

## The functions of the mind in the family and in institutions of care

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### **Abstract**

The four functions of the mind considered by Meltzer as essential for the balance among the members of a family, are also important in the work of the operators in care institutions.

Added to this is the ability to learn from experience (Bion), and to welcome unexpected thoughts and events into one's mind, which can contribute to give meaning to the daily routine.

A novel by Calvino, "The Day of a Scrutineer", is used in order to describe the change in perspective resulting from an unexpected emotional experience. This leads the main character to recognize the reality of the internal world, the feelings of love and hate, both in his private life and in an institutional situation where the defenses of emotional detachment and exploitation of the other prevail.

The four functions described by Meltzer are necessary to contain relational conflicts with patients' families, their anxieties, that also have an influence on the unconscious dynamics within the group of operators.

**Keywords :** To give love, to encourage hope, to contain the pain, thinking, unexpected experiences, change of perspective

Meltzer suggests which particular functions of the mind are needed in a family to help the emotional growth of its members. I think that these functions should also be considered as resources in the workings of any institution of care. These are: 1) *to give love*; 2) *to encourage hope*; 3) *to contain pain*; 4) *to promote thought*. Different operators may be more talented in one resource than in another. What is important is the group's presence, just as in a family, at some point, a child may be better at giving hope, the father at rationalizing, the mother at containing pain or vice versa; the key factor is that slowly each individual learns from the qualities of the other, acknowledging them. These functions will be discussed in more detail later in this paper.

However, before expanding on these particular functions of the mind, I would like to emphasize that the main resource of the operator is the ability *to learn from experience*, i.e. from their own life experiences, as well as from their work experiences. To acquire this ability the operator needs: 1) *curiosity*, the desire to know oneself and others, without taking anything for granted: it is this desire that sustains us when our work is difficult, or when we think our life seems a mere

insignificant routine; 2) *the ability to accept unexpected thoughts and events*, and not to discard them simply because they do not follow the usual course of events.

Often people who choose a profession that requires relationships and caregiving have had painful vicissitudes in their own life. Childhood traumas and bereavements are triggers to *repair* damage caused to siblings or parents, for which, in our imagination, we hold ourselves responsible.

So our work becomes an instrument to continue reworking that mourning, to heal that wound that is still festering. It is important to realize this aspect, i.e. to distinguish between the disabled person we are taking care of today and the relative of our past for whom we have suffered. Only when we manage, to a certain extent, to “bury the dead”, as some folk tales tell us, can we also free ourselves from their ghosts. Nevertheless, from our own painful experiences we can draw lifeblood, capacity for empathy, which allows us to understand and to identify with the suffering of others.

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An example is given by the great English psychoanalyst Frances Tustin, one of the first to have made important discoveries in the field of autism. A year before her death, in an interview about her life, she gave an example of how learning to recognize one's own vulnerability is important for the growth of a person involved in a caring profession.

When Frances interrupted her 14 year-long psychoanalysis with her teacher Bion, she began to experience strange symptoms: suddenly she was terrified of speaking in public: she, the daughter of Protestant preachers, who had been used to public speaking since she was a child. A second analysis, which she undertook during her psychoanalytic training, and the subsequent work she began with autistic children, helped her understand the terrors of patients expressed in non-verbal ways: including their terror of liquefying, of being sucked into a drain hole, devoured by rival mouths. She was able to understand them because she had herself experienced those feelings. She felt that this awareness stemmed from the cracking of a bell jar in which she had so far lived, a false self seemingly optimistic and cheerful. She recalled the shocking fears that had gripped her as a child when her mother one night called her to run away from home together, leaving her father. Only much later did she realize that her mother and father no longer understood each other after his return from the war, when, in the grip of an existential crisis, he decided to leave the church where he had been a pastor. This experience helped Frances Tustin realize that the choice to work with autistic children was rooted in her childhood experience. From events suffered as mortal wounds she had drawn new lifeblood that nourished her capacity to love and the wish to know.

Life experiences like Frances Tustin's teach us how, in caring professions, our traumas can be a resource rather than an obstacle.

In the process of reopening old wounds we find that we have to accept unexpected mental experiences, which can upset our previous equilibrium. It is in these situations that one can have a sudden experience of beauty, discovering what *love* really means, the first function of the mind that Meltzer considers necessary for the members of a family.

An example of welcoming unexpected thoughts and events is given in Italo Calvino's story "*The Watcher*", set in post-war Turin, in the 50s. I take this example also to underline that this capacity is not a prerogative of the psychoanalyst, but an asset we all need to make sense of life.

