

Patterns in Interpersonal Interactions that Influence Mental Health

A presentation at the
“Rethink Welfare 2017” Conference
in Aarhus on 21 June 2017

by Karl Tomm MD, University of Calgary

An Early Formative Experience

While I was in psychiatry residency at the Hamilton 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. The police charged him with careless driving and manslaughter. He was not injured, but began floundering in his activities, less able to cope. The wife got a ward 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!

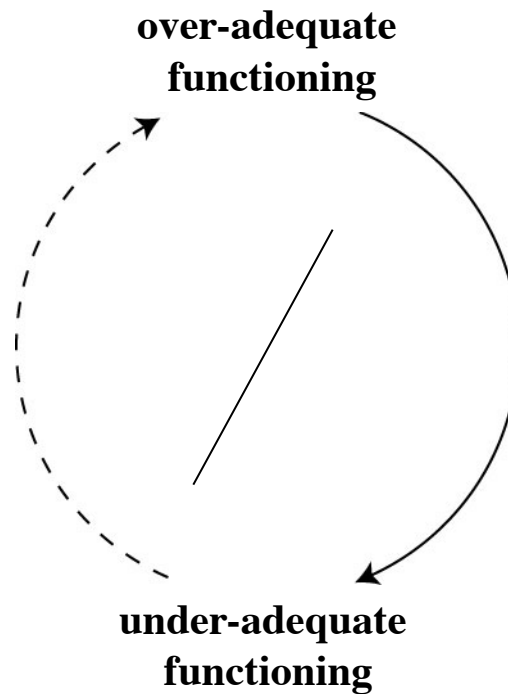
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Could it be that she was caught in a couple interaction pattern of
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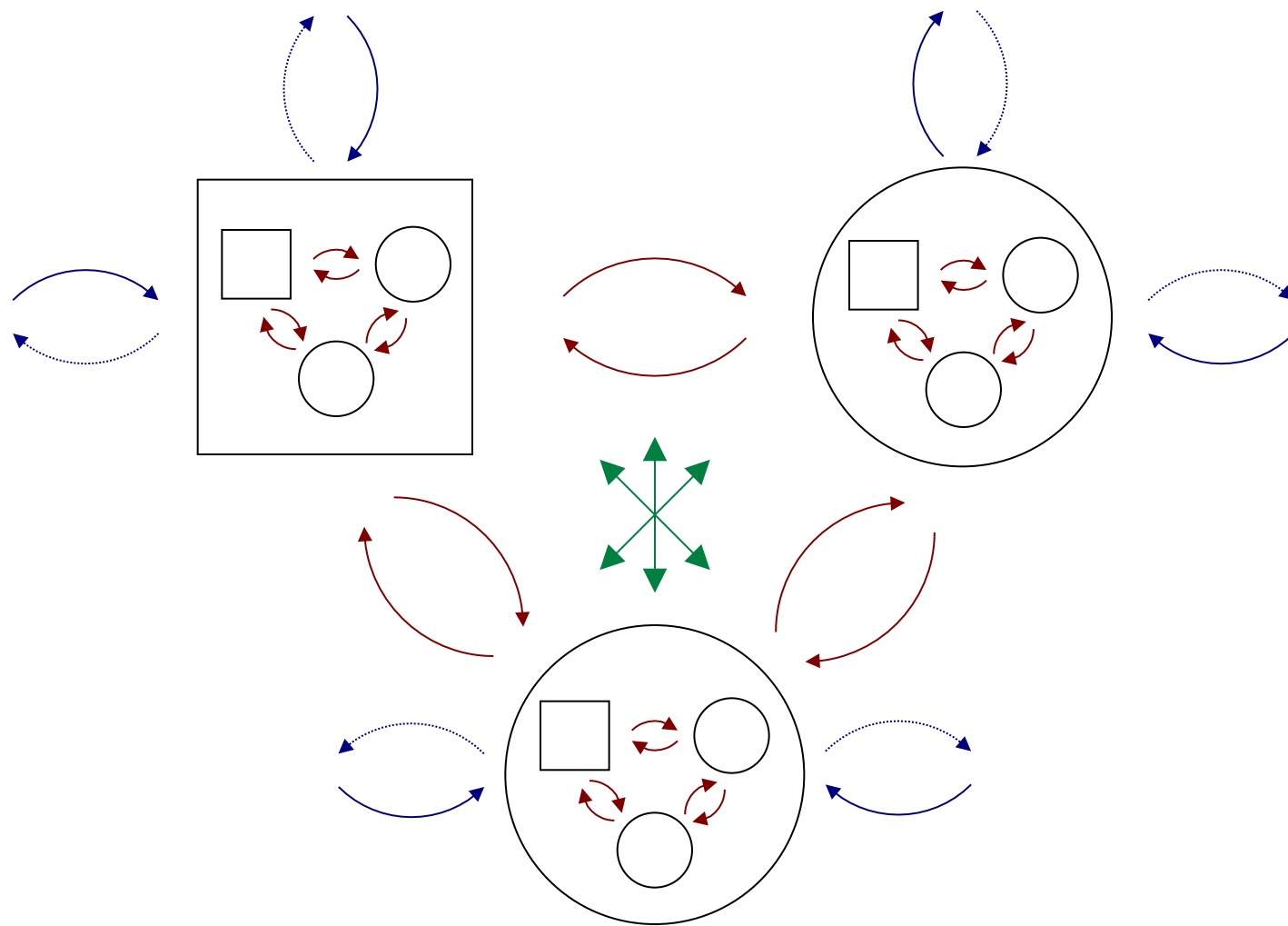
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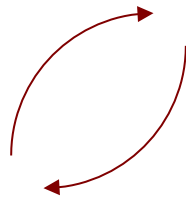
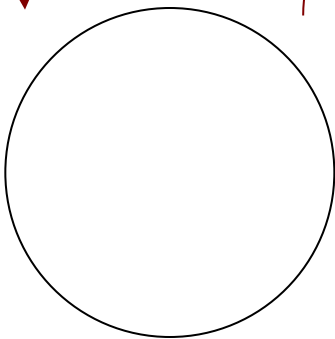
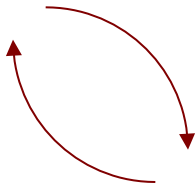
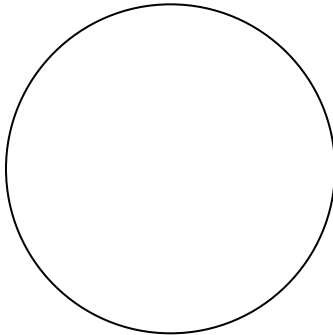
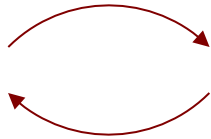
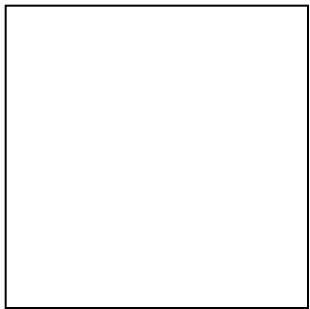
Could it be that she was caught in a couple interaction pattern of **over-adequate/under-adequate reciprocity**?

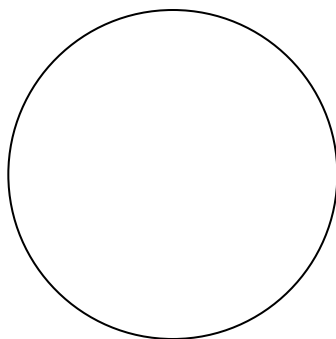
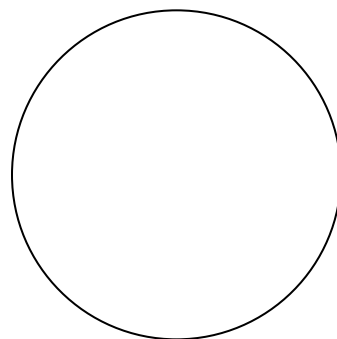
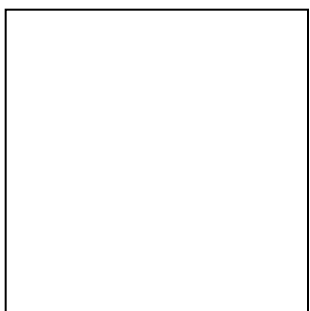


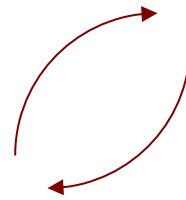
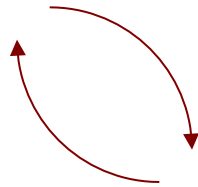
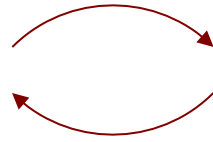
Some core concepts from Systems Theory

- “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”

