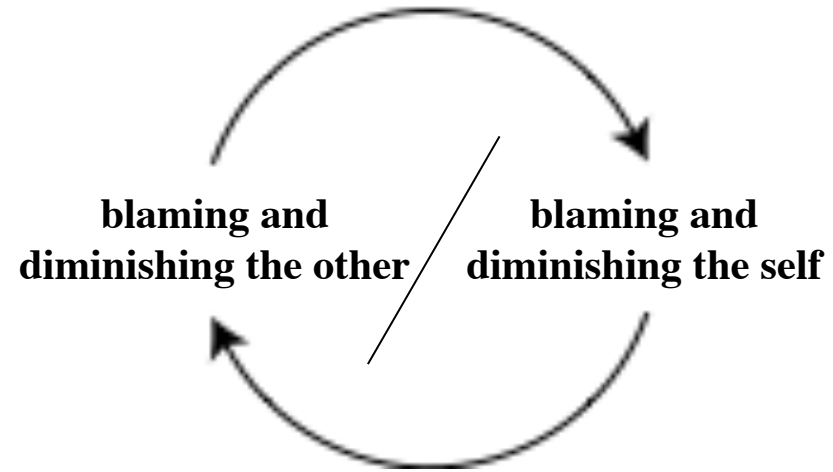
- Human mental phenomena, including the coordination of activity, meanings, and consciousness, may be seen to arise through processes of social interaction.
- Both Gregory Bateson and Humberto Maturana made the claim that “the Mind is first and foremost social, and secondarily psychological”
- For instance, language is not in us; language is among us and we are immersed in it.
- If this view is valid, then it should be possible (theoretically at least) to deconstruct many individual mental phenomena into specific patterns of social interaction.
- My colleagues and I have tried to identify specific patterns of interaction that generate or aggravate particular mental disorders.
- While the following patterns are specific, they reflect generalizations: the actual patterns in any clinical situation are always unique.

What are some common PIPs associated with
'depression'?

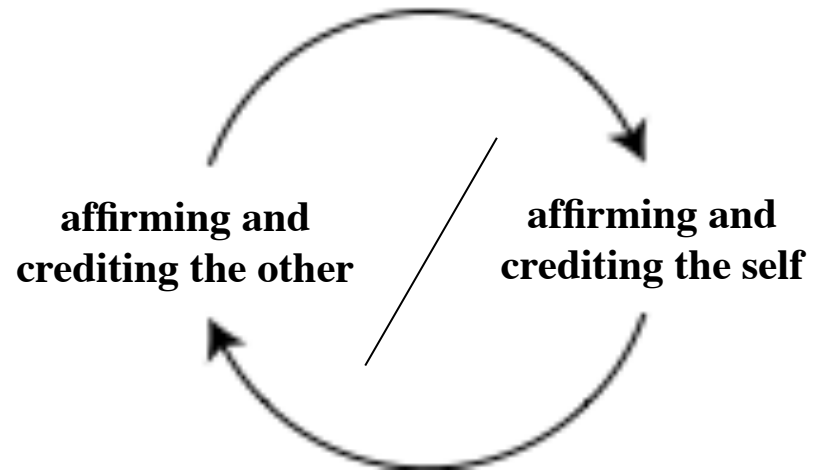
PIP



PIP



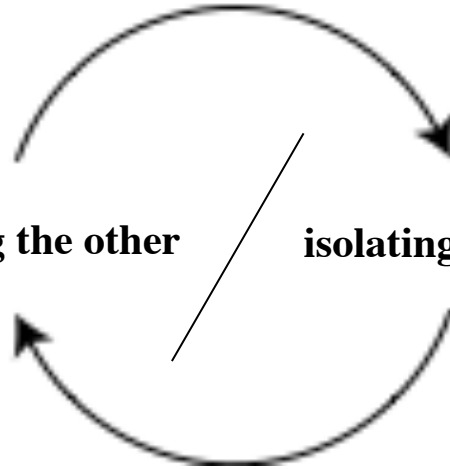
HIP



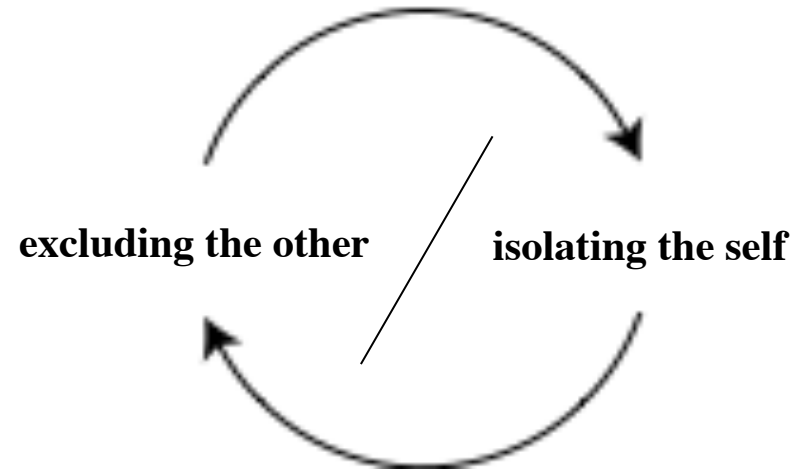
PIP

excluding the other

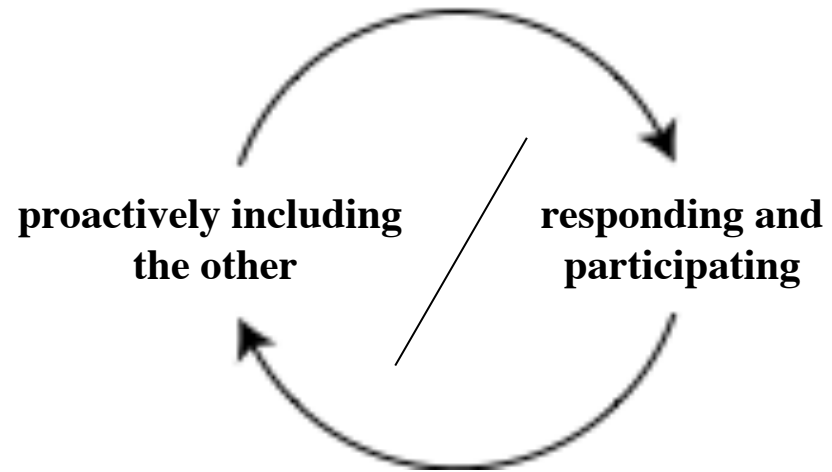
isolating the self



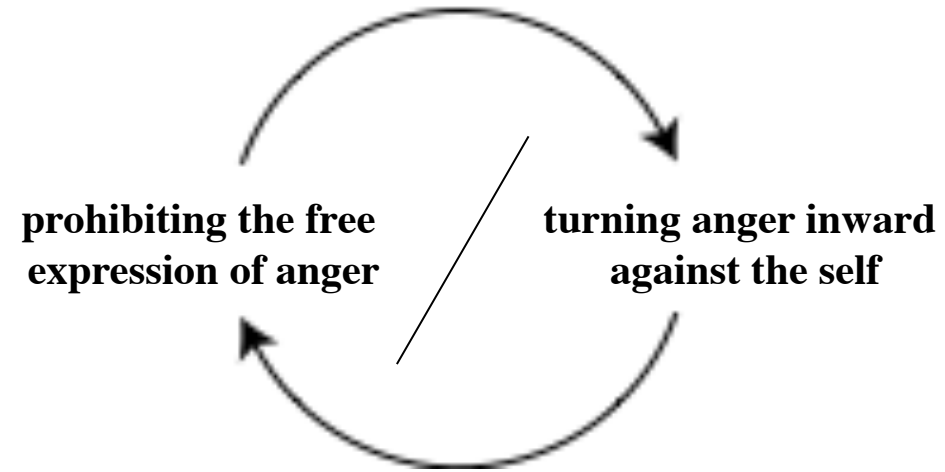
PIP



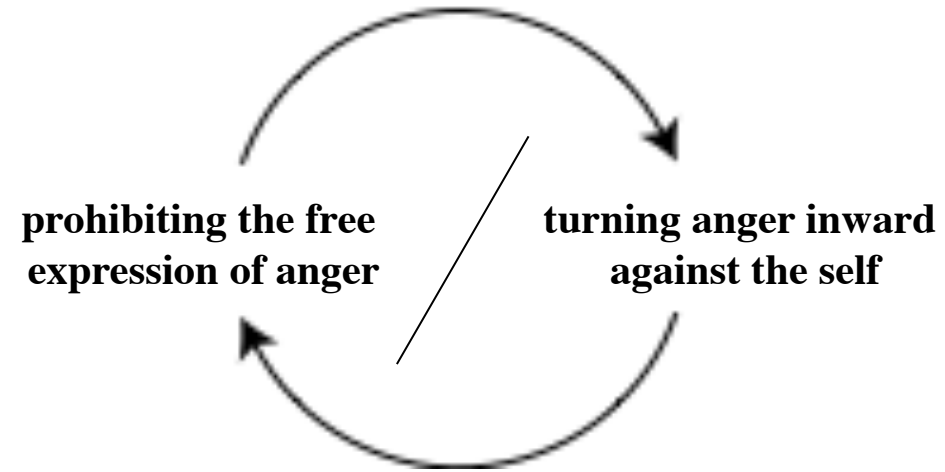
HIP



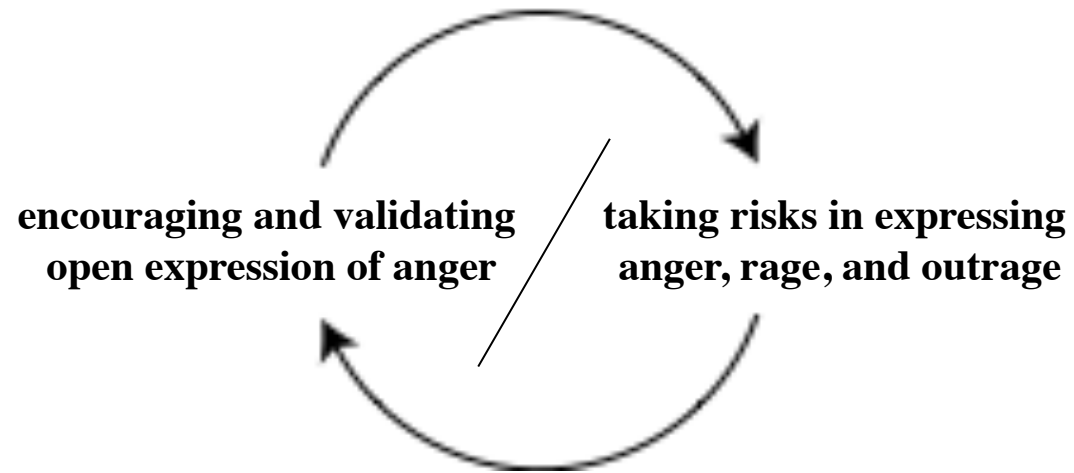
PIP



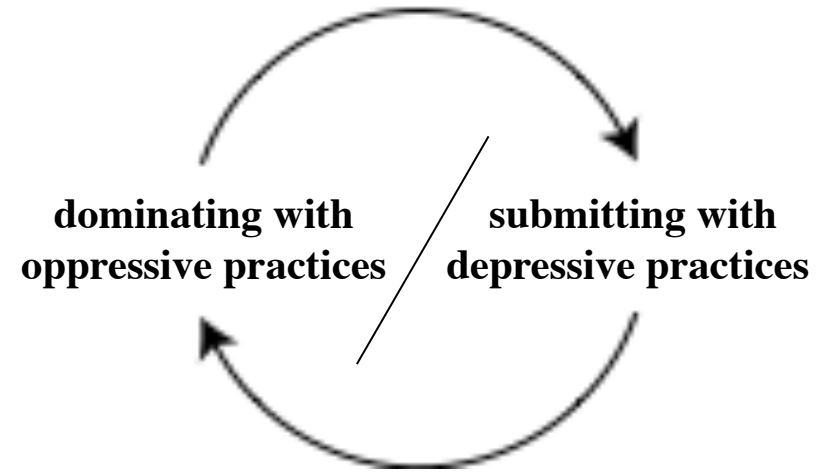
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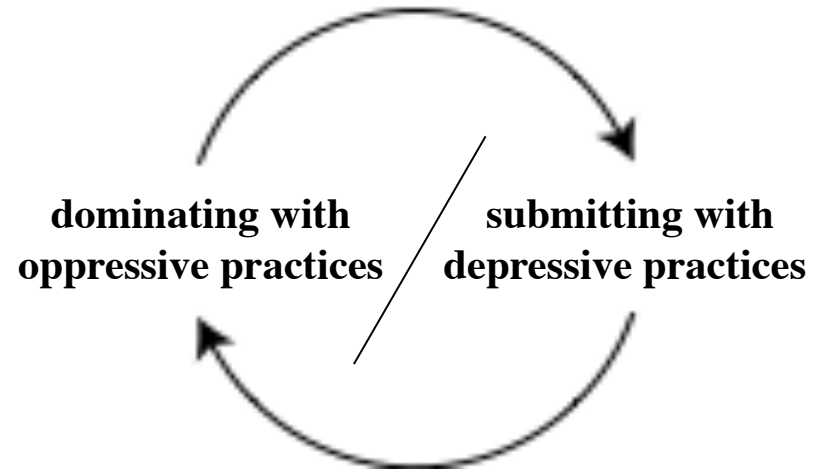
HIP