Amerigo, a young Communist very much engaged in his party, accepts the task of observer in a polling station set up in a mental hospital. He takes his political task very seriously. He observes with mixed feelings of curiosity and disgust the "mentally retarded" queuing to vote. Their behaviour is childlike and they are accompanied by a priest or a nun who marks the polling card for them, as they seem to him to be of unsound mind. The Christian Democrat colleagues present pretend not to notice and use words of "compassion" and "gratitude" to blame anyone who dares criticize a vote that will certainly benefit their own party. Powerless, Amerigo observes the evident fraud with apparent detachment: he thinks about other things, avoids addressing the problem, unable for a while to confront this new embarrassing experience, even though his intention is that everything should take place legally and with no electoral fraud. The pain and the horror he feels for those *idiots* almost leads him to justify those who take them to vote, as if recognizing their civil right redeems them from being *different*. When he goes home during the lunch break he receives a call from Lia, his girlfriend, whom he considers *one of the many*, as if he is not allowing the most human of feelings to interfere with his political commitment. The girl in a roundabout way finally confesses that she is pregnant and intends to have the baby even against his will. Amerigo cannot help but admire the courage of the girl, whom so far he had not held in high esteem. The sudden realization breaks his defences of detachment and indifference to such an extent that from that moment onwards the whole atmosphere of the day changes for him. On his return to the polling station he looks with different eyes at the *wretched people*, with their inarticulate cries and use of words never heard before, almost as if uttered in a foreign language. All of a sudden, he begins to feel real human solidarity and finds the courage to react against a voting procedure that uses people who are unaware of what they are doing. "Have some respect!" he shouts. His words do not arouse opposition, but almost relief. Now he feels at peace with himself.

Above all, he is troubled by the sight of a peasant who had come that Sunday, and probably comes every week, to help his sick son eat, sitting with him silently next to his bed in the ward. Suddenly he understands *the bond that unites that father and that son*, a father who had accepted a misfortune he could not avoid. In other words, Amerigo, a rational man, understands the importance of feelings, and is astounded by this insight. Calvino writes "Here, thought Amerigo, those two as they are, are

mutually necessary to each other.” “This way of being is love.” And for a moment he understood the analogy between his newly-discovered feelings for Lia and the silent Sunday visit of the peasant to his son.

This way of describing feelings leads us to recognize the ability I spoke of before, i.e. that of accepting unexpected thoughts, such as the feeling of disgust for those he calls “idiots”, initially covered up by colluding with the false compassion of the institution, which only later turns into real empathy, a real *capacity to love*. An unexpected thought in Calvino’s story also occurs when the idea of becoming a father, first abhorred and despised, changes when the protagonist recognizes the bond between that father and his disabled son. In the experience of beauty, which I mentioned earlier, all the elements of Amerigo’s insight reorganize themselves in a new way and allow him to look at the world with new eyes.

The ability to recognize true feelings in ourselves, whether good or bad, is another resource that enables the operator to understand non-verbal language between himself and his patients. Bion calls *reverie* the ability to surrender to spontaneous thoughts. The mother using her *reverie* is able to understand emphatically what the child feels. In our training course we hope to contribute to developing the capacity for *reverie*, which allows the emergence of memories, past experiences, free associations of the mind that help one understand what happens in the relationships with the disabled people in one’s care.

While it is not difficult for us to recognize love and tenderness, we are unwilling to admit and accept the presence in ourselves of hatred or disgust, as we have seen in Calvino’s story. If we hide these unpleasant emotions to ourselves, it will be difficult to feel human sympathy for such unattractive creatures. We will always consider them rather strange and alien remote from us. I must confess that at the beginning of my profession, for about three months, I started feeling sick a few miles before reaching my work centre. With time it passed: now the cries of patients coming from the windows of the floor above no longer disturb me, the singing and performances of *horrible* people in wheelchairs, move me.

The task of the operator involved in a relationship of care, like that of a mother, is to accept the suffering of the disabled, while, at the same time, remaining faithful to their professional task, though not avoiding becoming emotionally involved. This is the function of *containing pain*, since the emotions the operator experiences are clues to understanding those of a patient or group of patients. The operator may therefore feel hatred or dislike for some of the patients, but at this point they should think about the origin of this hatred, whether it comes from the patient or even from their own life experience. It may be that the disabled person resembles someone from the operator’s past in some way. Only by waiting for a meaningful explanation to emerge that repressed hatred can help establish clearer boundaries between the two people, set limits, protect the relationship, enabling it to survive. Winnicott says that the therapist’s ability to recognize their hatred in the counter-transference allows them to

discover in the relationship with the patient aspects that until then had not been detected. The important thing, in some cases, he says, is to survive as people engaged in a caregiving relationship, not to act, but to keep *thinking*.

Only by understanding our true feelings can these be transformed, which is what happened to the protagonist in Calvino's story.

Sometimes the operator defends themselves from involvement with the disabled person, from being the object of the patient's too intense projections. The operator then feels that defending themselves is indispensable for them, and is even relieved from the feeling of guilt by putting a little more distance between them and the patient, in the attempt to safeguard their own balance, so long as it does not suppress their ability to think. Defence is necessary as long as it is not rigid. Too drastic a defence may in fact lead to denial of the problem, as we saw in the first part of Calvino's story, while a lack of defence may prevent understanding the reality and putting in place the necessary boundaries to the relationship.