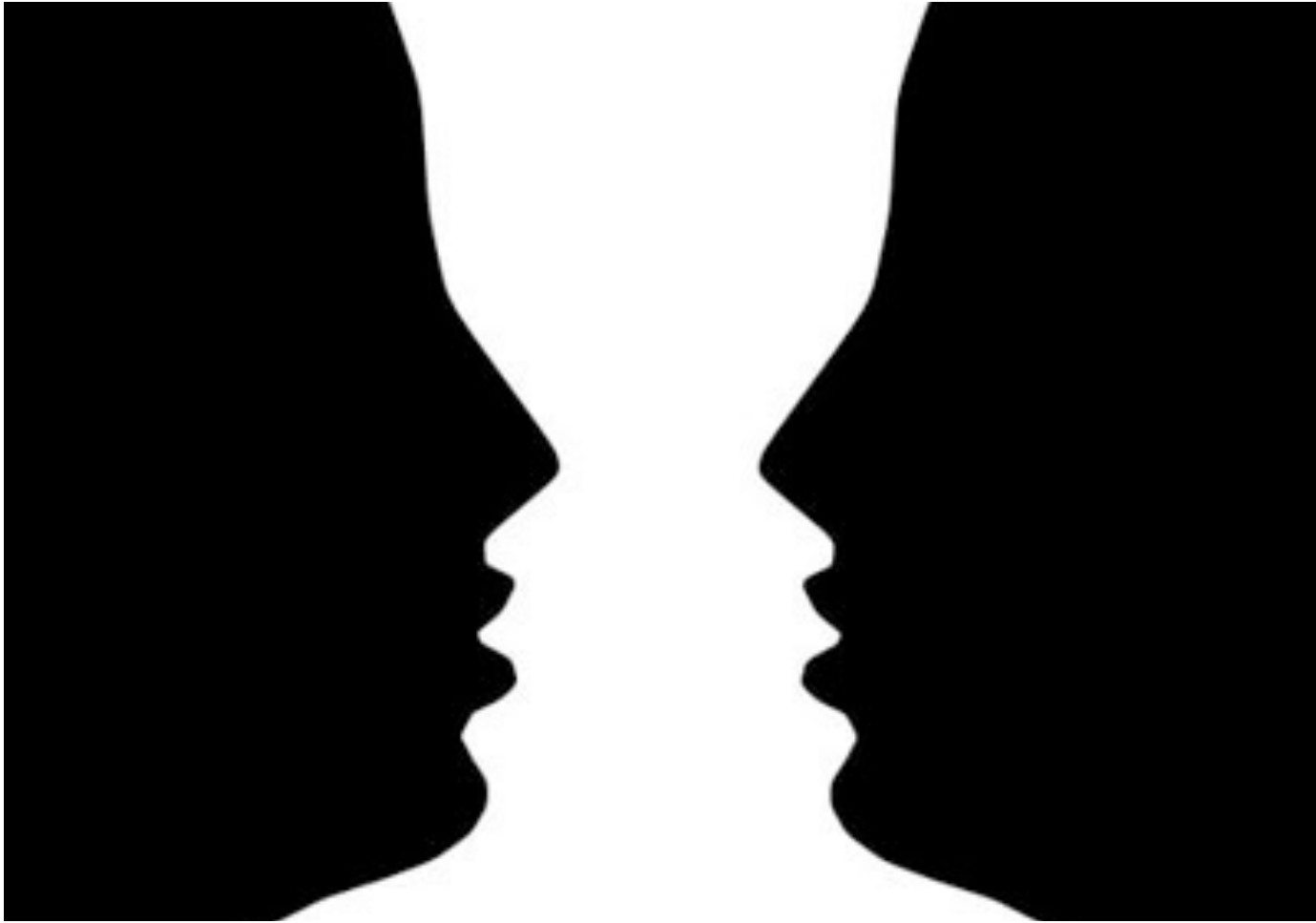




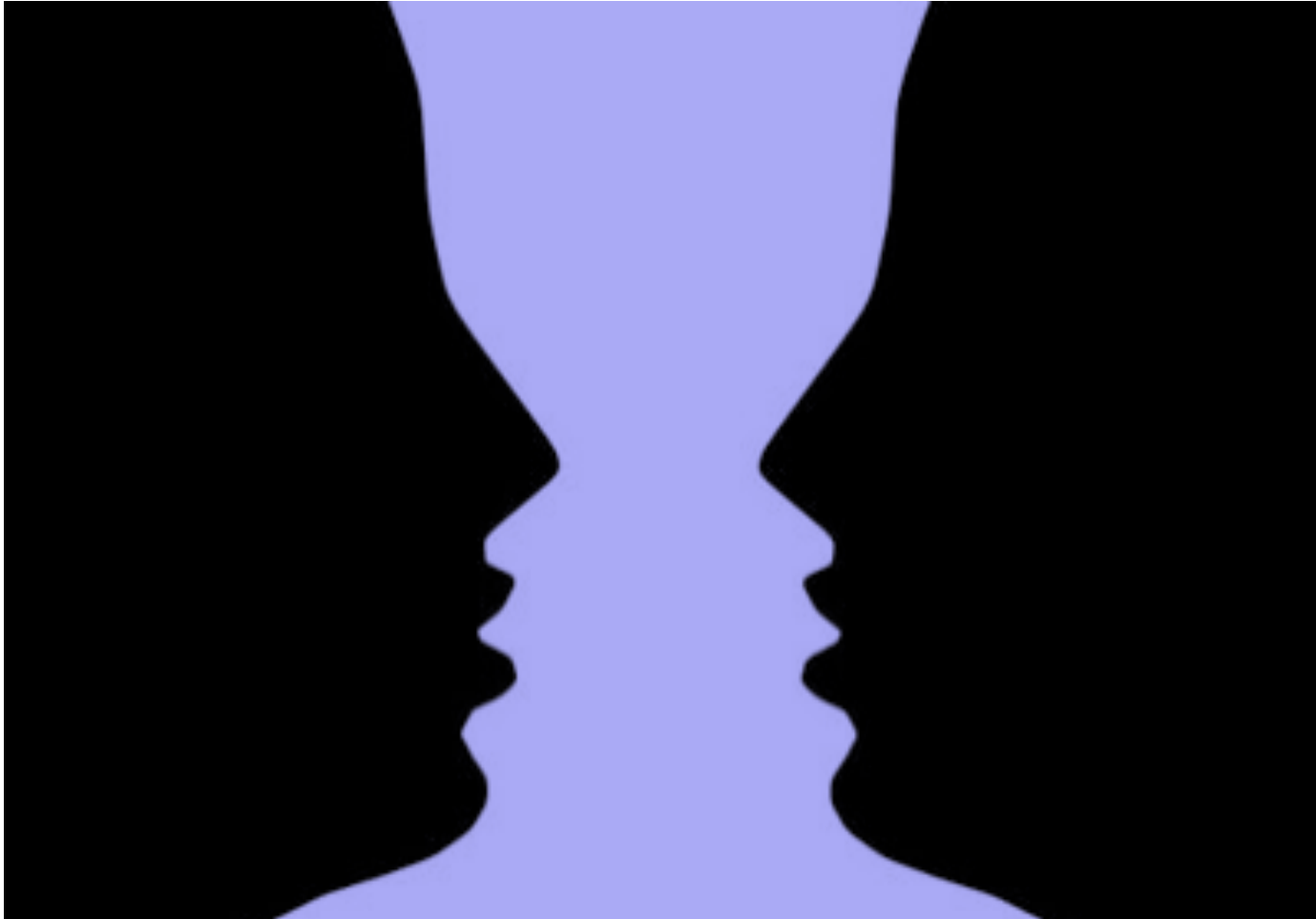




A figure/ground gestalt shift



What is the shape of the 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

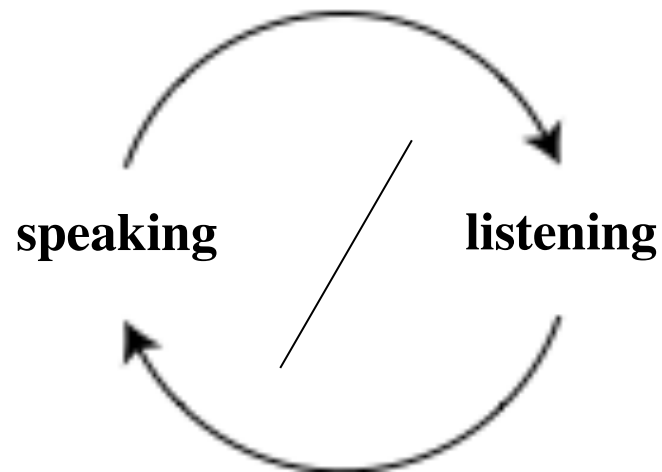
DIPs = Deteriorating Interpersonal Patterns

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.

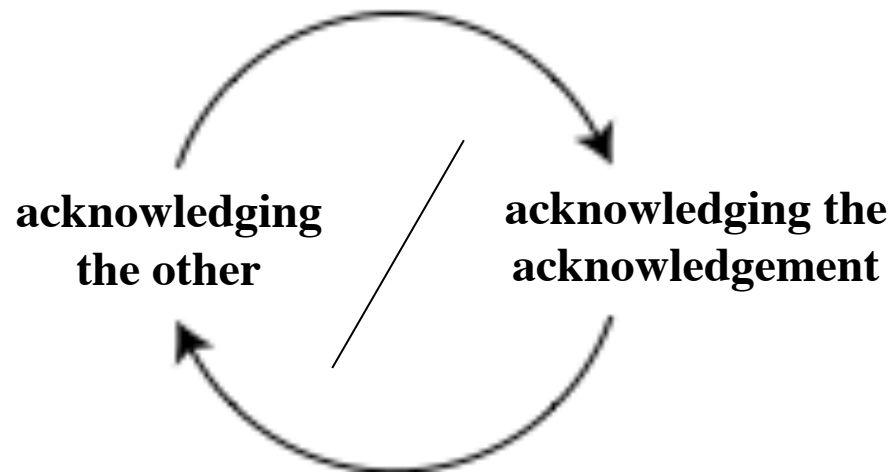
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Sample WIP-1



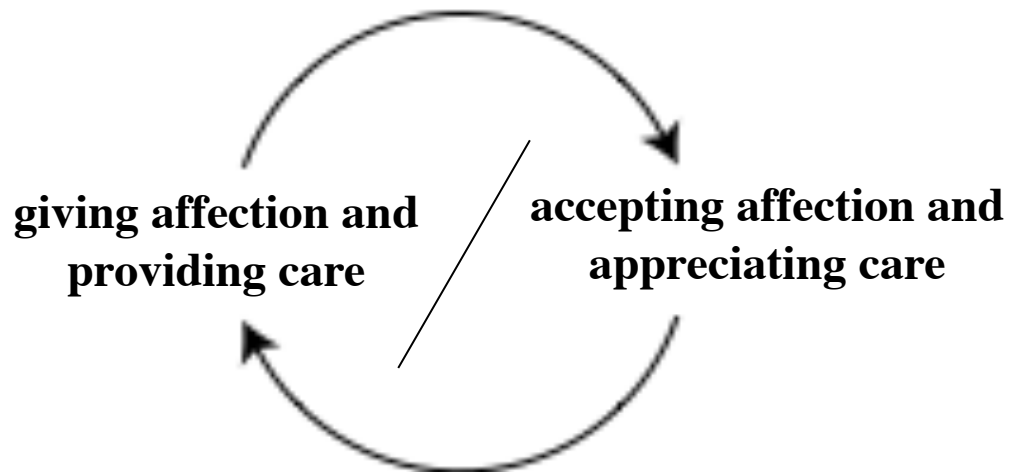
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Sample WIP-2



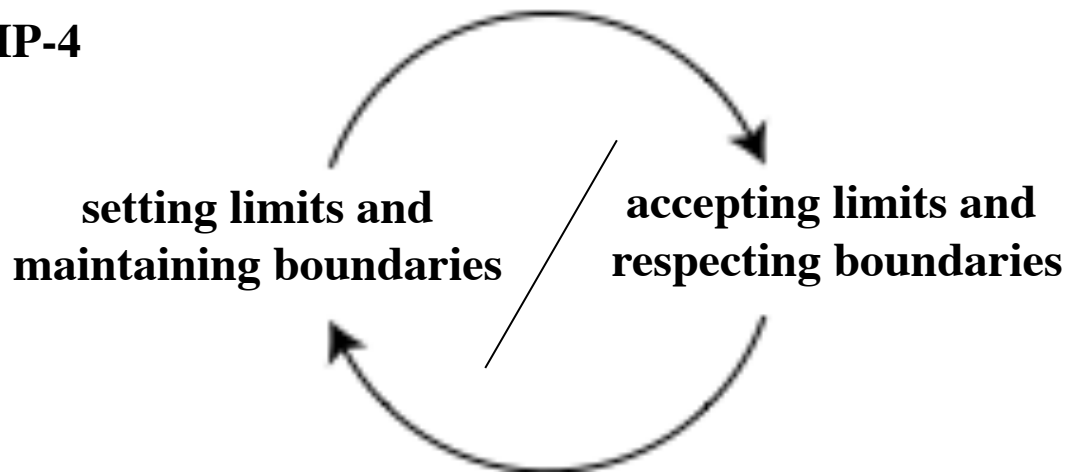
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Sample WIP-3



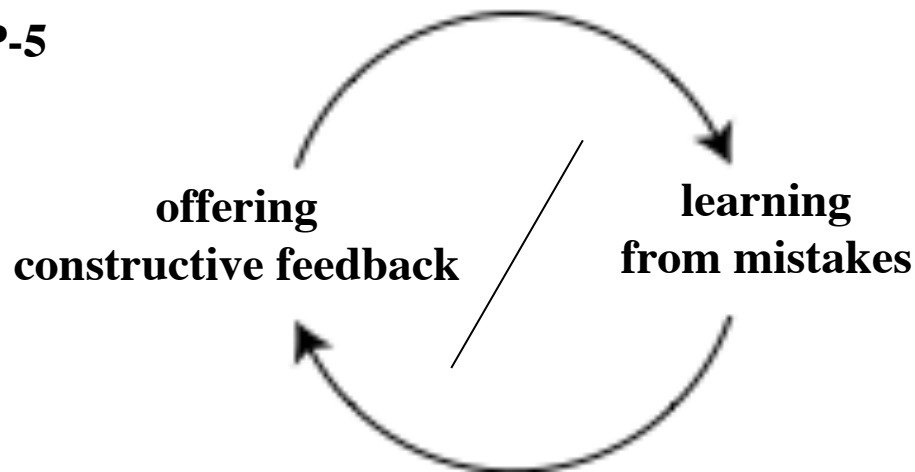
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Sample WIP-4