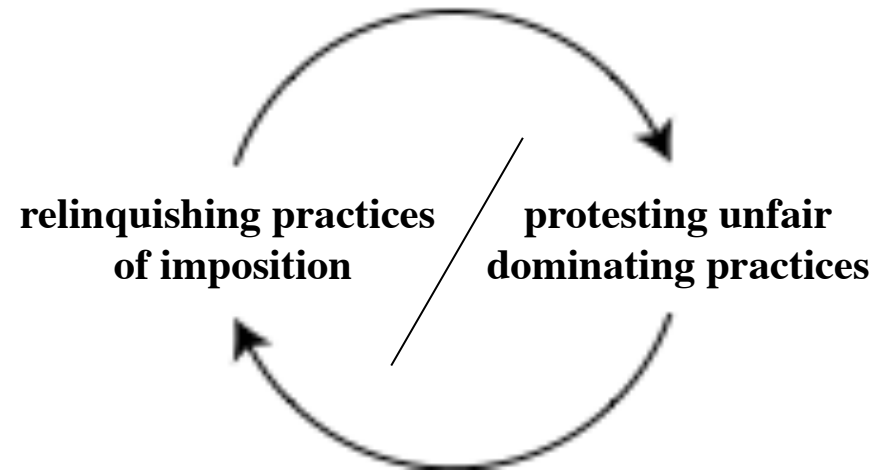
PIP



PIP

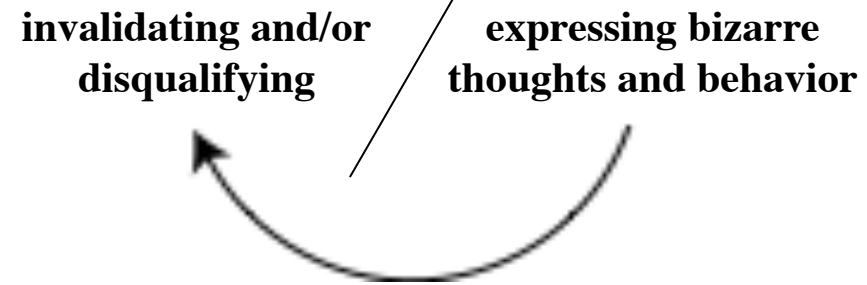


HIP



What are some common PIPs associated with
'psychosis'?

PIP



PIP

**invalidating and/or
disqualifying** / **expressing bizarre
thoughts and behavior**



The diagram for PIP consists of two curved arrows forming a circle. The top arrow points from the left side to the right side, and the bottom arrow points from the right side to the left side. A diagonal line is drawn across the center of the circle, separating the two text blocks.

HIP

**validating the
other's experiences** / **disclosing more of
one's inner experiences**

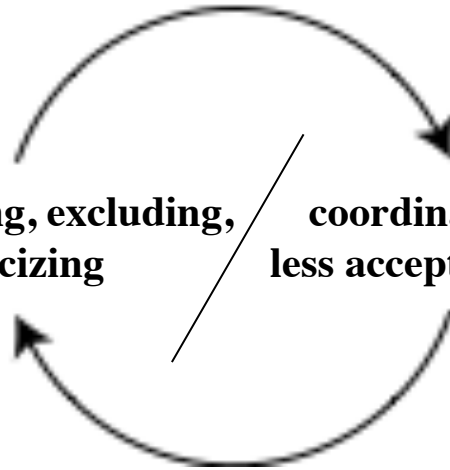


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PIP

**judging, avoiding, excluding,
and ostracizing**

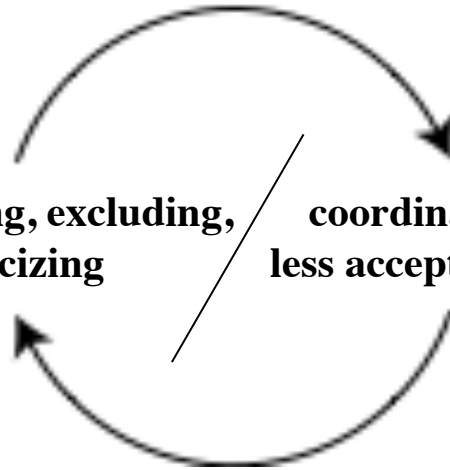
**coordinating less and manifesting
less acceptable thoughts and behavior**



PIP

**judging, avoiding, excluding,
and ostracizing**

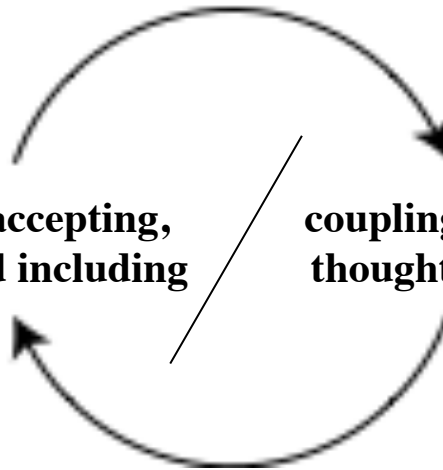
**coordinating less and manifesting
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HIP

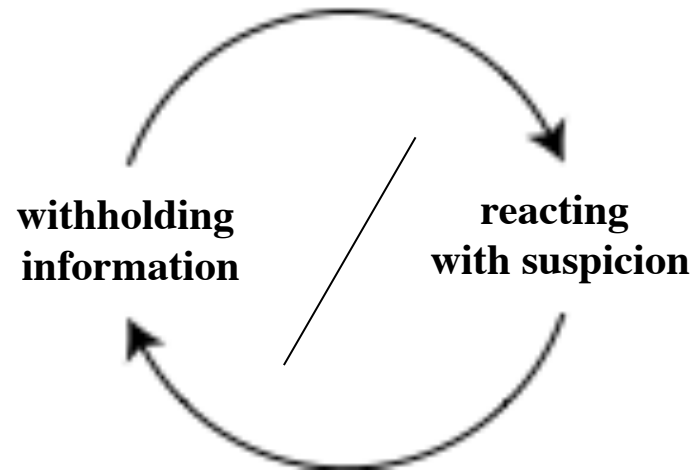
**proactively accepting,
engaging, and including**

**coupling more with consensual
thoughts, behavior, and values**

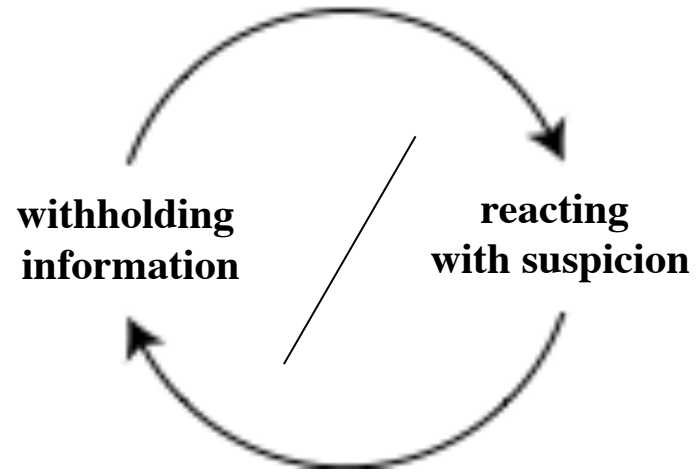


What is a common PIP often found with
‘paranoia’
and its healing antidote?

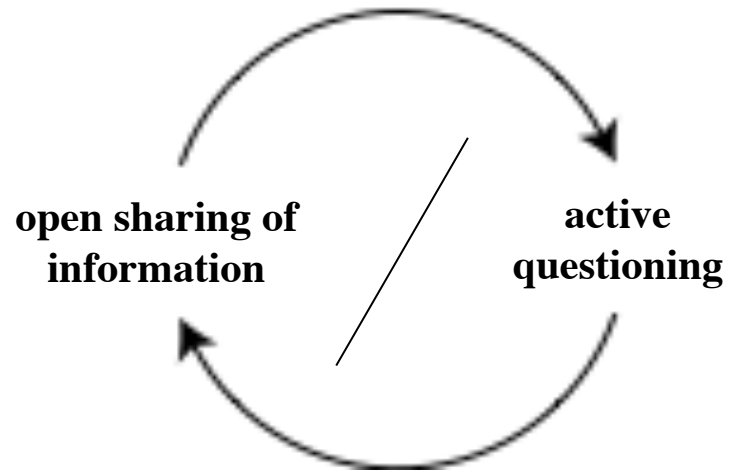
PIP



PIP



HIP

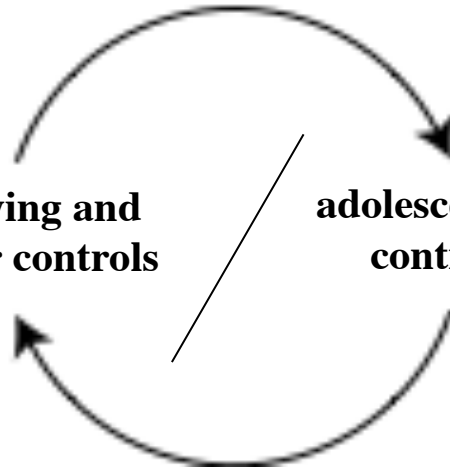


What is a typical PIP associated with
'adolescent rebellion'
and some healing alternatives?

PIP

**parents worrying and
imposing outer controls**

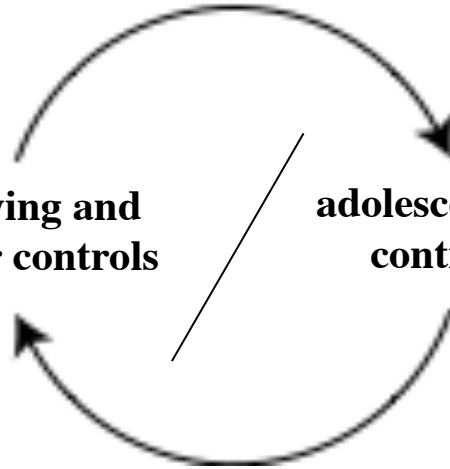
**adolescents resisting outer
control and rebelling**



PIP

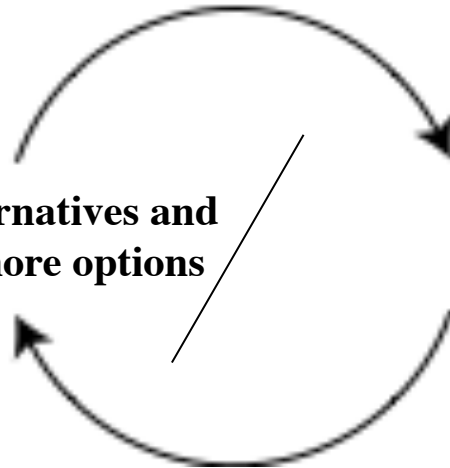
**parents worrying and
imposing outer controls**

**adolescents resisting outer
control and rebelling**



HIP-1

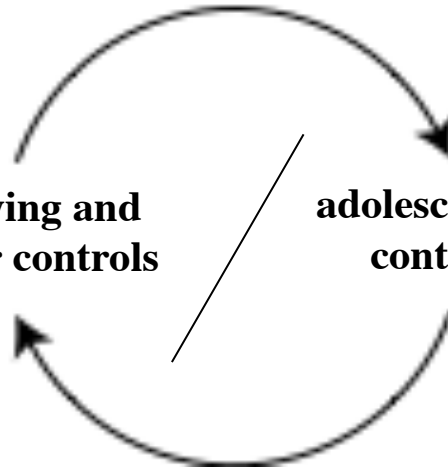
**parents outlining alternatives and
giving adolescents more options**



PIP

**parents worrying and
imposing outer controls**

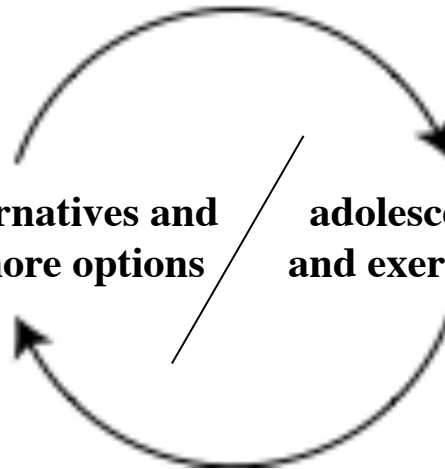
**adolescents resisting outer
control and rebelling**