A valid defence, which we could define as a resource, is reached by putting a proper distance between operator and patient, in which both empathy, i.e. the ability to place oneself in somebody else's shoes, and the ability to avoid colluding with the patient's controlling manoeuvres, is established. Only in this case the operator remains faithful to their professional task.

It follows that another important resource that constitutes a valid defence of the operator is also the presence of a third person during the interaction with the disabled person: this gives the operator the possibility of *thinking over* their experience with peers. The same is true in the family, where it is important that between parents the dialogue always stays open, even in difficult times. If a climate of genuine exchange is created and maintained, each operator can be helped within certain limits to recognize their own personal difficulties and distinguish them from those coming from others. Just as in the family when the excess of pain becomes unbearable, a mother may begin to accept her disabled child, to no longer see them as a monster, when a third person, sometimes the father, or someone else in the family, or just the institution, acts as mediator. The presence of the third party allows the *preservation of common sense*.

Often children's family conflicts can affect the group of operators, as the patient favours one of them by projecting a good image on them, while expressing hostility or fear to another: the first operator then believes in the positive projection and considers themselves better than the second, who fears they have failed. Thus conflicts arise between the operators, unconsciously exploited by the dynamics of the patients. In cases like these, mutual trust among adults is important, as is the ability to jointly recognize the patients' projections without being overwhelmed by them. It happened to me during a fairy-tale workshop at my centre, when the children of the group preferred my colleague, the story teller, and treated me, the conductor of the

group, with disdain. In this case they saw me more like a mother who intervenes to set limits, which could seem “bad”, and the colleague more like a kind aunt, less involved. At other times the opposite happened. Talking together in the intervision sessions, in which we discuss and comment on the children’s behaviour and our experience, immediately after each group session, allows us to recognize those projections and avoid competition between my colleague and myself as we are performing complementary roles: each of us trying within limits to preserve our own distinct role.

It is particularly difficult to maintain a proper distance with the parents of disabled patients, to accept the role of a third party without replacing them, as they often expect from the operator. Sometimes parents delegate too much to the operators, shirking their own responsibility, or behaving almost as if the operator were the parent. On the other hand, the operator, without realizing it, may assume an authoritarian role, thus going beyond the boundaries of their role. Calvino’s story showed a situation in which the protagonist observes from the outside the couple formed by father and son. Many problems may arise sometimes when the operators relive their unsolved conflicts with their own parents, making it difficult to address those of the patients.

In my first cases of psychotherapy I was often very upset when parents suddenly removed a young patient from my care. Later I discovered that it was I who had not established the appropriate distance.

An important resource suggested by Meltzer is the one I mentioned at the beginning, i.e. getting to know how *to give hope*, by appreciating even small advances, as it takes time to obtain a more global maturation. Parents are often disappointed with the results of the cure just when something new appears, because a slight progress is not perceived as a step to their long-awaited solution. The ability of the operator to convey hope, and the awareness of the time factor are essential resources in the process of child development. This development will never be the result of pressure we put on the child or on the parents, but of imponderable factors, which are often beyond our control. If we remember this we shall take every small step forward as a gift of life, something that does not belong to us but that can contribute to our gaining insight into the mystery of the human mind.

It is also important that the operator cultivates a good relationship with their own body in order to be able to recognize and observe the patient’s lack of relationship with their own. Sometimes children arouse bodily sensations in the operator, whose meaning must be deciphered in order to be completely understood. For example, I had an autistic girl who at one point aroused in me feelings of seasickness with her continuous oscillatory movements. I realized that her behaviour was also causing her

to feel disoriented, in a phase of change that was about to begin in our relationship of care.

Regarding body and mind, I remember the fine example brought by an operator, expert in psychometrics who, in a debate, reported the case of a light and graceful dancer with no arms. Someone had obviously helped her to express her healthy mind through the movements of her disabled body. She had been able to find a harmonious life balance in spite of the absence of parts of her body.

We also saw this in Calvino's story, where the father, by assisting his son in the hospital, *contains the pain* of having a disabled child. Sometimes it is the operator who takes on the task of helping a parent find this capacity.

The awareness of our limits and our attitude for self-irony help our patients' parents understand that we are not omnipotent, and that our competence as professional operators is the result of inner working of the mind that, to some extent, anyone can achieve, as the moving interview with F. Tustin teaches us.

### **Bibliography**

Bion, W., (1962) *Apprendere dall'esperienza*, Roma: Armando, 1972

Calvino, I., (1963) *La giornata di uno scrutatore*, Torino: Einaudi.

Meltzer, D., Harris M. (1988), *Amore e timore della bellezza*, In *Quaderni di psicoterapia infantile* n. 20, 1989 Roma: Borla

Meltzer D., Harris M. (1986) *Il ruolo educativo della famiglia*, Roma: Borla, 2000.

Tustin, F., Houzel D. (1994) *Intervista sull'autismo*, a cura di Messeca, S., Mineo, G., Oliva S., Roma: Astrolabio.

Winnicott D., (1971) *Gioco e realtà* Roma: Armando, 1974.

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