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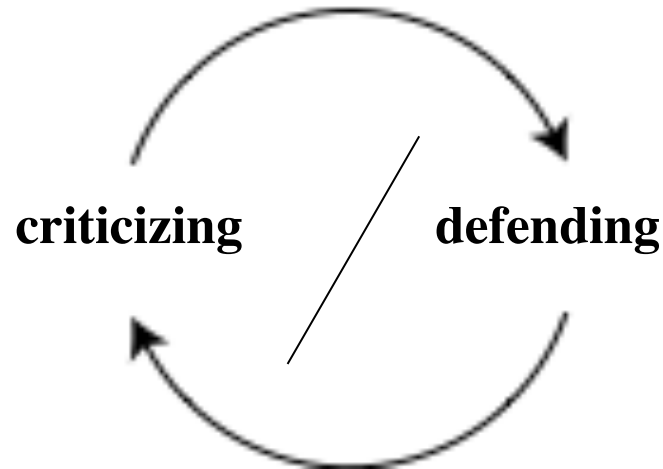
Sample WIP-5



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.

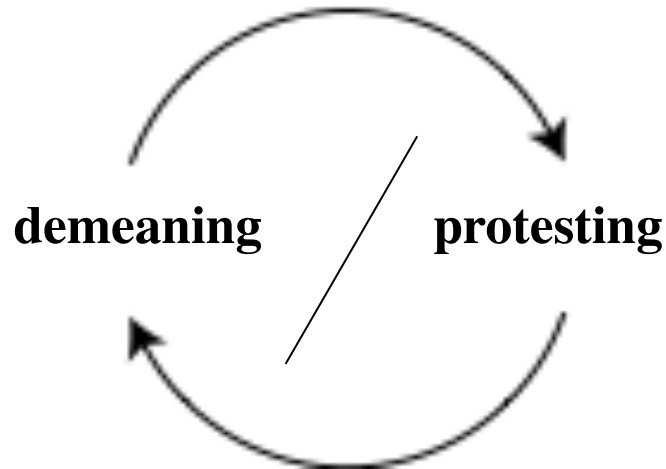
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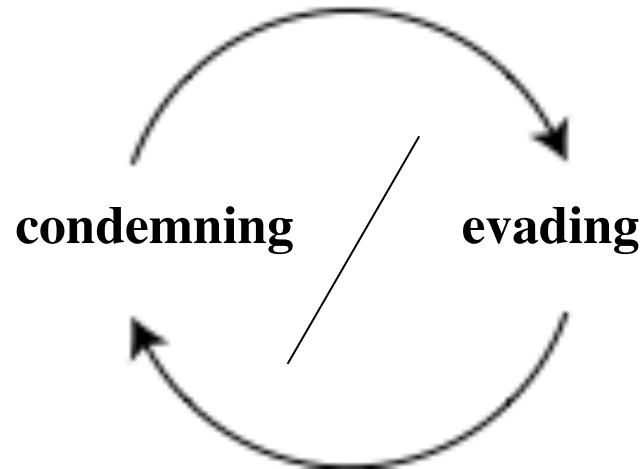
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Sample PIP-2



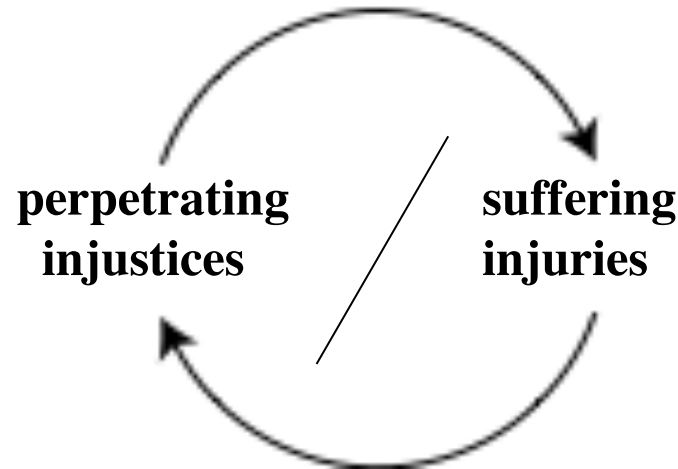
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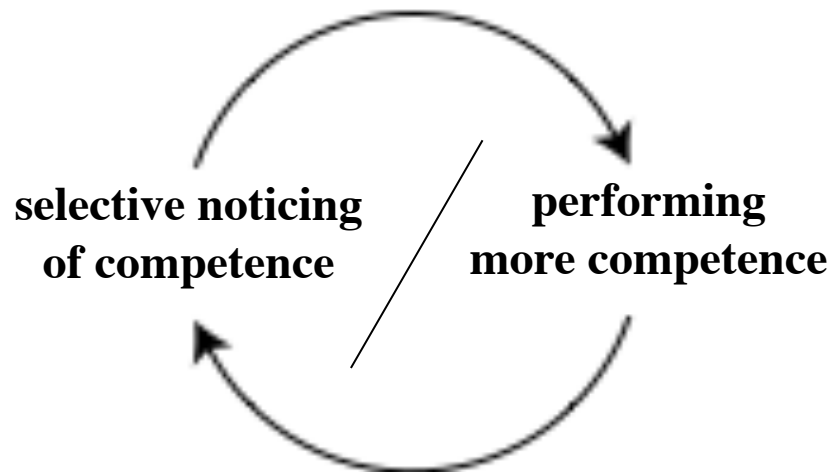
Sample PIP-4



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.

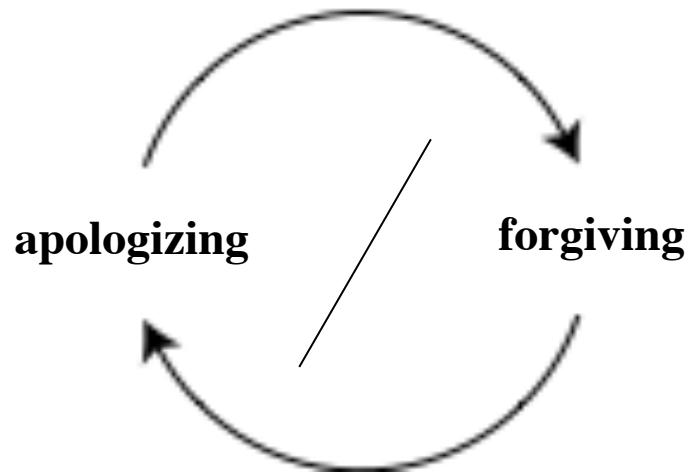
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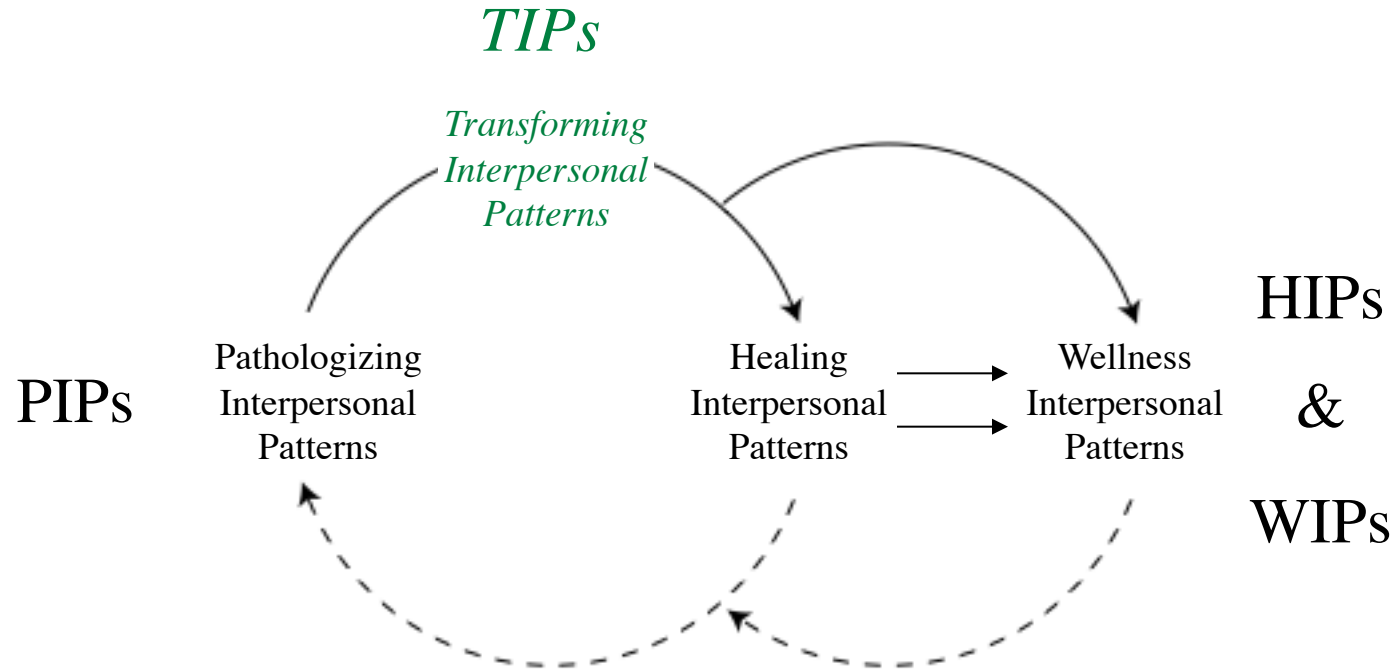


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Sample **HIP-2**



Movement among the IPs within an overall interpersonal relationship system

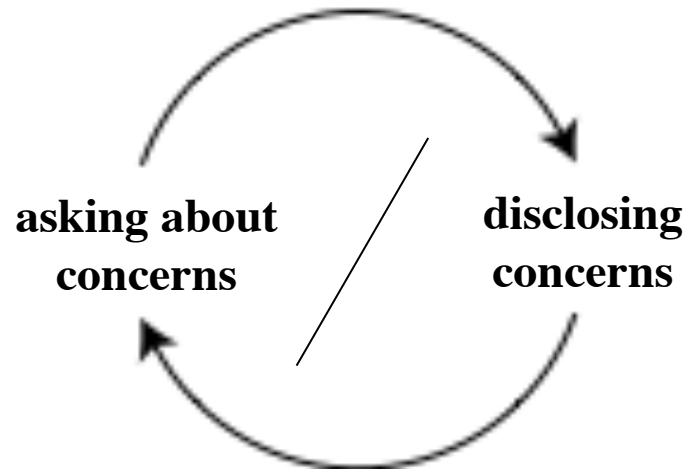


Clinical families tend to get stuck in PIPs;
Healthy families spend more time living in WIPs