HIP-1

**parents outlining alternatives and
giving adolescents more options**

**adolescents experiencing choice
and exercising better inner control**



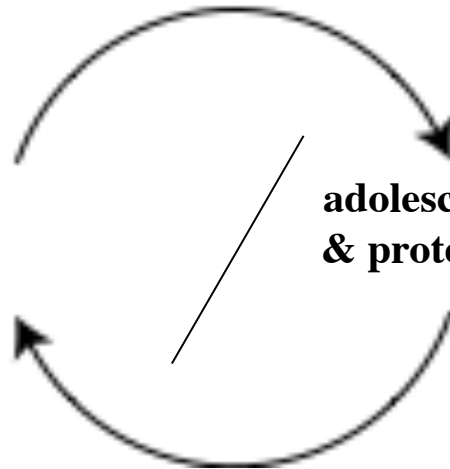
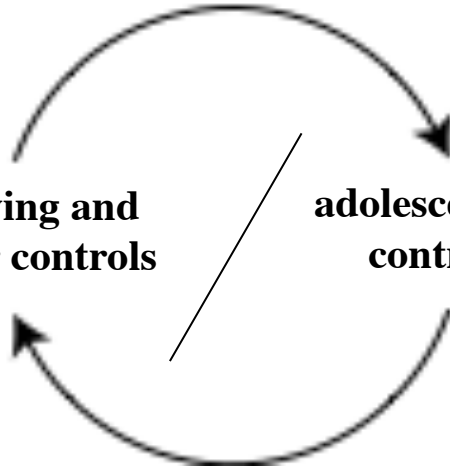
PIP

**parents worrying and
imposing outer controls**

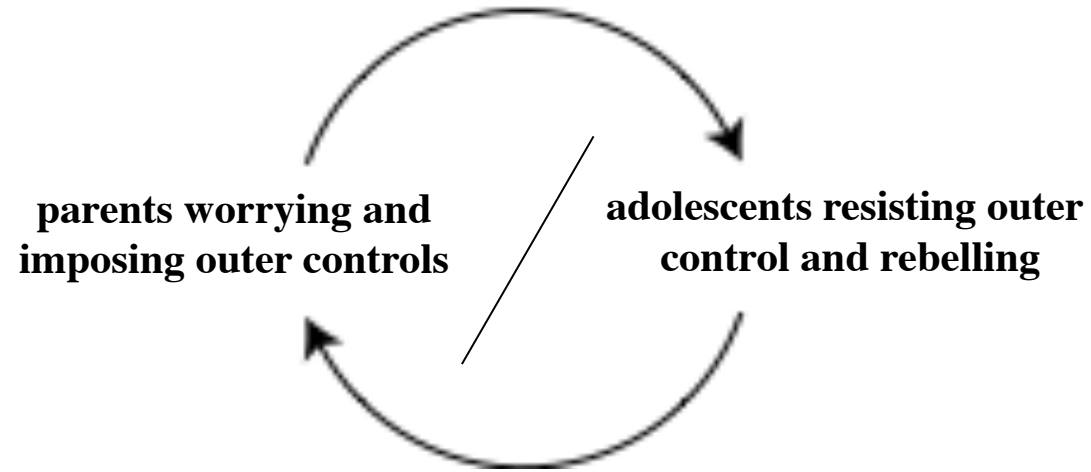
**adolescents resisting outer
control and rebelling**

HIP-2

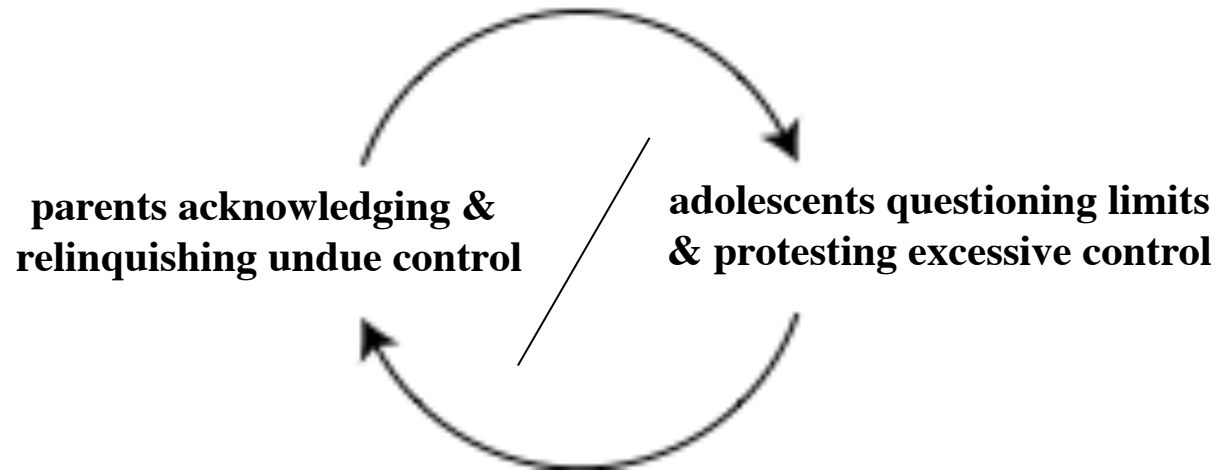
**adolescents questioning limits
& protesting excessive control**



PIP

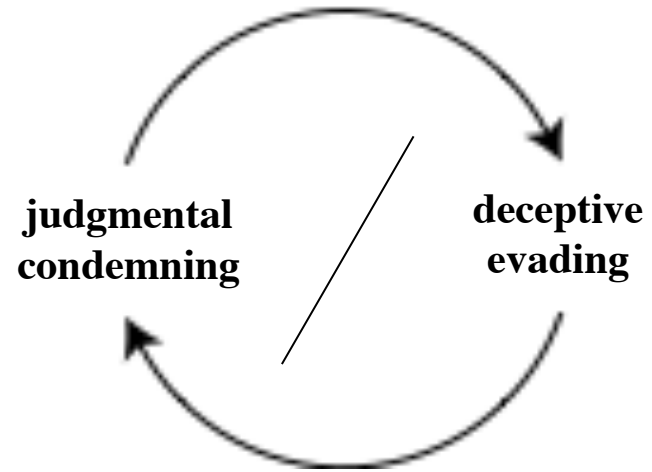


HIP-2

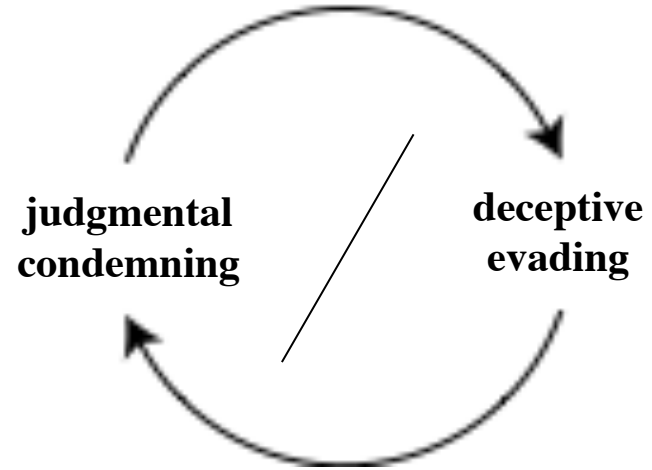


What are some common PIPs associated with
'lying and stealing'
along with their healing antidotes?

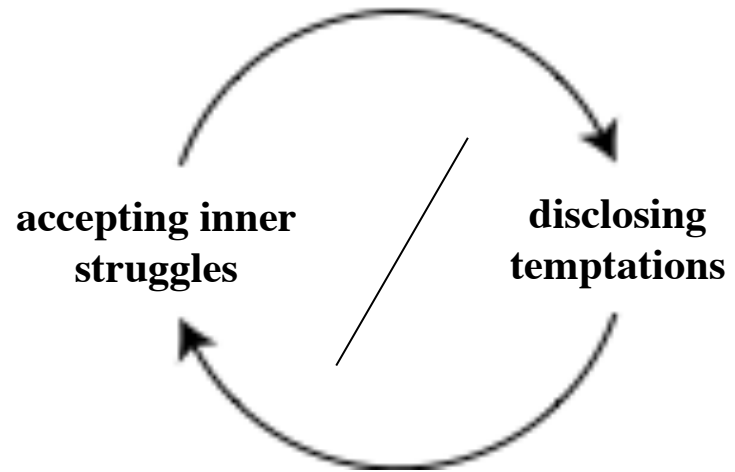
PIP



PIP



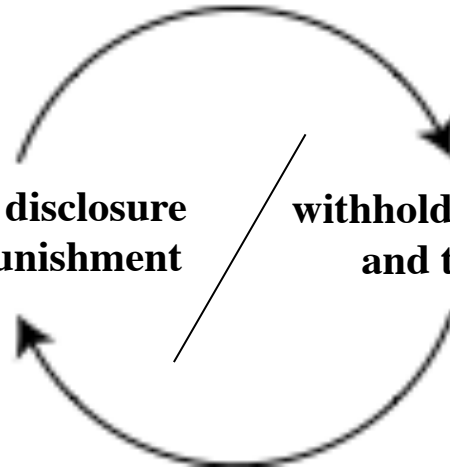
HIP



PIP

**demanding honest disclosure
and threatening punishment**

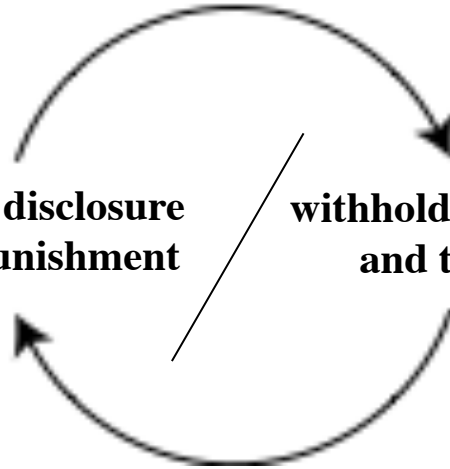
**withholding the truth
and telling lies**



PIP

**demanding honest disclosure
and threatening punishment**

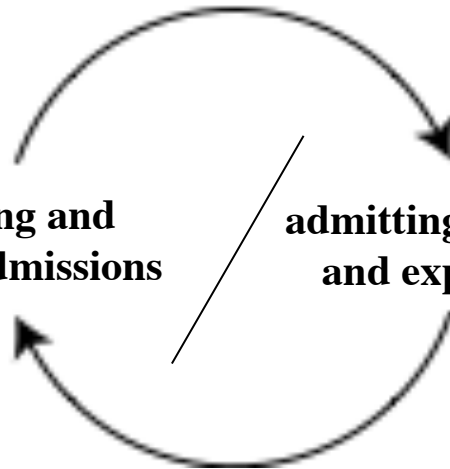
**withholding the truth
and telling lies**



HIP

**selectively noticing and
honoring honest admissions**

**admitting to mistakes/lies
and expressing regret**

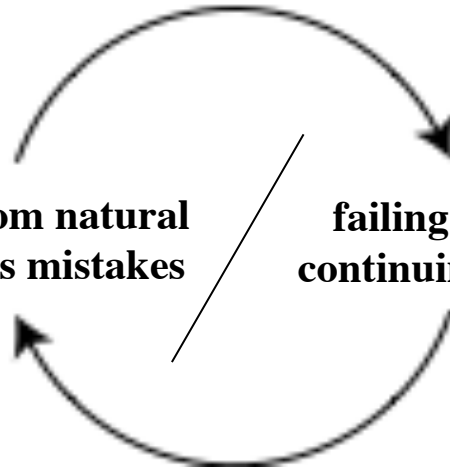


What is a common PIP associated with
childhood 'irresponsibility'
along with its healing antidote?

