In this paper I would like to explore the application of a new conceptualization of psychopathology to an understanding of dysfunctional families. This new conceptualization is based on a relational model of growth and development and is articulated in the paper by Jean Baker Miller entitled, “Connections, Disconnections, and Violations” (1988). The model began with an attempt to understand women’s development within our cultural context, an attempt which contrasts with the propensity to pathologize women’s experience and behavior in most traditional theories.

The optimal conditions for healthy development arise in those families which create a high degree of mutuality between parents and between parents and children. This mutuality encourages growing children to be expressive of their feelings and needs, so that they can feel heard and can become more and more authentic in their interactions with others.

In the process, the child can then develop more clarity of thought and desire, and can feel free and unafraid of expressing curiosity and interest in the people around her. Empathic skills can grow and develop in such a family context. The child then will feel encouraged to move, participate, and actively engage with others in the world. Of central significance here is the empowering effect on the child when she recognizes that her experiences and behaviors truly have an impact on the important people in her life, who then modify their experiences and behaviors accordingly. The underlying processes in these growth-enhancing family contexts have been conceptualized as mutual empathy and mutual empowerment. These ideas have been developed and elaborated in a series of the Stone Center Working Papers by Judith Jordan (1986, 1987), Alexandra Kaplan (1987), Jean Baker Miller (1984, 1986, 1988), Janet Surrey (1985, 1987), and me (1984).
Disconnections

Dysfunctional families, on the other hand, impede rather than foster growth-enhancing experiences in their children. Instead of developing toward a greater sense of connection with others, the children feel more and more disconnected and isolated. Miller, in exploring the circumstances which lead to significant disconnections, has identified and elaborated a number of key processes.

When a child’s expression of her thoughts and feelings is neither heard nor responded to, when she feels that how she is or what she expresses has no impact on the important people in her life, when she experiences a profound sense of powerlessness in her relational interactions, and when her painful feelings cannot be shared with another person, there are profound consequences, in a marked erosion of trust, in the impaired capacity for empathy, and a lack of empowerment.

More importantly, a child growing up in these nonrelational settings learns to alter her inner sense of herself to fit with the images imposed on her by others. She also attempts to adapt her self-image to her understanding of the meaning of the neglect and/or violations she endures from others. More and more of the child’s experience becomes split off or “walled off,” leaving her with a very constricted and highly negative image of herself and of others. In this description of some of the key aspects of a child’s development in dysfunctional families, I particularly would like to stress the disempowering effects on the child as she learns that she cannot reach the other person, as she feels powerless to effect or in any way change — that is, have an impact on — the meaningful people in her life.

Miller recognizes a significant paradox in these circumstances. Because the child feels more and more isolated, she tries to establish ways of connecting in the only relationships available but can do this only by staying out of relationships. That is, because of the constrictions on self-expression, she cannot fully engage with others in ways which lead to growth and change. Instead, the connections are apt to be static, rigidly programmed, and fixed in place, with little chance of change in all the people involved.

More traditional characterizations of dysfunctional families have used rather static terms, labelling parental roles, e.g., the overprotective, the engulfing, the narcissistic, the depressed, or the rejecting mother; the distant and peripherally involved father; or labelling the type of dysfunctional family, e.g., the alcoholic family, the incest survivor family, the schizophrenic family, and the like. The major indications of the dysfunctionality of these families have been that the children become “triangulated,” have trouble “differentiating,” and cannot effectively “separate/individuate” (Luepnitz, 1988).

I would like to use Jean Baker Miller’s model of disconnection and pathological development to reframe our understanding of the “dysfunctional family.” This formulation involves attending to the particular ways in which relational interactions lead to disconnections in a sustained and relatively chronic fashion. Also, we need to try to identify the variety of ways in which people growing up in dysfunctional environments express these disconnections. Finally, I believe this model of psychopathology will help us to reexamine and clarify our therapeutic interventions so that we can become more effective and more empowering in our clinical work in individual, family, and group psychotherapy.

I will present this material in two parts. Tonight I will focus on a number of themes which characterize those family dynamics which do not foster growth and development in either children or adults. The major thrust of this paper is that growing up in dysfunctional families, children learn how to stay out of relationships while behaving as if they are in relationships. They do this as the only mode of survival. For these children, exposing their vulnerabilities through being authentic and empathic in interactions with others is dangerous. This danger leads them to develop strategies to hide their vulnerabilities and, thus, to avoid more genuine relational connections. The strategies continue into adulthood. The second part, which will be presented at a later date, will focus on those strategies which give the illusion of relational behavior but which are in the service of disconnection and disengagement from others.

Three vignettes

Let me begin with three clinical vignettes which illustrate three different kinds of dysfunctional family contexts, the Holocaust survivor family, the incest survivor family, and the alcoholic family.

Arthur, a 42-year-old, unmarried, and highly successful businessman who appears very warm, charming, and witty, describes a visit “home” over a weekend. Parenthetically, it should be noted that he considered himself and was considered by others to be a very kind and dutiful son who came home frequently on weekends and holidays. In one of these visits he is sitting in the living room watching television, reading a book, and eating peanuts. Opposite him sits his mother, knitting, and talking