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

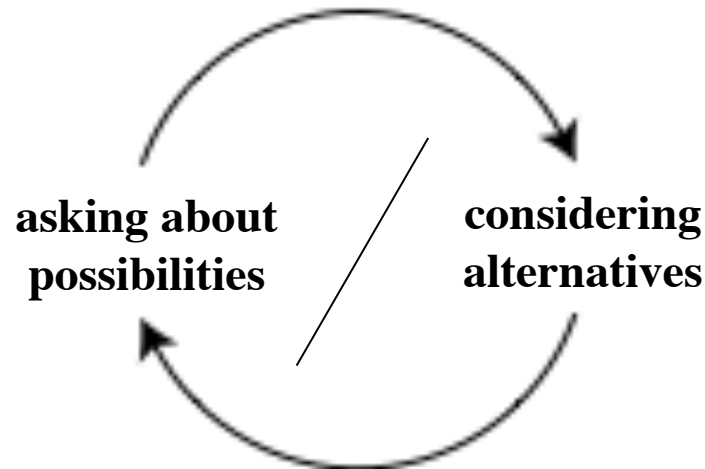
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Sample TIP-1

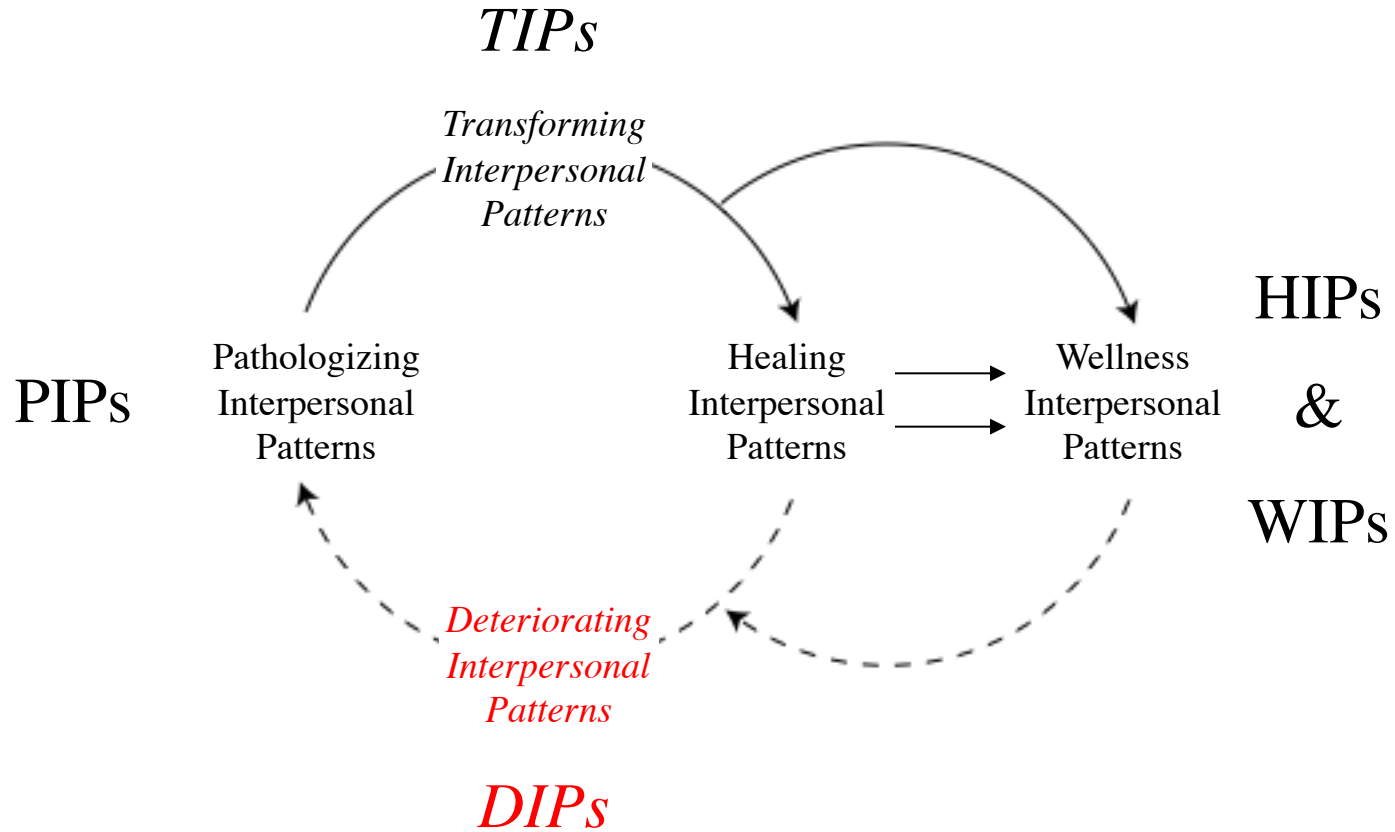


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Sample **TIP-2**



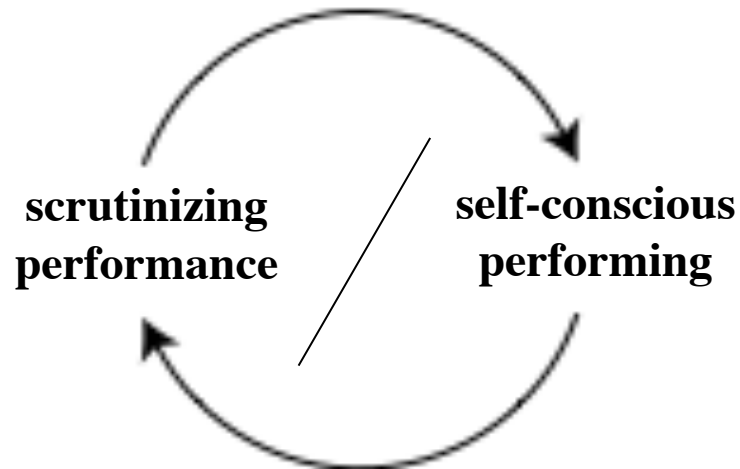
Movement among the IPs within an overall interpersonal relationship system



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

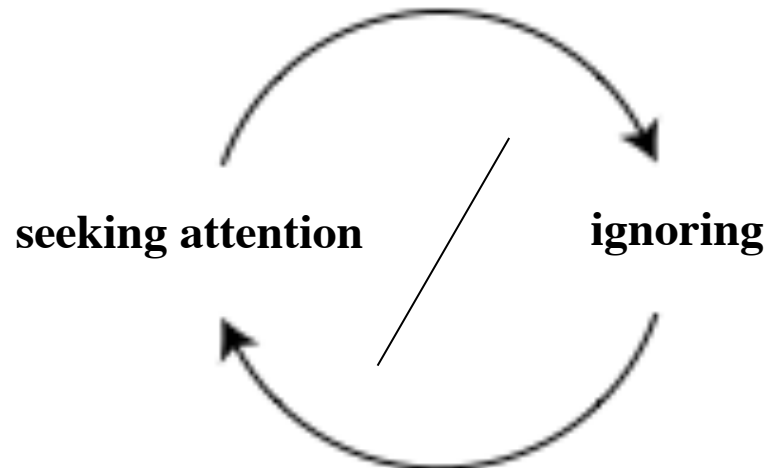
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Sample DIP-1



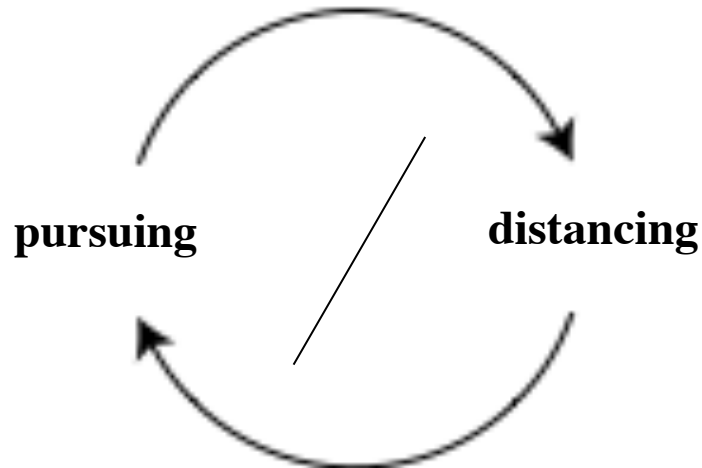
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Sample DIP-2



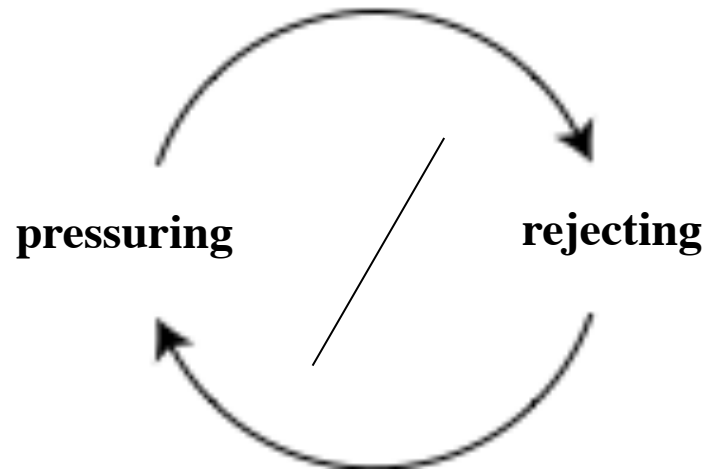
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Sample DIP-3



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

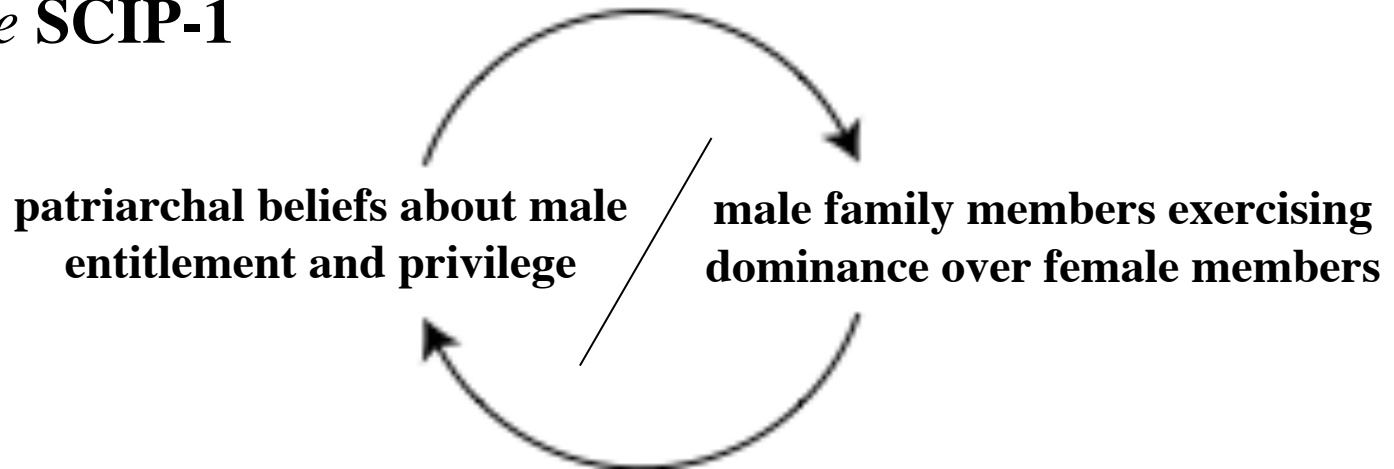
DIP or PIP



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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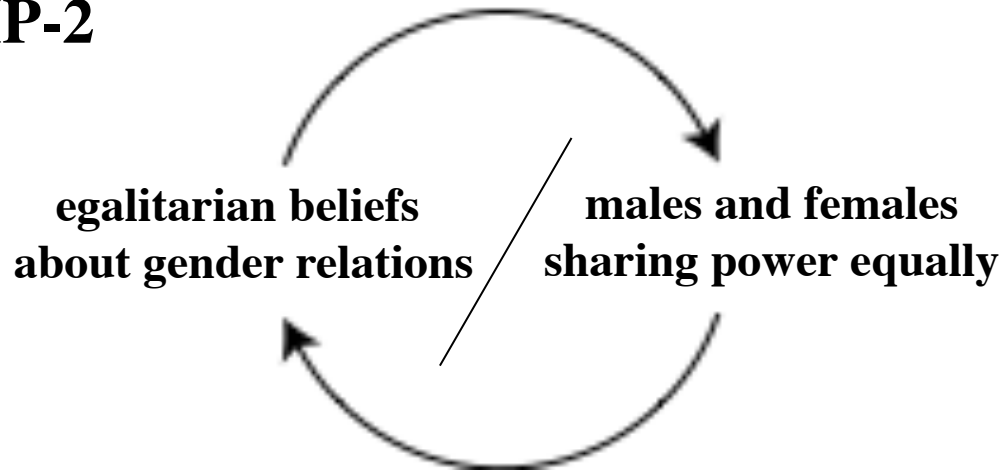
Sample **SCIP-1**