PIP

**protecting child from natural
consequences of its mistakes**

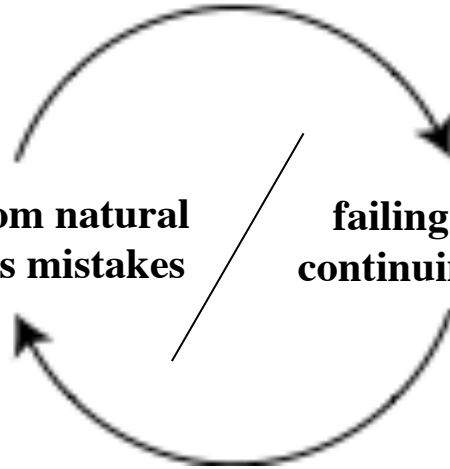
**failing to learn with
continuing vulnerability**



PIP

**protecting child from natural
consequences of its mistakes**

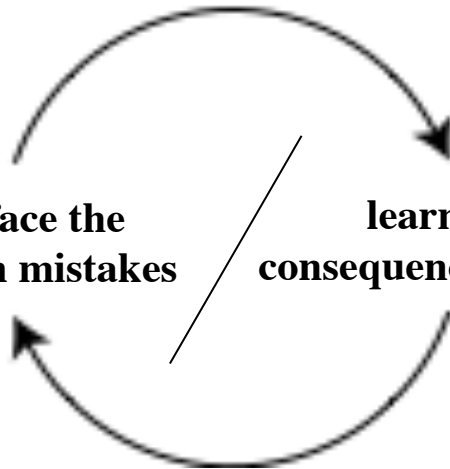
**failing to learn with
continuing vulnerability**



HIP

**allowing child to face the
consequences of own mistakes**

**learning from the
consequences of own mistakes**



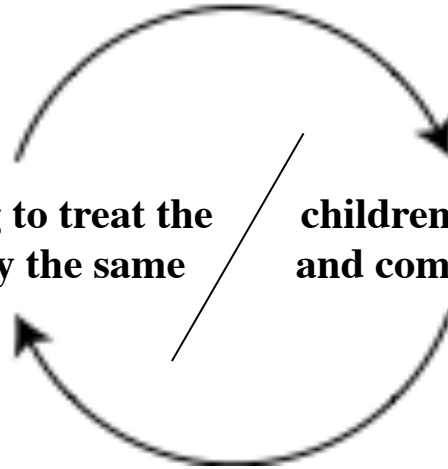
Do parents inadvertently teach
their children sibling rivalry?

If so, what might the pathologizing
interaction pattern (PIP) look like?

PIP

**parents claiming to treat the
children exactly the same**

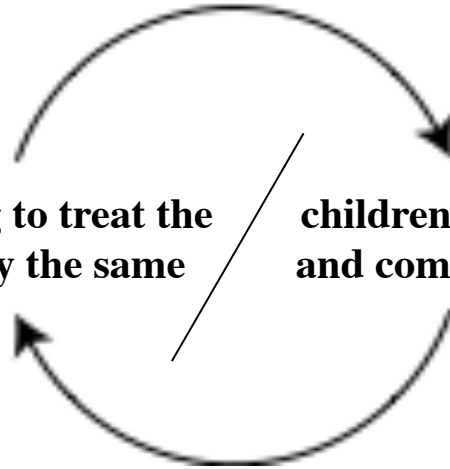
**children searching for differences
and complaining about unfairness**



PIP

parents claiming to treat the children exactly the same

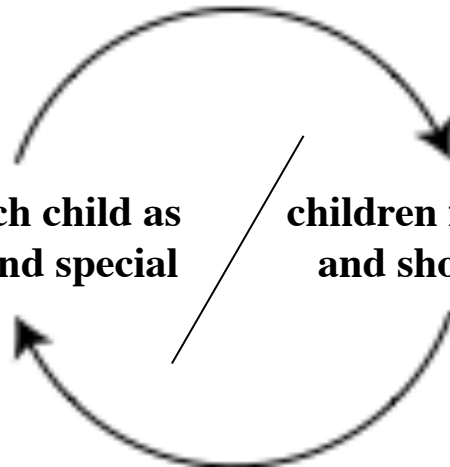
children searching for differences and complaining about unfairness



HIP

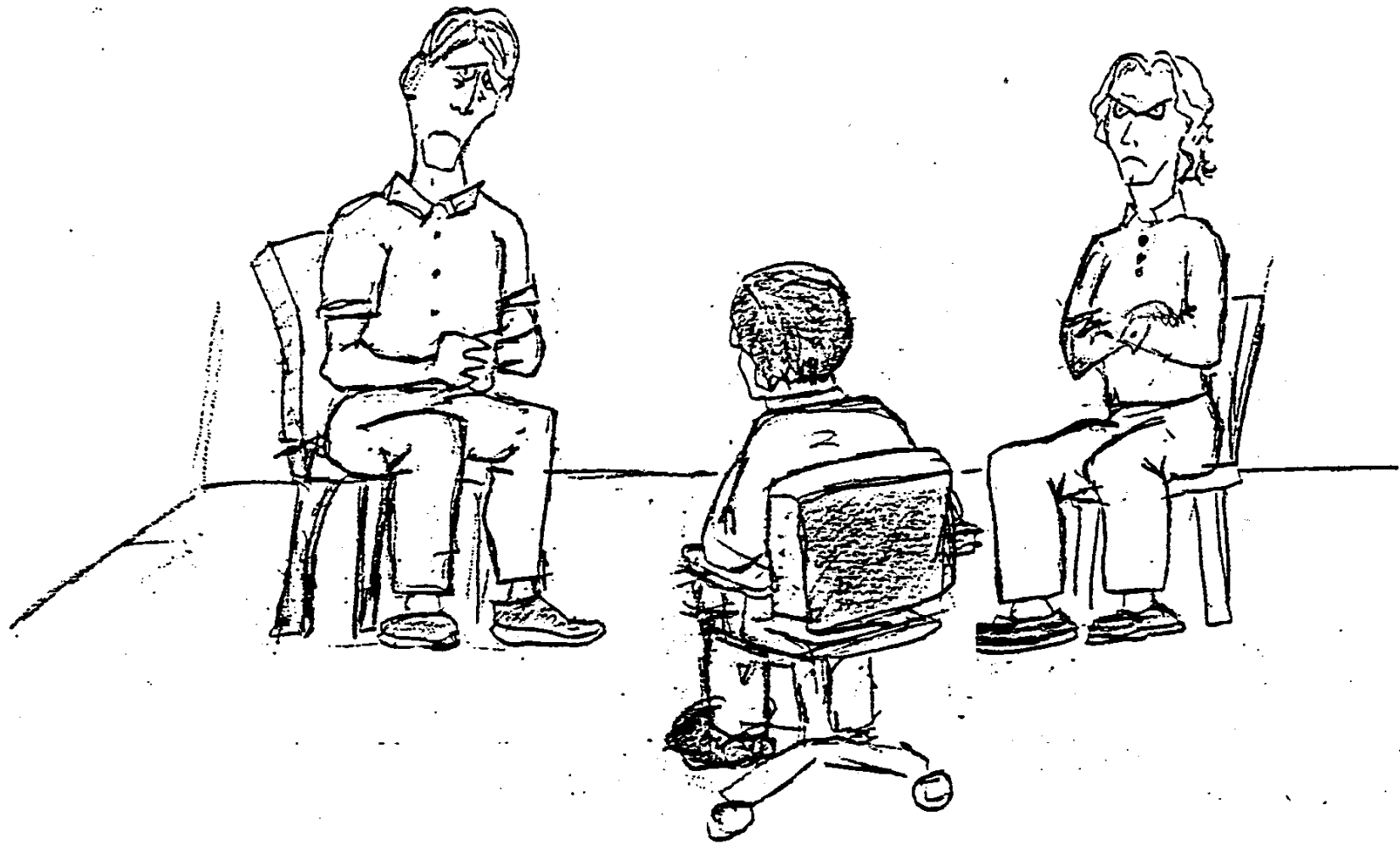
parents treating each child as different, unique, and special

children feeling more confidence and showing their uniqueness



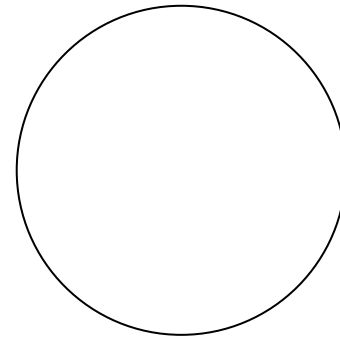
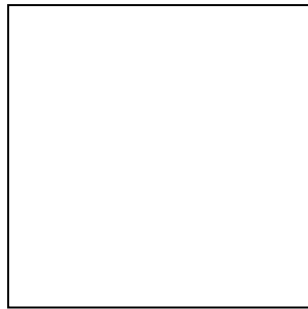
Steps to construct a PIP

- Intuit the strongest negative emotions that seem to be active in the main participants of the interaction
- Look for and distinguish observable behaviors that reflect these negative emotions
- Sort out the specific behaviors of each interactant that appear to trigger a high level of reactivity from the other participant
- Select a generic or core behavior from each participant that appears to reinforce the negative behavior of the other
- Bring forth and highlight the coupling of these selected behaviors to produce a recurrent and circular pattern of interaction (using ‘gerund’ descriptors whenever possible)
- Visualize the pattern in the interpersonal space and/or draw the pattern to give it sufficient ‘reality’ to work with.

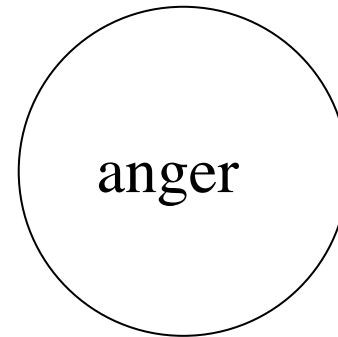
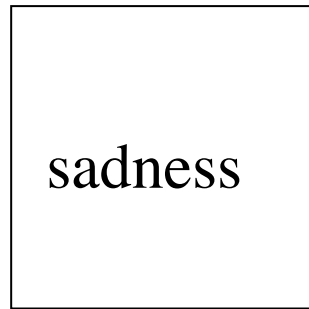


Matthew
1999

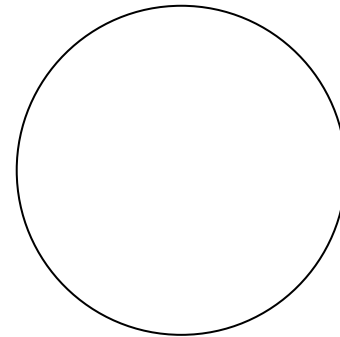
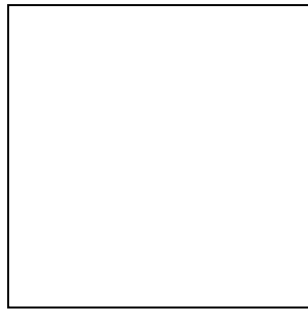
Intuit the dominant negative emotion in each participant



Intuit the dominant negative emotion in each participant



Identify observable behaviors that reflect those negative emotions

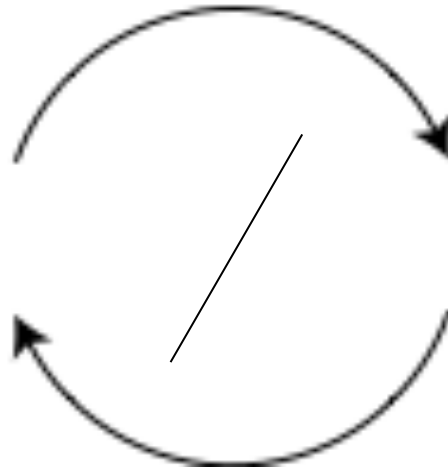


Identify observable behaviors that reflect those negative emotions

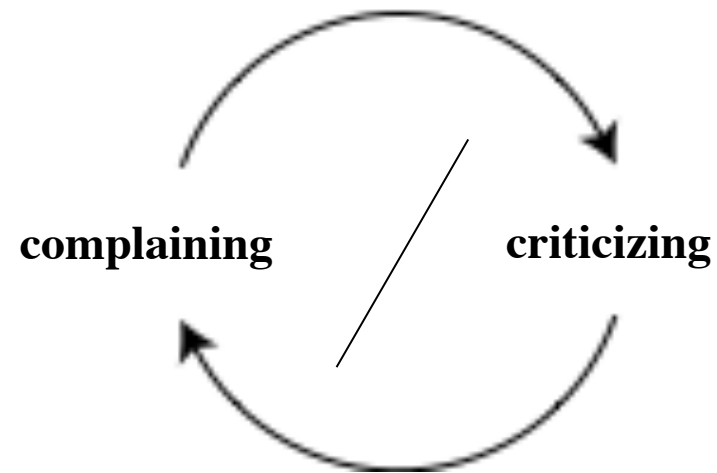
frowning face,
hunched over,
complaining
speech

scowling face,
crossed arms,
criticizing
speech

Select out and highlight the **coupling** of behaviors that produce a mutually reinforcing circular pattern

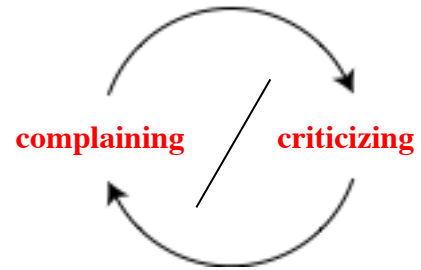


Select out and highlight the **coupling** of behaviors that produce a mutually reinforcing circular pattern