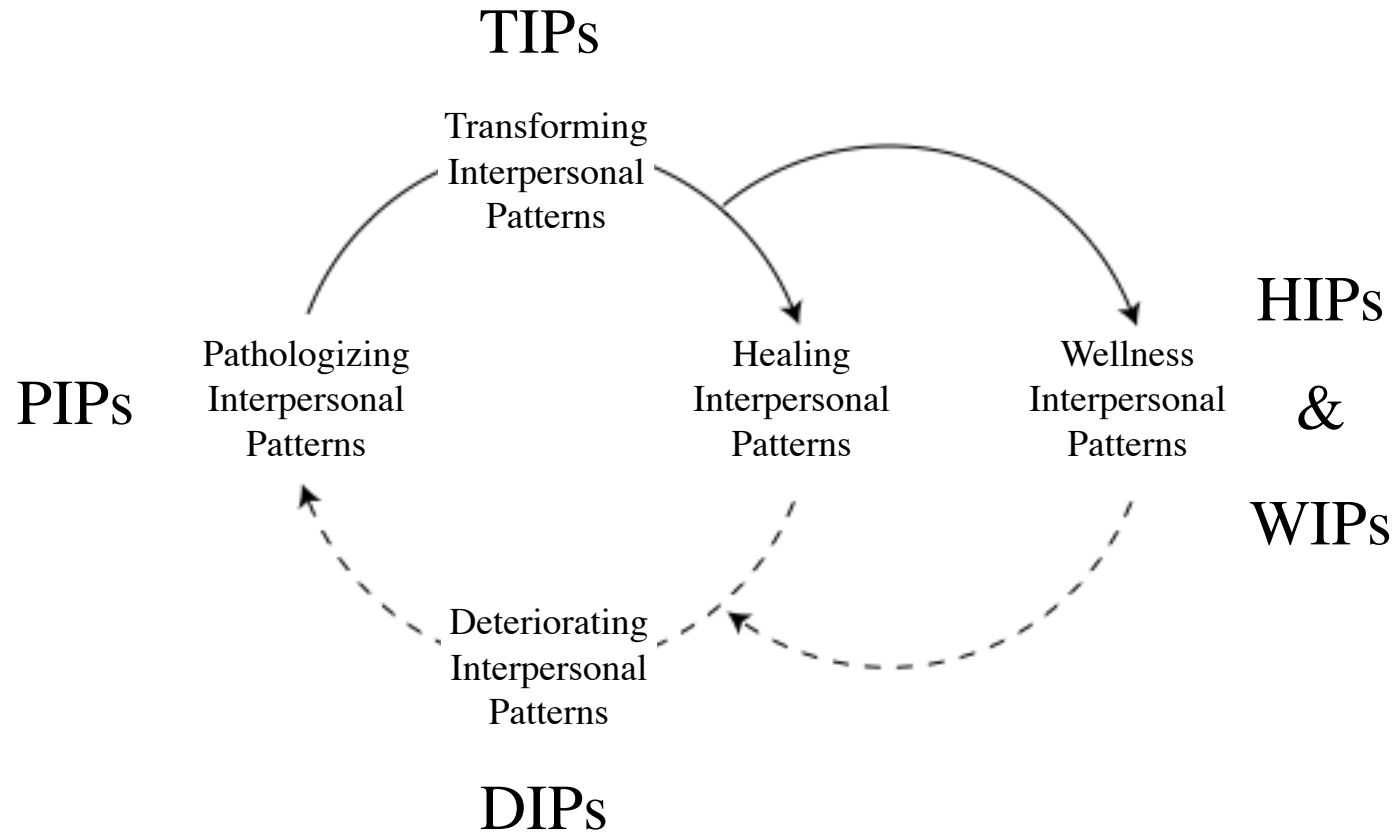
An egalitarian '**SCIP**' could serve as a HIPish antidote to the patriarchal SCIP of male dominance, or it could create conditions for confusion and conflict about roles and responsibilities. Thus, it could have either positive or negative effects, depending on how it is enacted and experienced.

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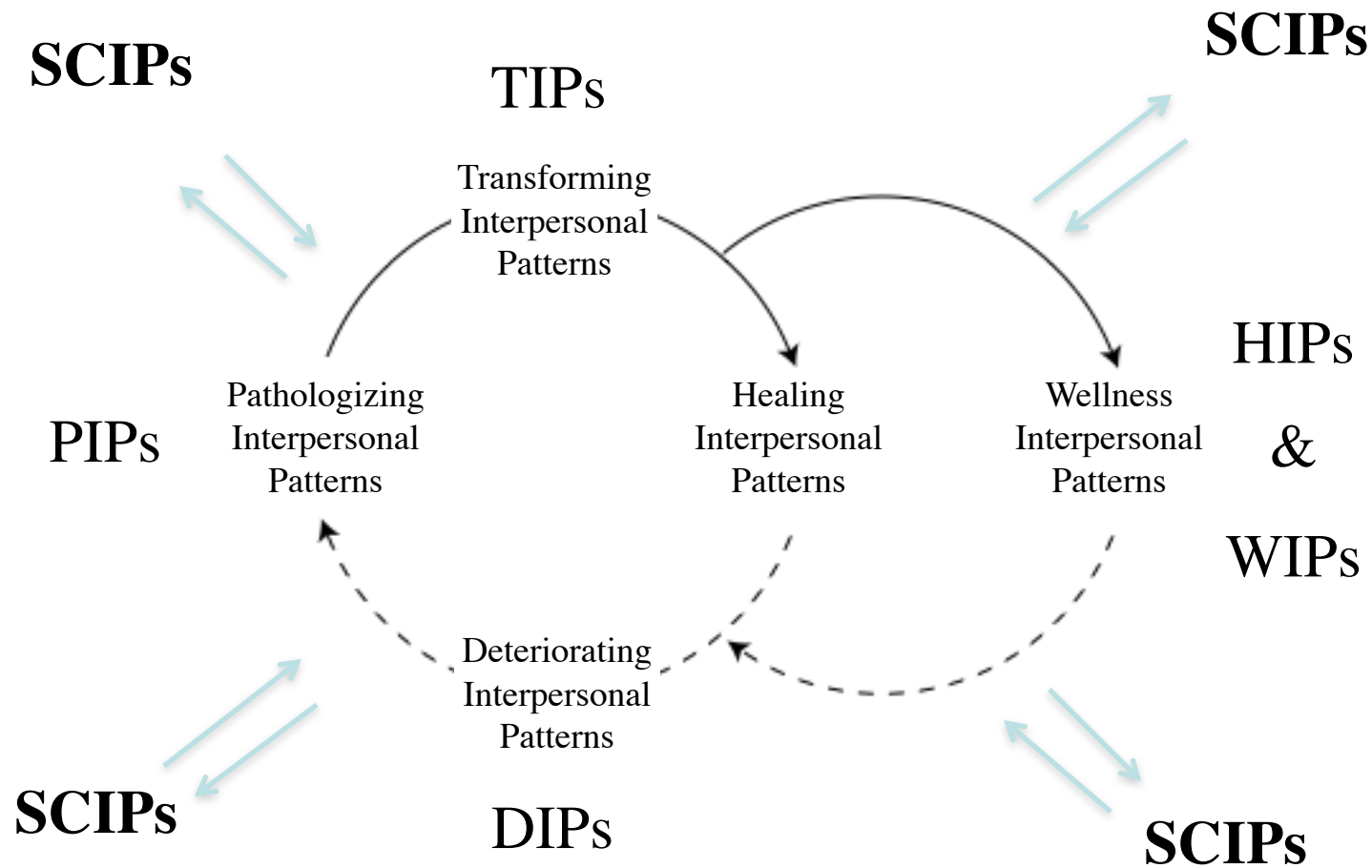
Sample SCIP-2



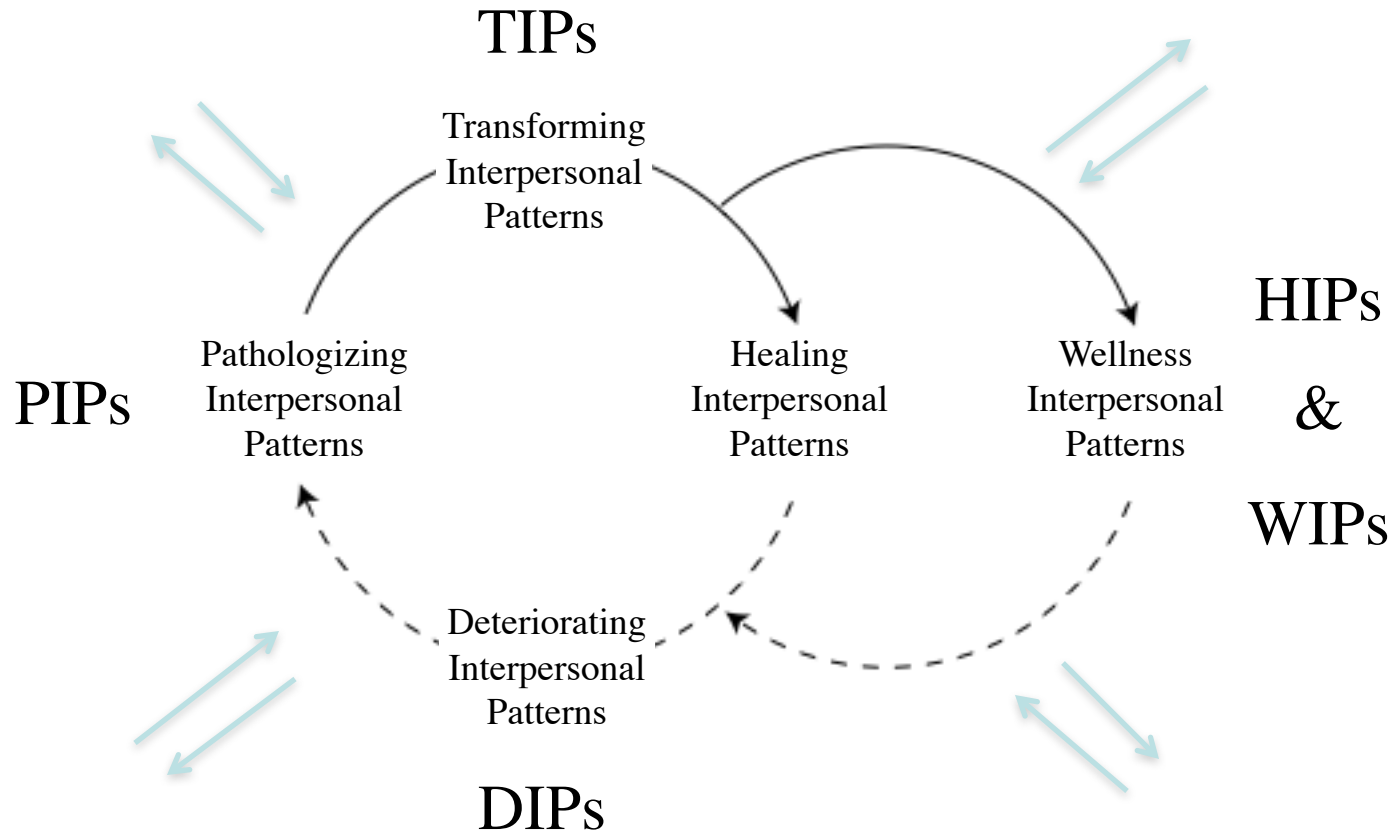
Where does one locate SCIPs within the overall interpersonal relationship system?



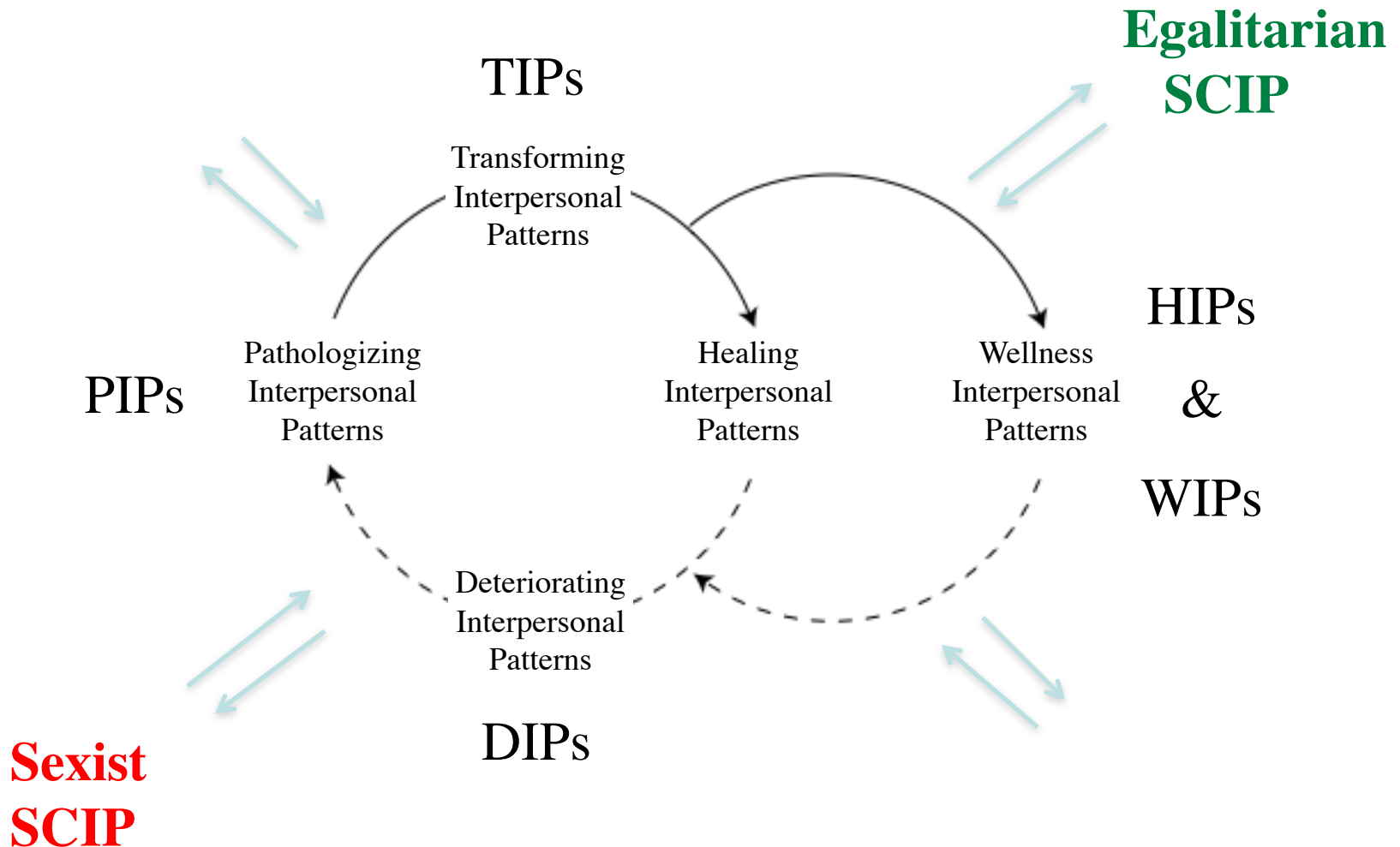
Where does one locate SCIPs within the overall interpersonal relationship system? **Potentially all over!**



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



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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** or **withdrawing**) 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.

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.

Steps to generate a HIP (to displace a PIP)

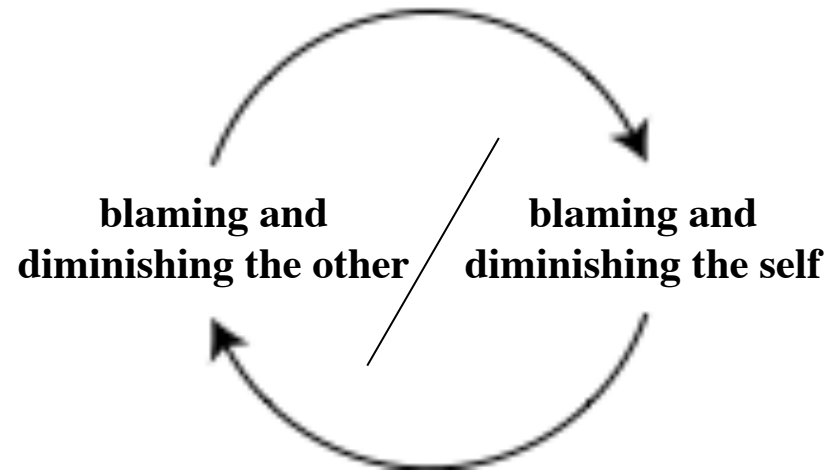
- Imagine and/or look for positive or constructive behaviors that would contradict, or are inconsistent with, specific behaviors within the PIP
- Take note of any spontaneous initiatives in the session that have the potential to displace the PIP, affirm them, and draw them out
- Select out specific constructive 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

Deconstructing DSM diagnoses into PIPs

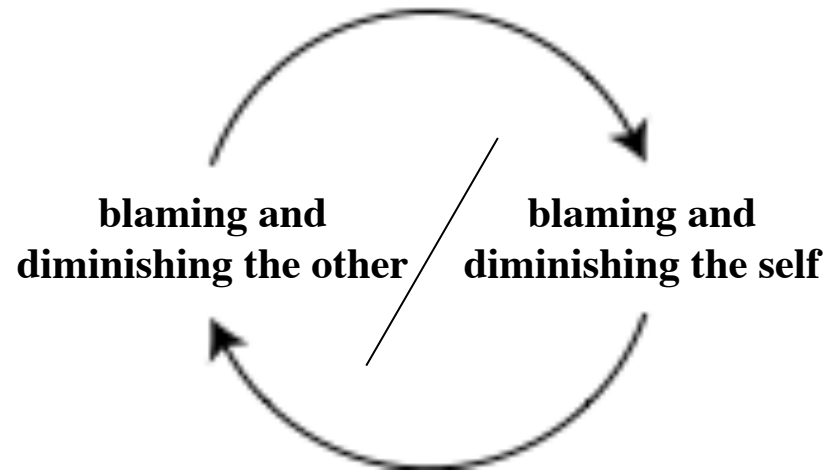
- Human mental phenomena, including the coordination of activity, meanings, and consciousness, may be seen to arise through processes of social interaction.
- Both Gregory Bateson and Humberto Maturana made the claim that “the Mind is first and foremost social, and secondarily psychological”
- For instance, 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'?