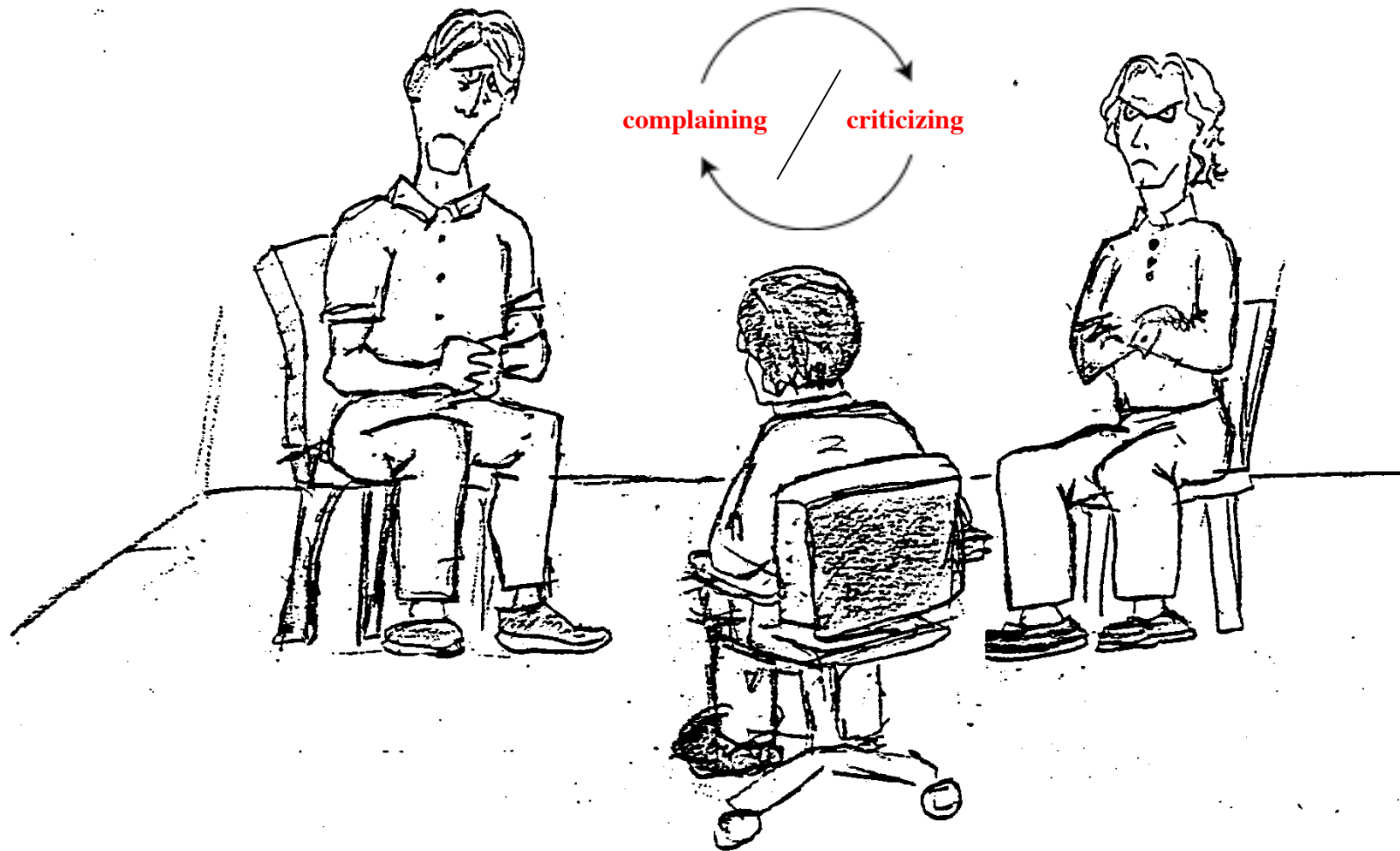


Visualize the pattern operating in the interpersonal space

Visualize the pattern operating in the interpersonal space

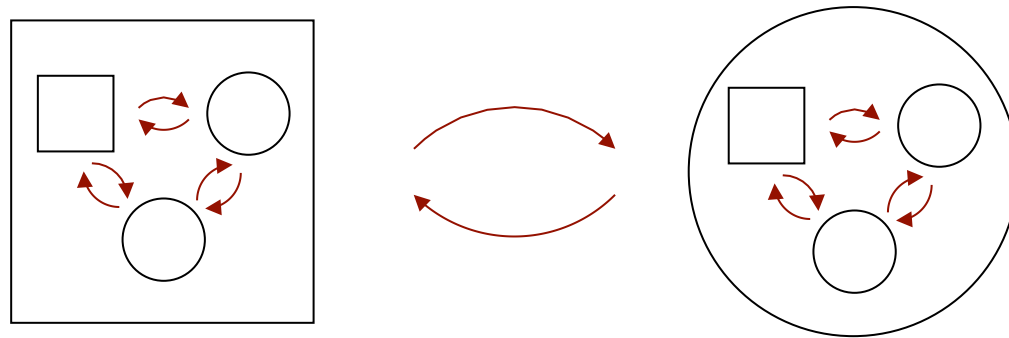


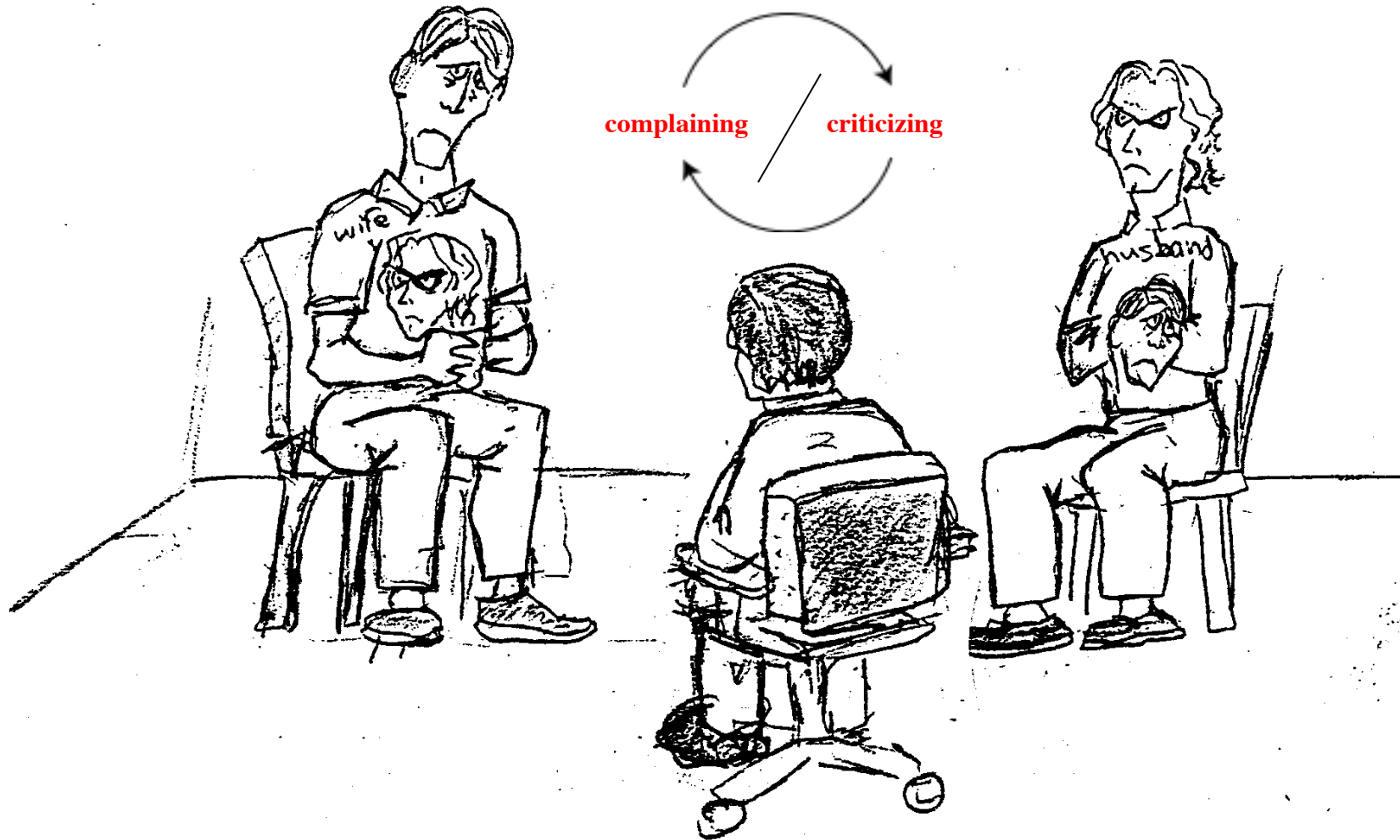
Visualize the pattern operating in the interpersonal space



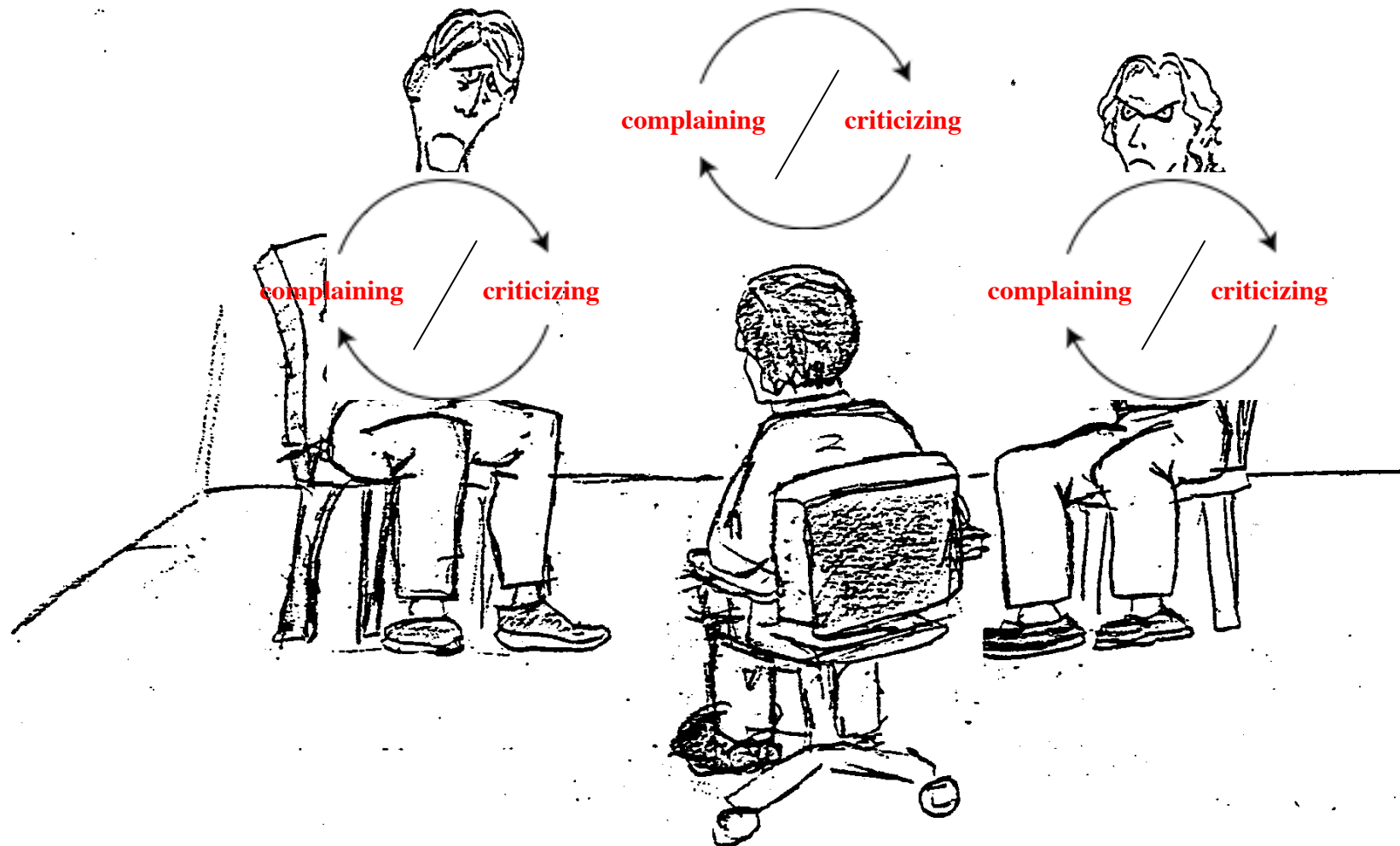
Matthew

PIPs operate **intra**-personally as well as inter-personally





Matthew



Matthew
1998

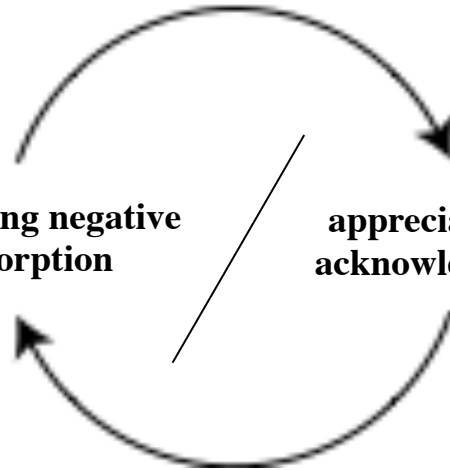
Steps to generate a HIP (to displace a PIP)