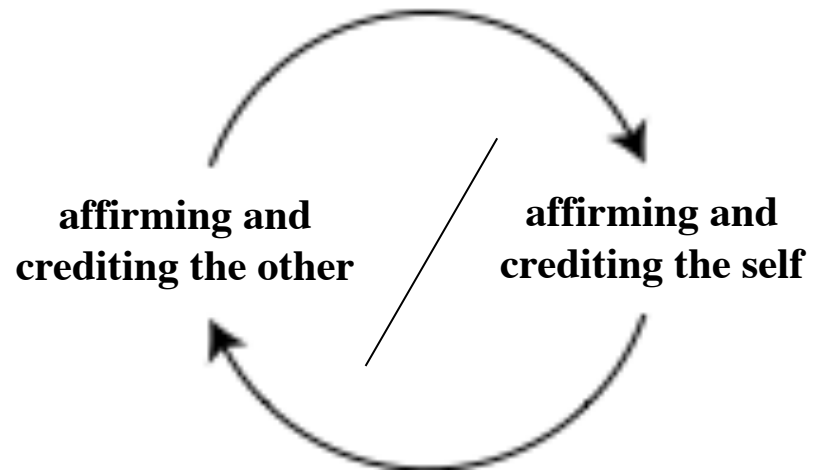
PIP



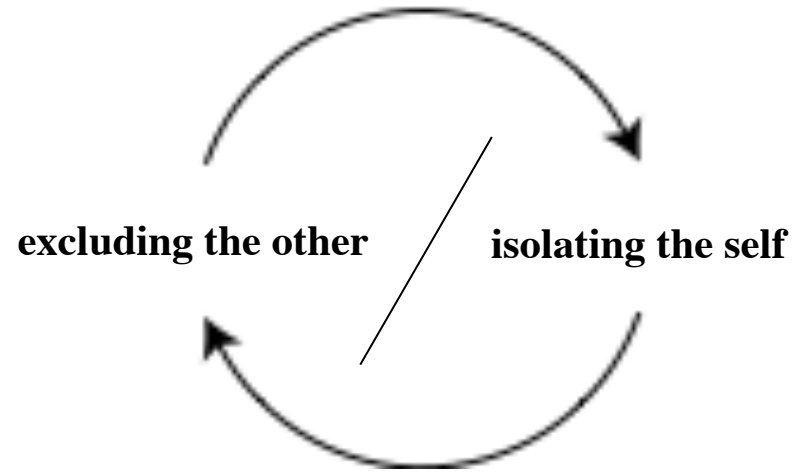
PIP



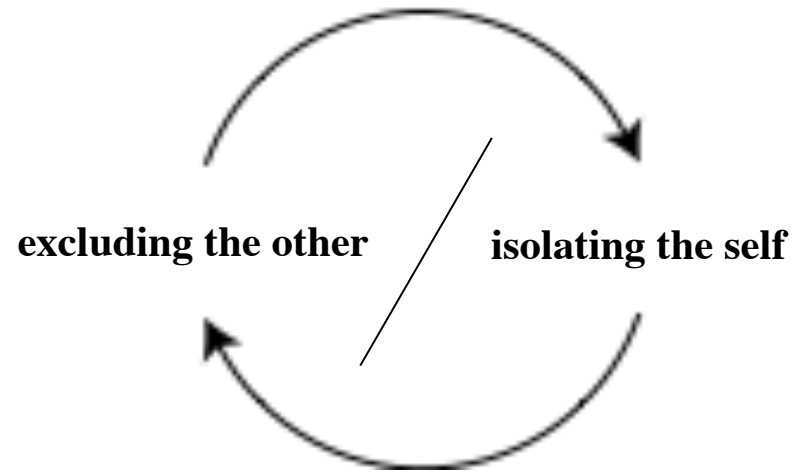
HIP



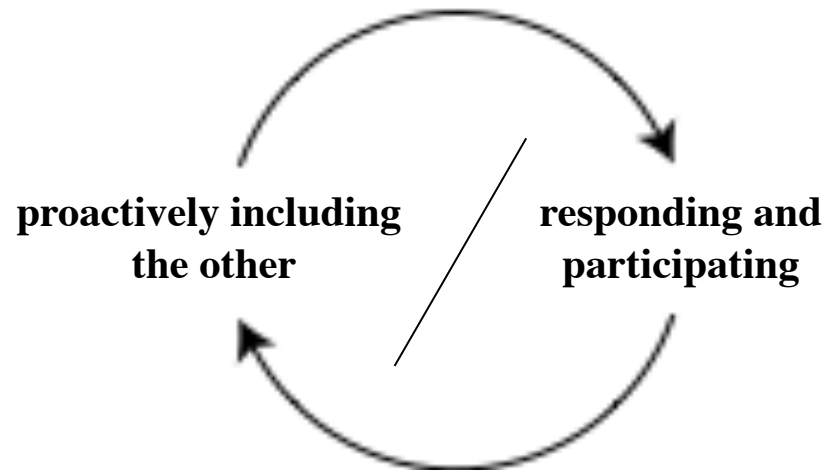
PIP



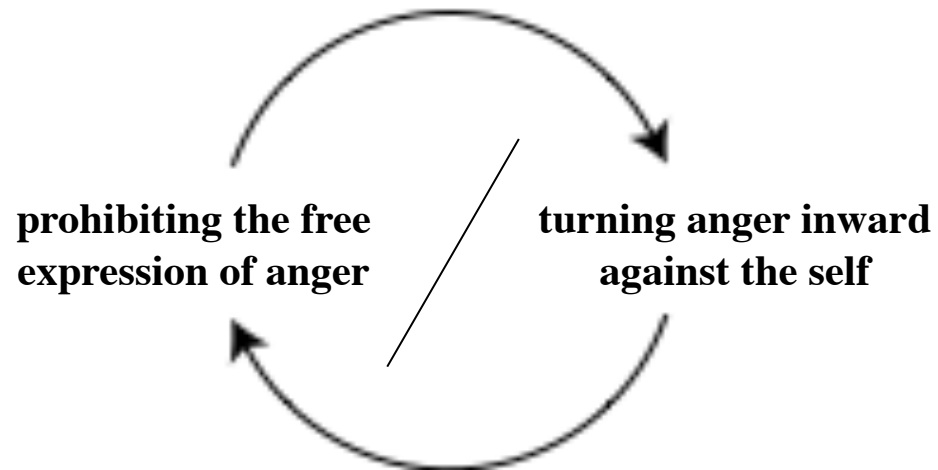
PIP



HIP



PIP



PIP

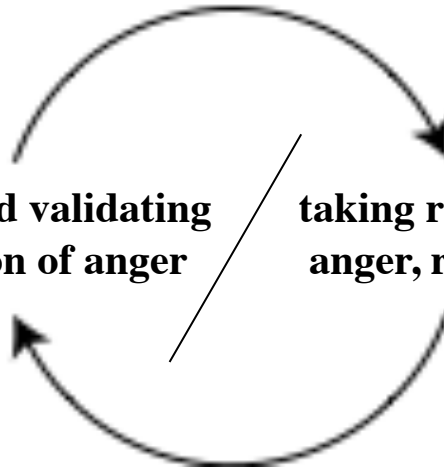
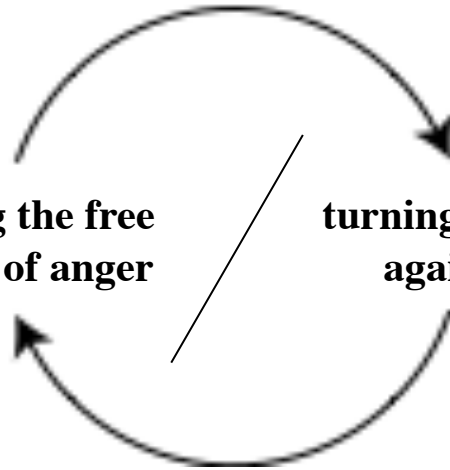
**prohibiting the free
expression of anger**

**turning anger inward
against the self**

HIP

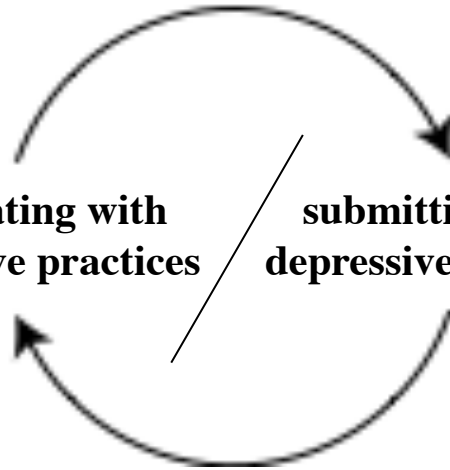
**encouraging and validating
open expression of anger**

**taking risks in expressing
anger, rage, and outrage**

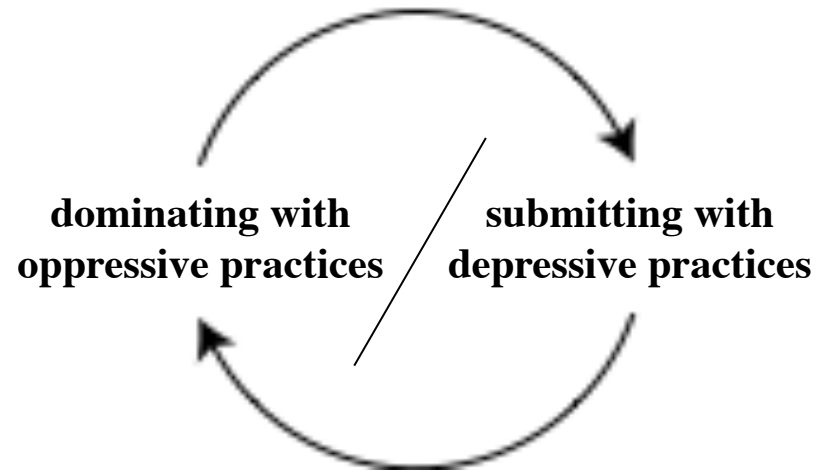


PIP

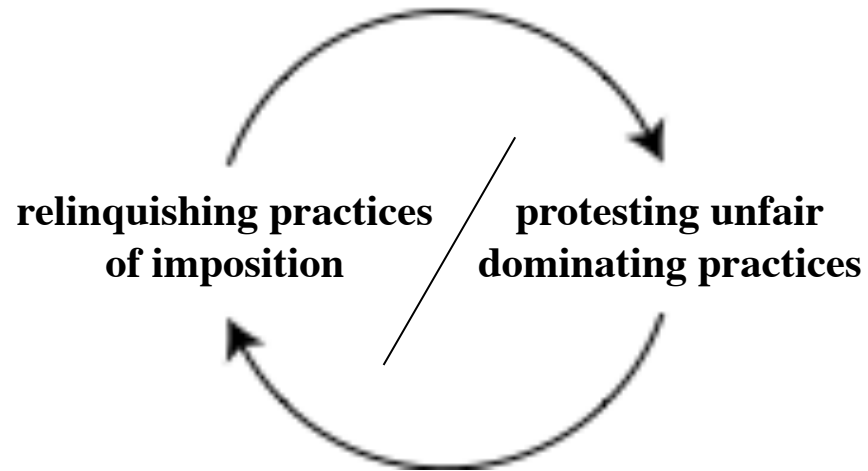
**dominating with
oppressive practices** / **submitting with
depressive practices**



PIP

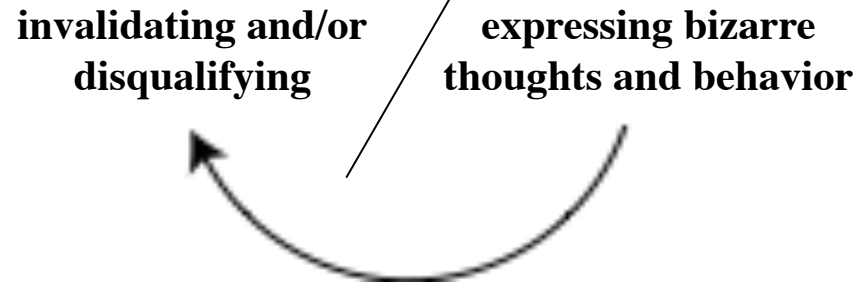


HIP



What are some common PIPs associated with
'psychosis'?

PIP



PIP

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



A circular diagram with two curved arrows forming a clockwise cycle. The left arrow points from the right side to the left side, and the right arrow points from the left side to the right side. A diagonal line separates the two text blocks.