- Imagine and/or look for positive or constructive behaviors that would contradict, or are inconsistent with, specific behaviors within the PIP
- Take note of any spontaneous initiatives in the session that have the potential to displace the PIP, affirm them, and draw them out
- Select out specific constructive behaviors that have the potential to become mutually reinforcing and could become coupled in the interpersonal space to stabilize a preferred interaction pattern
- Refine the descriptor terminology (using gerunds whenever possible) to reflect easily doable behaviors for the participants in the interaction
- Visualize, describe, and/or draw the potential pattern to give it more substance and ‘reality’
- Ask specific questions to bring forth each of the complementary components of the HIP to help realize the preferred pattern

HIP

**acknowledging negative
self absorption**

**appreciating the
acknowledgement**



HIP

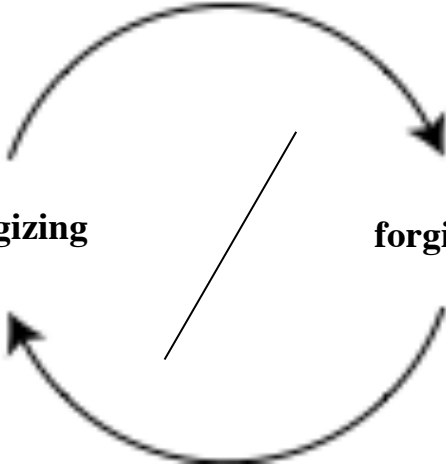
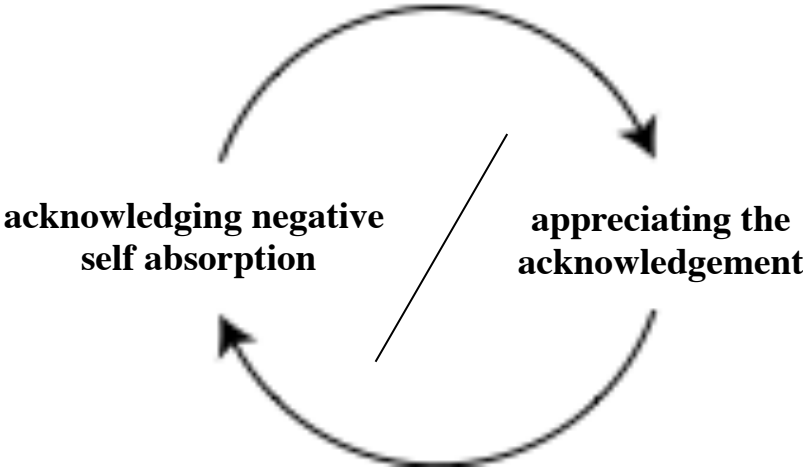
**acknowledging negative
self absorption**

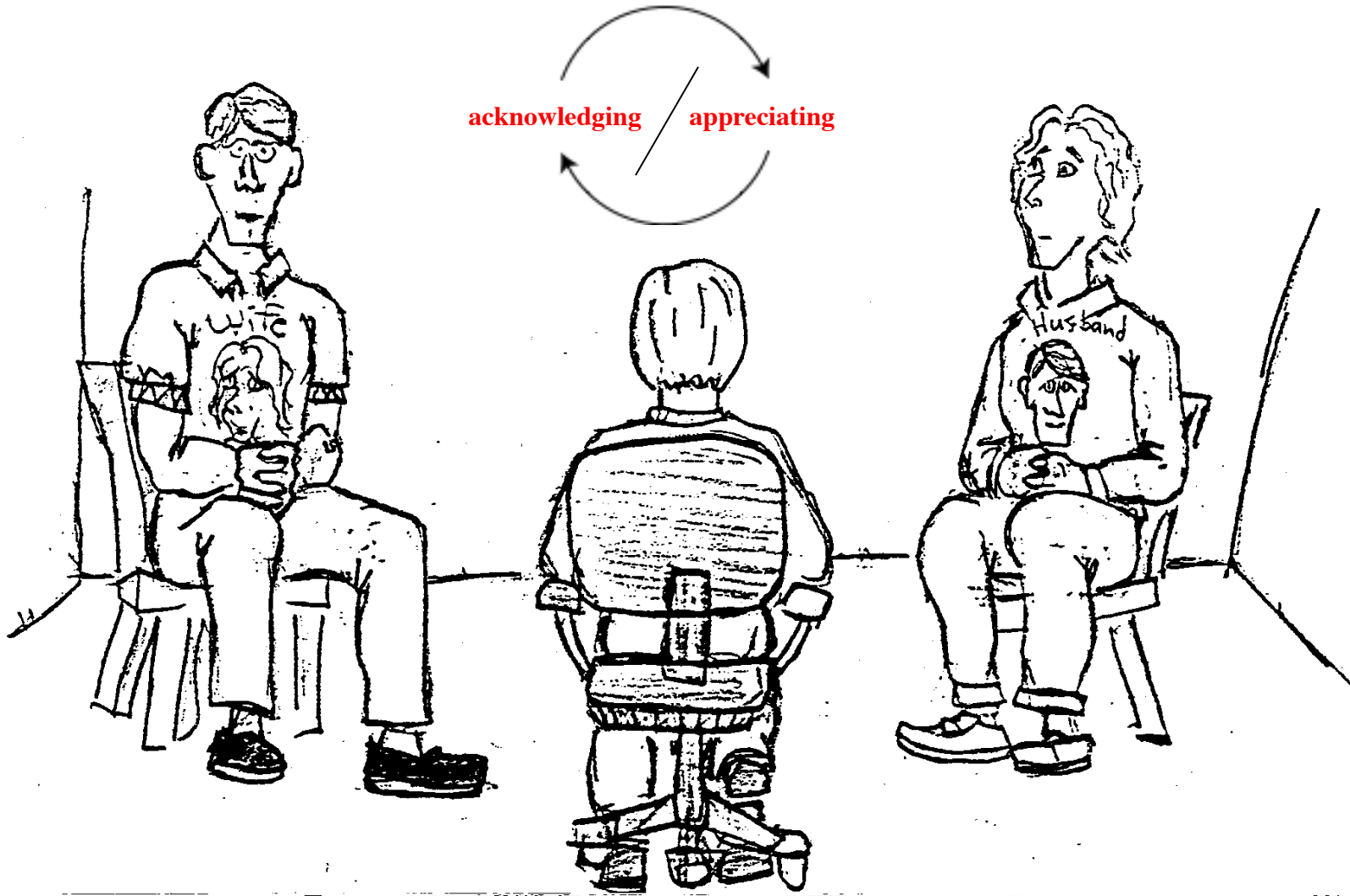
**appreciating the
acknowledgement**

HIP

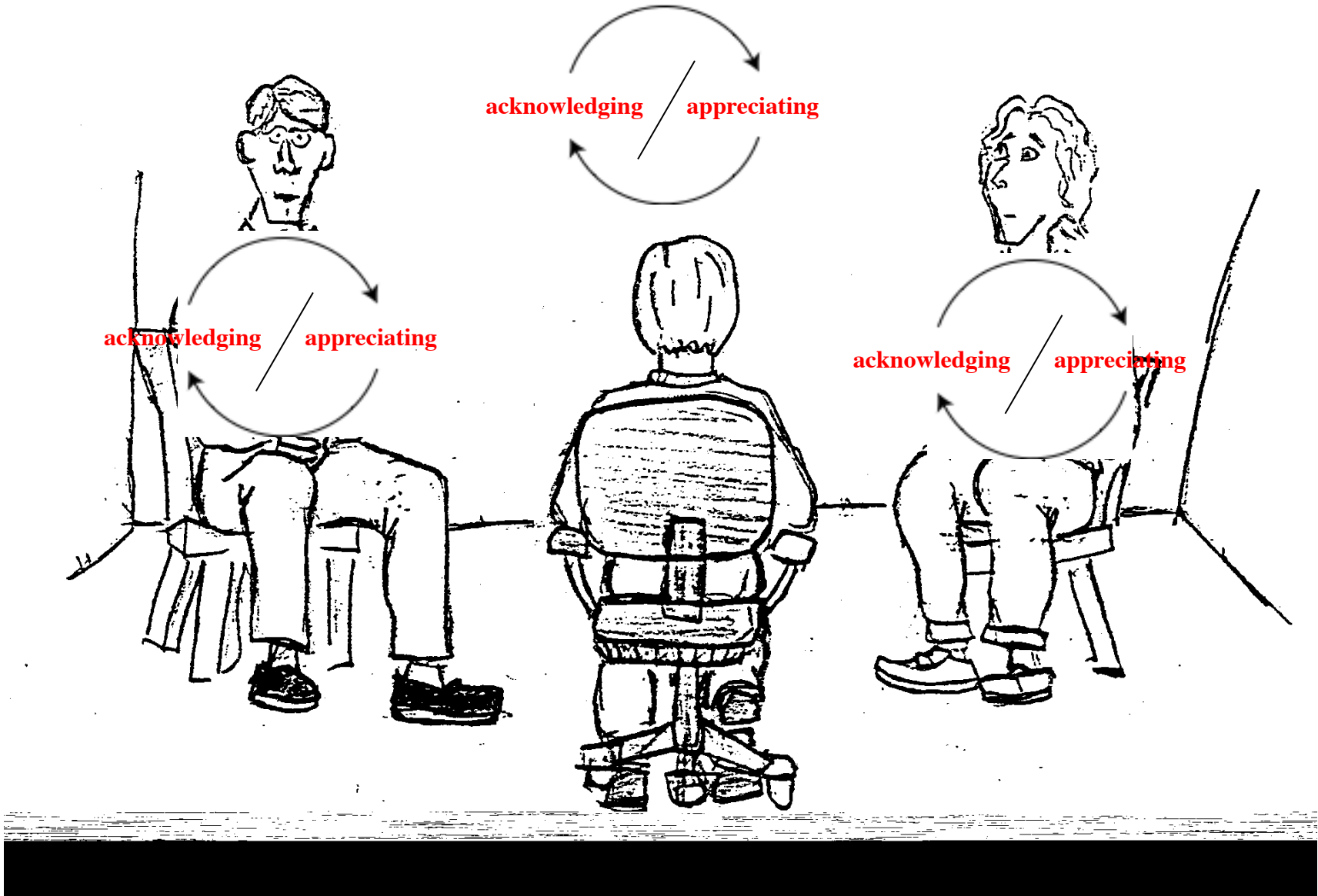
apologizing

forgiving





acknowledging / appreciating

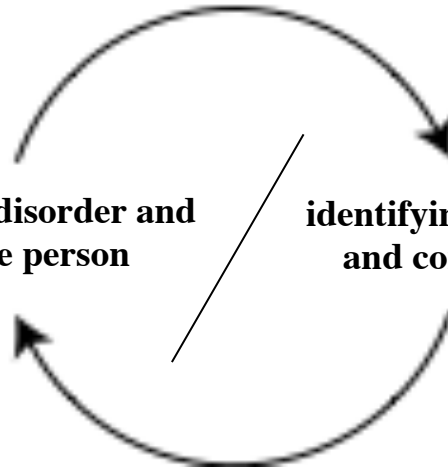


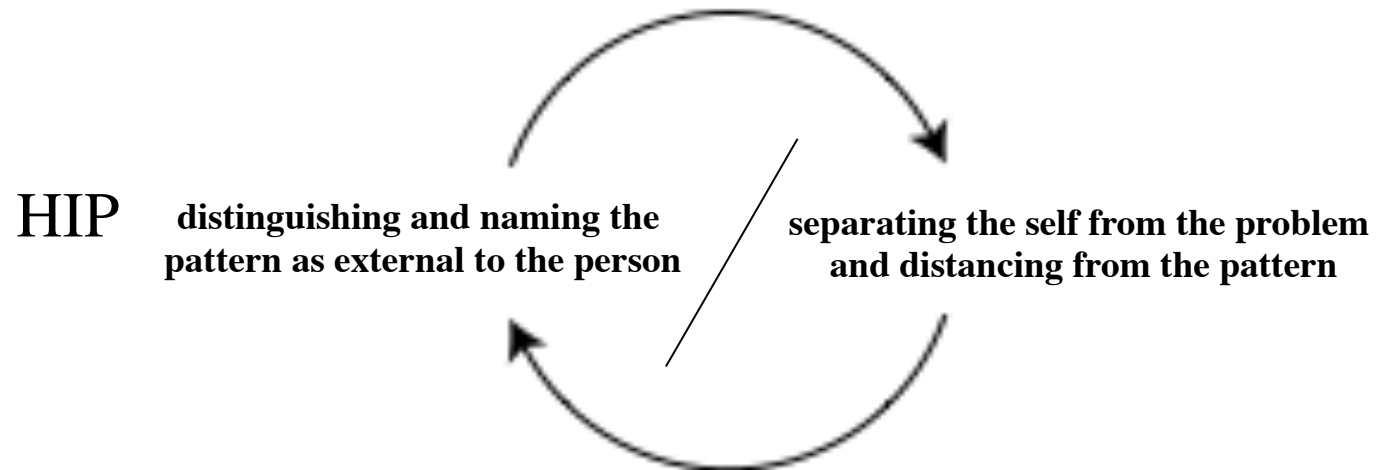
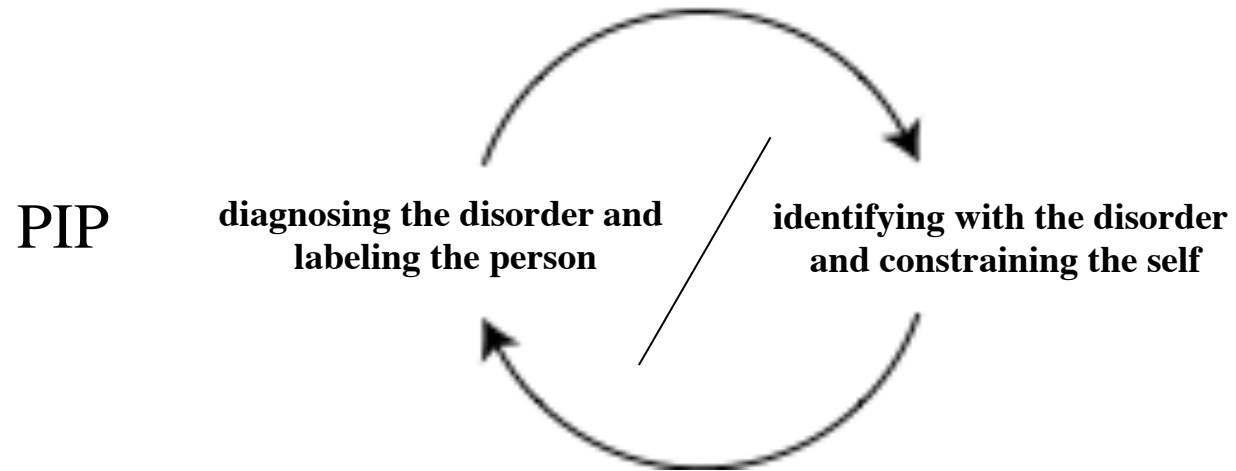
What is a common PIP associated with
professionally induced 'stigma'
along with its healing antidote?

PIP

**diagnosing the disorder and
labeling the person**

**identifying with the disorder
and constraining the self**





Some limitations of the IPscope

It assumes relatively ‘normal’ biological functioning of the participants and minimizes limitations in the neuroplasticity of interacting brains.

To some, the patterns may seem too abstract and intellectual; for others too behavioral, obscuring the significance of emotional dynamics.

The drawings could be interpreted as concrete first order descriptions of interpersonal process and enable a drift toward objectivity.

There is a risk for users to become formulaic by applying ‘old’ patterns in their work (using ‘cook book’ IPs vs constructing unique IPs).

Excess enthusiasm in applying the framework could eclipse other useful descriptions of specific situations (the “Law of the Instrument”).

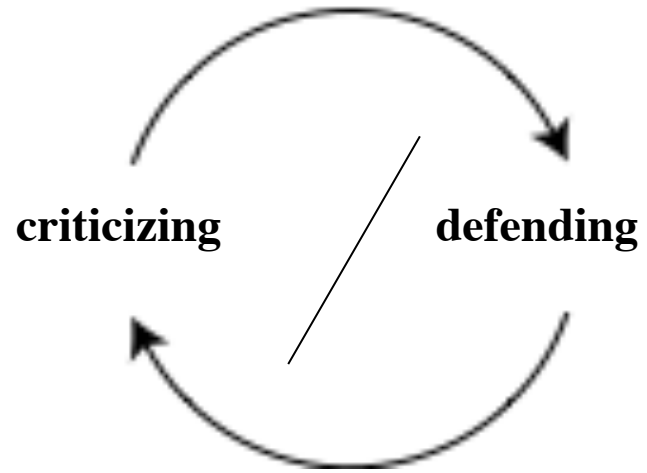
The feminist critique of systems theory as unsuitable as a foundation for family therapy (but this issue can be addressed).

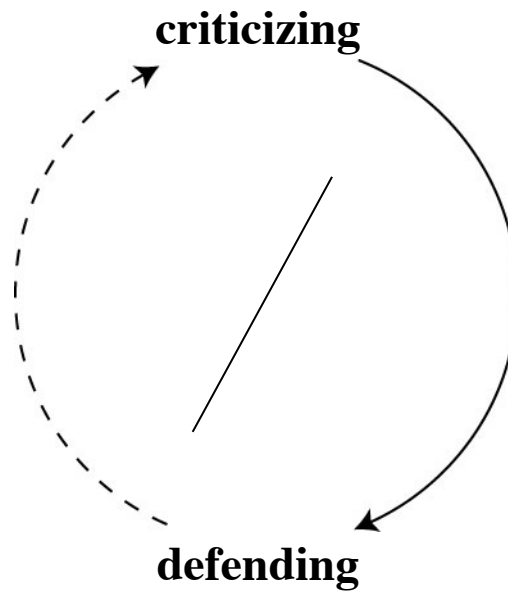
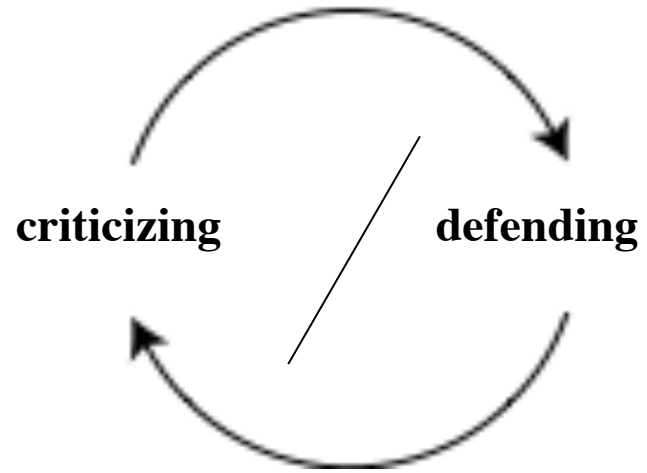
What is the feminist critique of systems theory?

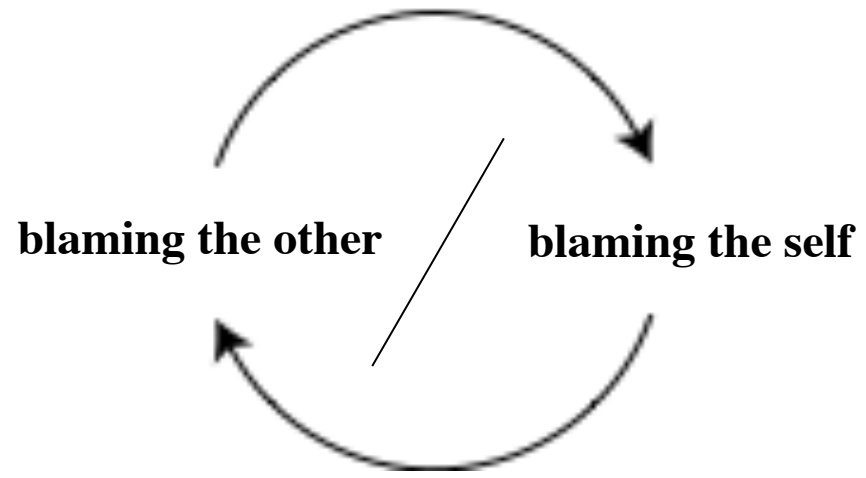
The circularity at the core of systemic descriptions of interaction implies equal influence and responsibility of the participants in generating and maintaining particular patterns of interaction.

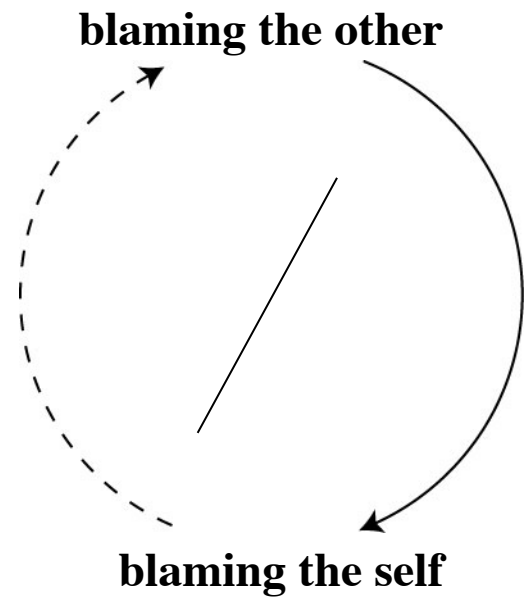
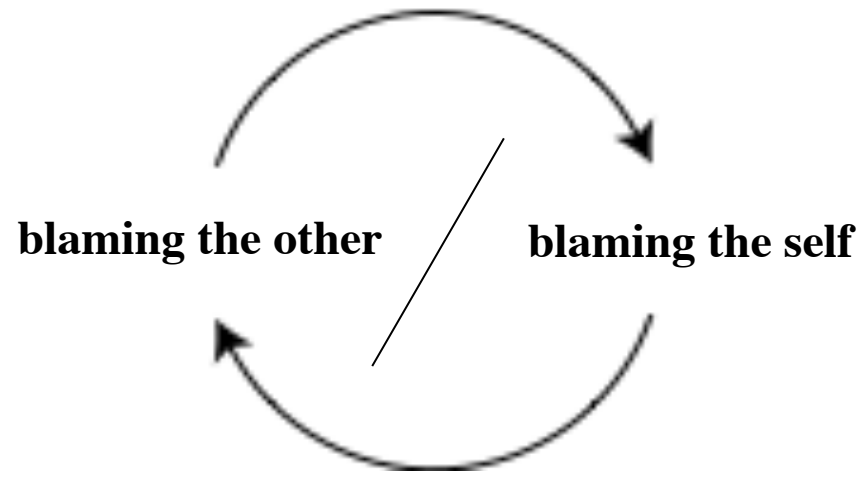
This assumption of equal influence actually obscures real differences in power between males and females that is used to perpetuate the gender injustice that arises from such power differentials.

Thus, the use of systems theory to explain human relationships could inadvertently foster continuing social injustices.

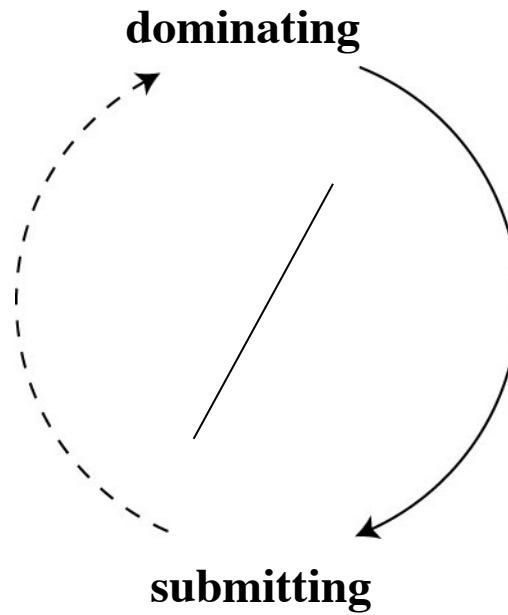




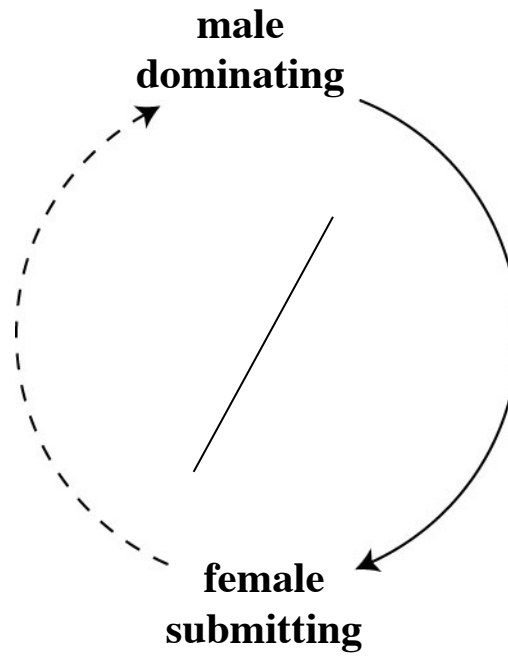




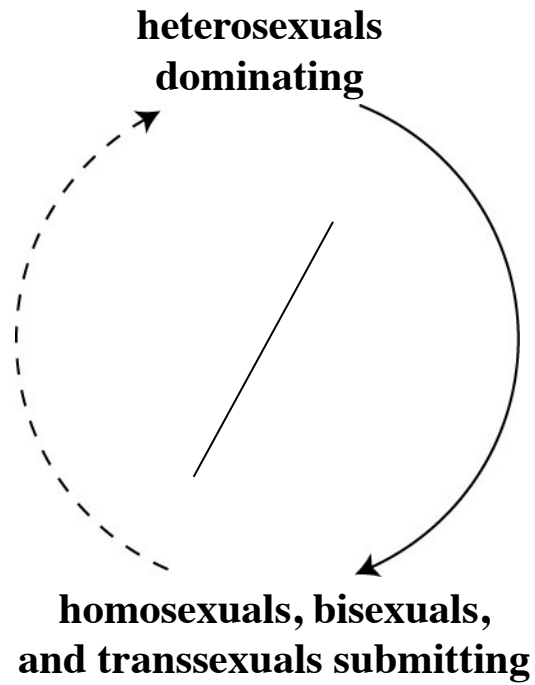
A pervasive pathologizing pattern in human relations



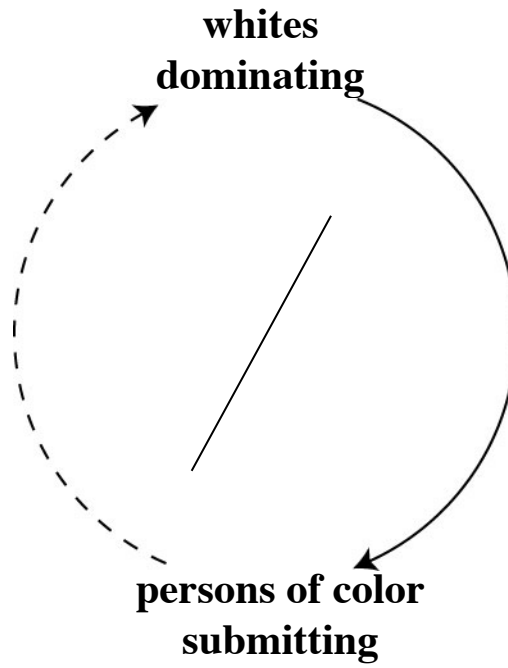
Sexism



Heterosexism

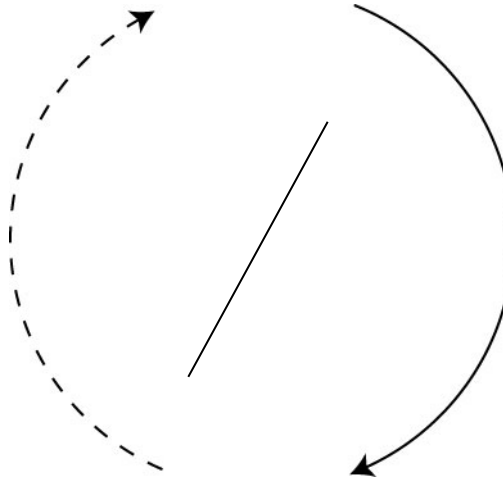


Racism



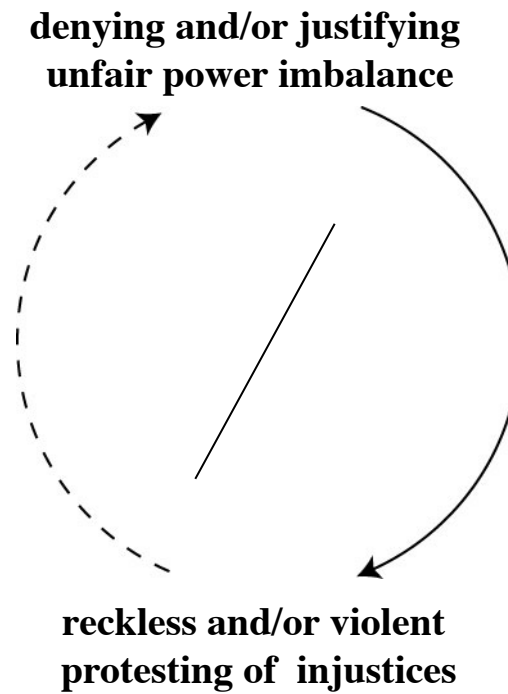
A generic healing antidote to domination/submission

**acknowledging one's own privilege,
listening to the experiences of the other,
and redressing injustices**



**describing experiences of marginalization,
claiming more voice, challenging unfairness,
and/or assuming more privilege**

A DIP related to the pattern of domination/submission



Two levels of complexity in systems/systemic assessment and understanding

First order cybernetics:

*“The study of patterns of regulation and control in **observed** systems”*

e.g. complementary couplings, homeostatic maintenance patterns, positive feedback loops, and negative feedback loops.

This level is often referred to as “systems” analysis

Second order cybernetics (the cybernetics of cybernetics):

*“The study of knowledge and understanding in **observing** systems”*

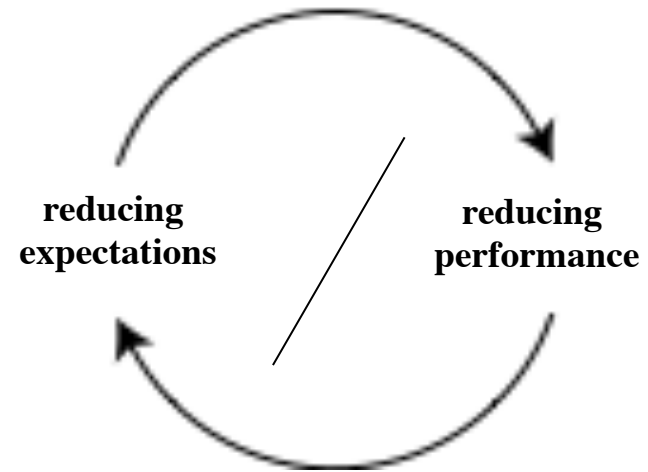
e.g. knowing about one’s knowing, looking at one’s looking to see what one is seeing, and seeing how seeing in a particular way influences one’s position in the system.

This level is sometimes referred to as “systemic” understanding

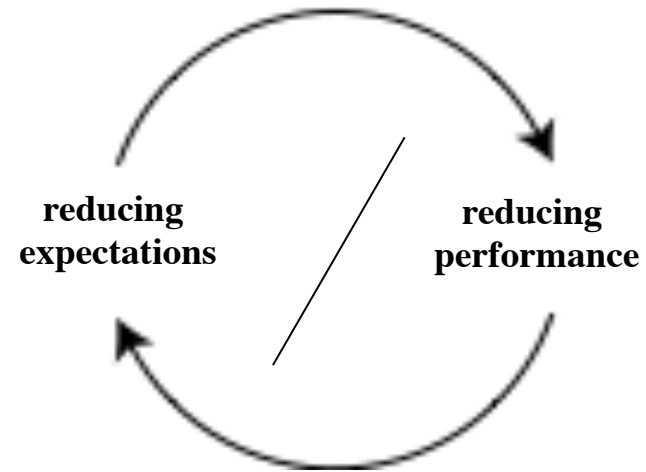
To function at the second order level of complexity one needs to take responsibility for the distinctions one draws and how one uses them to organize one's clinical initiatives

For instance, the same distinctions could be seen as pathologizing or as healing

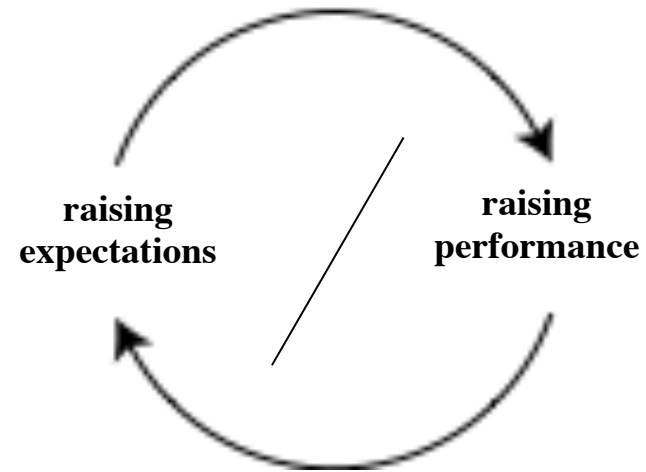
PIP



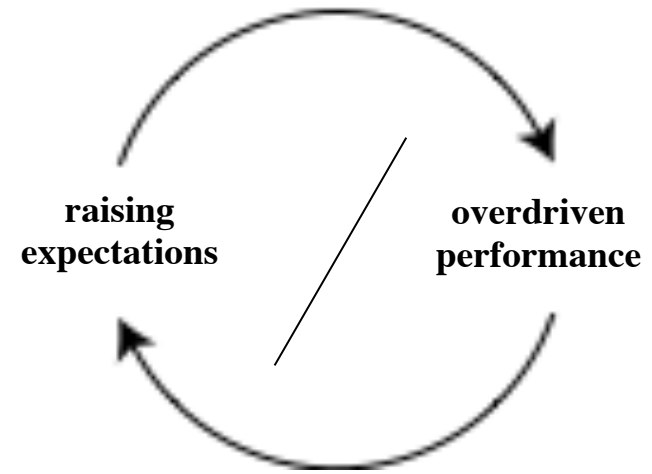
PIP



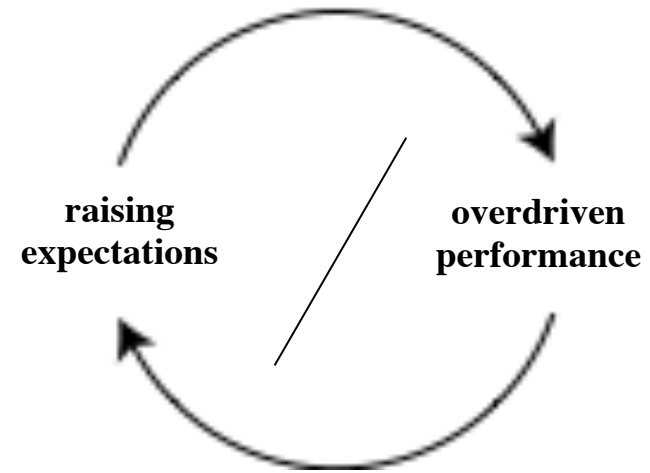
HIP



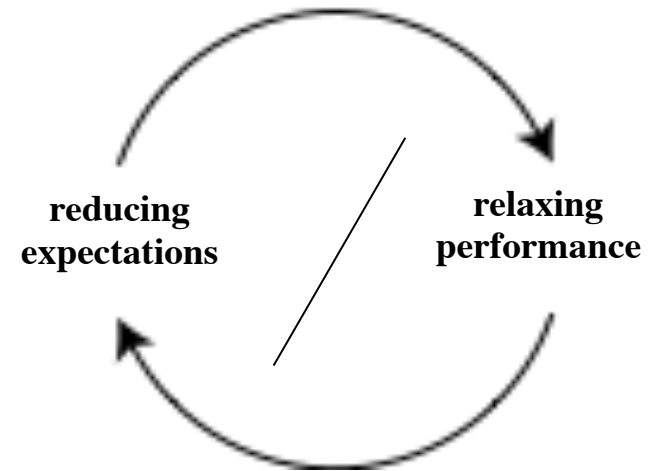
PIP



PIP



HIP

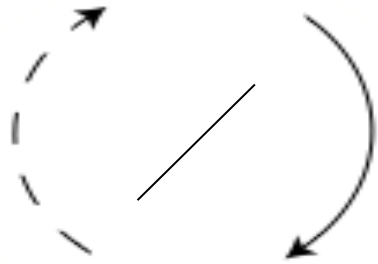


THE INTERNALIZED MOTHER



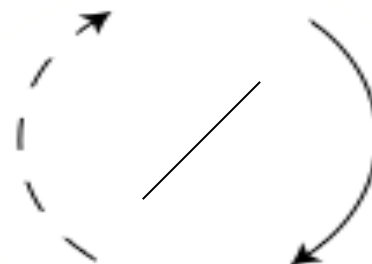
The Ipsopic perspective could also be applied to clarify societal PIPs e.g. that produce recurrent cycles of violence

Seeking justice by
perpetrating retribution



Suffering injustice and
seeking vindication

Collective
perpetratorship



Collective
victimization

References

Tomm, K. “Beginnings of a HIPs and PIPs Approach to Psychiatric Assessment” The Calgary Participator, p21-24, 1991

Tomm, K., St. George, S., Wulff, D., & Strong, T., Patterns in Interpersonal Interactions: Inviting Relational Understandings for Therapeutic Change, 2014 Routledge Press NY