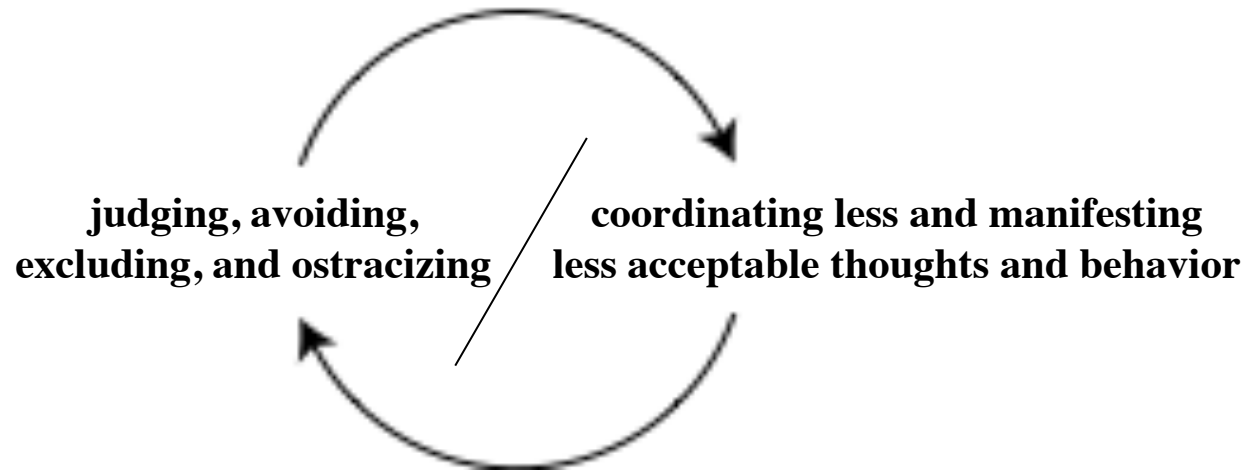
HIP

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

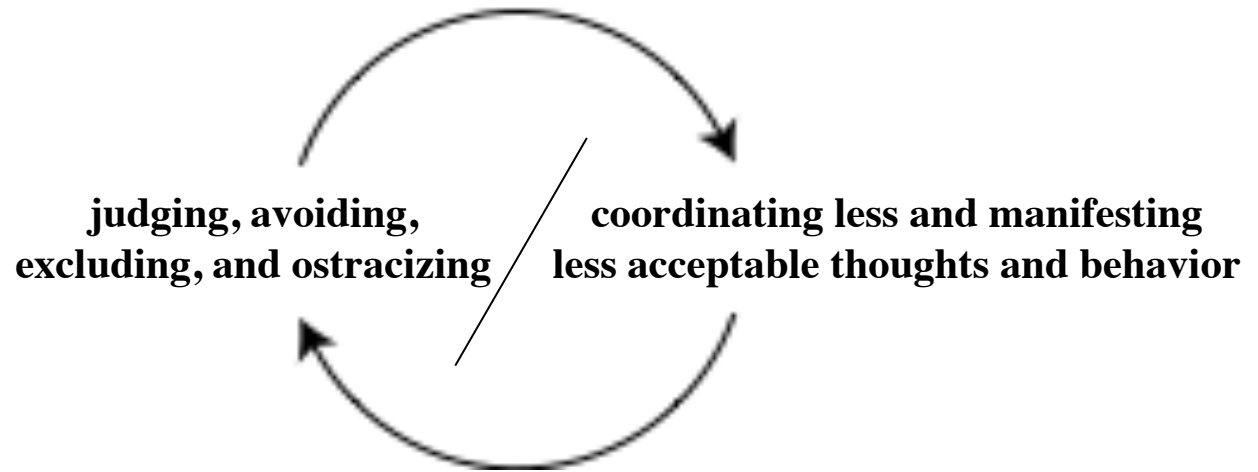


A circular diagram with two curved arrows forming a clockwise cycle. The left arrow points from the right side to the left side, and the right arrow points from the left side to the right side. A diagonal line separates the two text blocks.

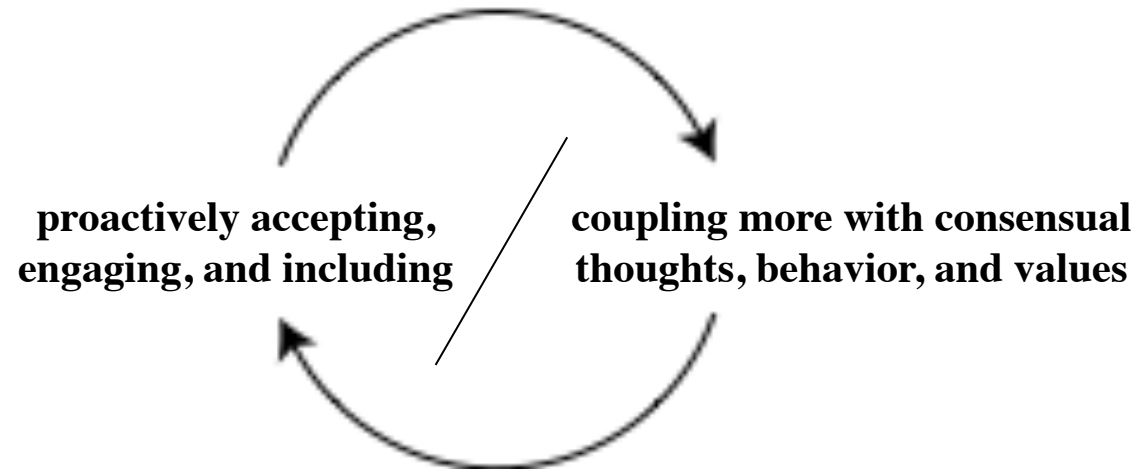
PIP



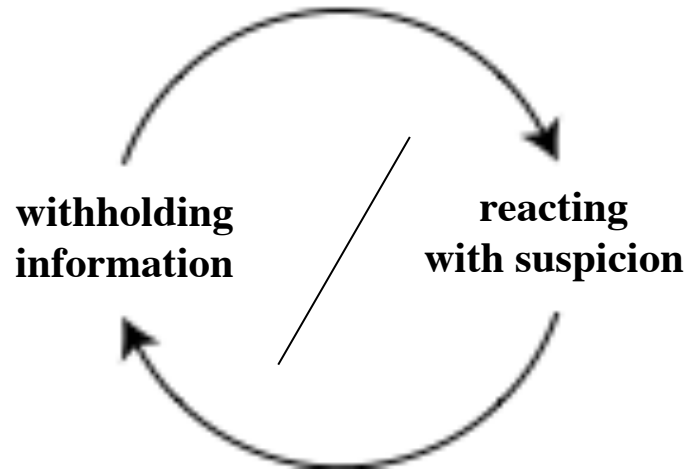
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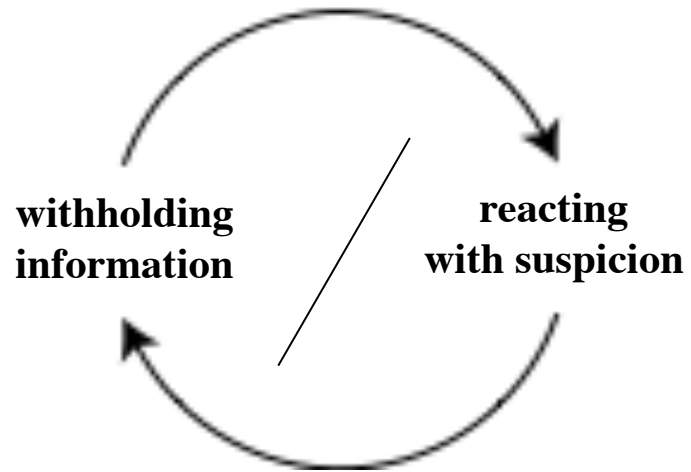
HIP



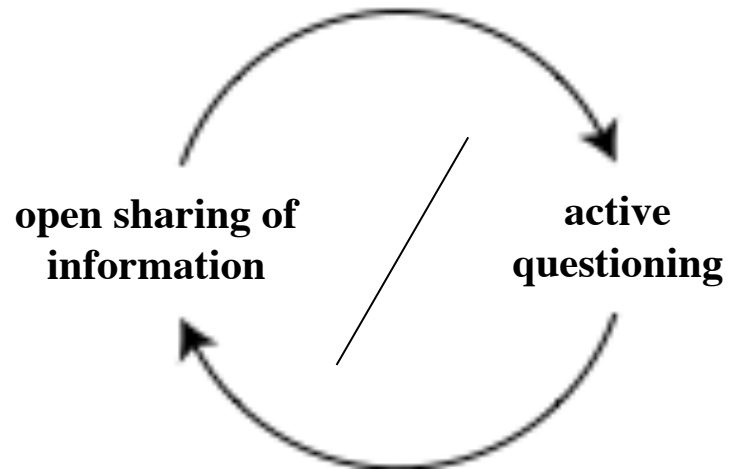
PIP



PIP



HIP

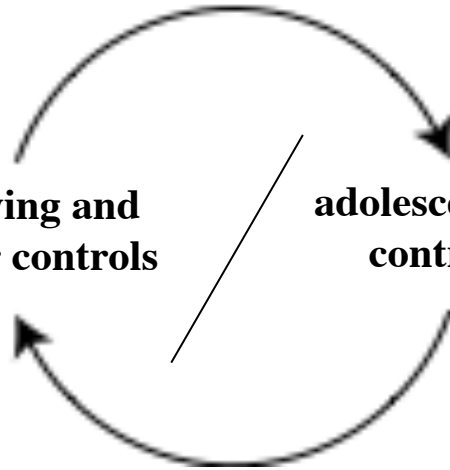


What is a typical PIP associated with
‘adolescent rebellion’
and some healing alternatives?

PIP

**parents worrying and
imposing outer controls**

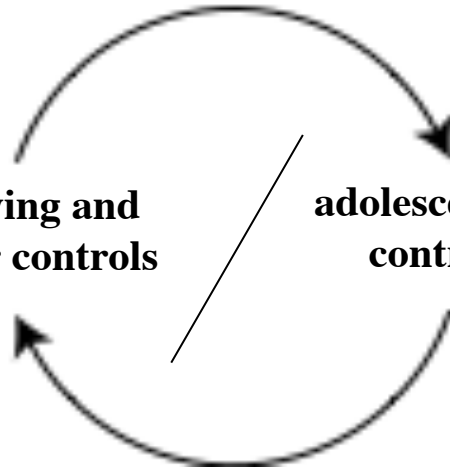
**adolescents resisting outer
control and rebelling**



PIP

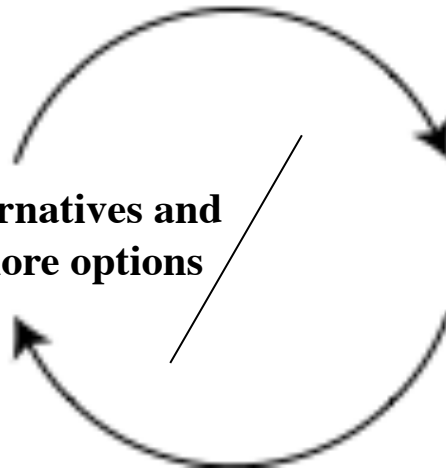
**parents worrying and
imposing outer controls**

**adolescents resisting outer
control and rebelling**



HIP-1

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



PIP

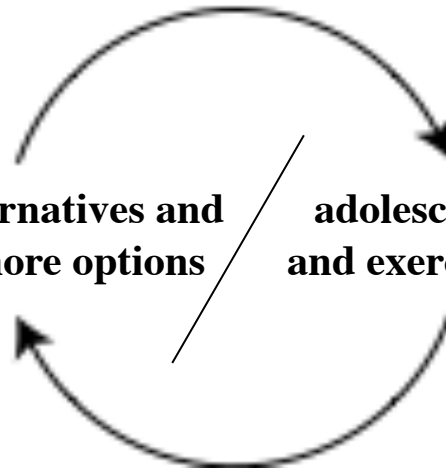
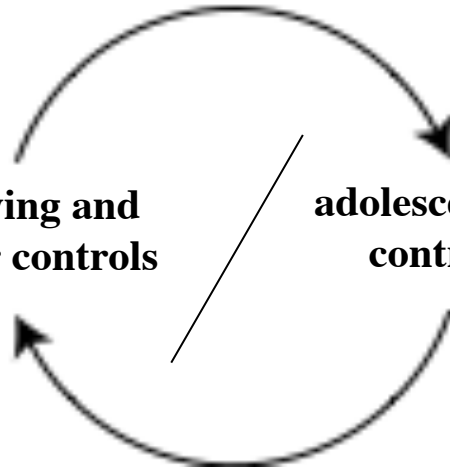
**parents worrying and
imposing outer controls**

**adolescents resisting outer
control and rebelling**

HIP-1

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

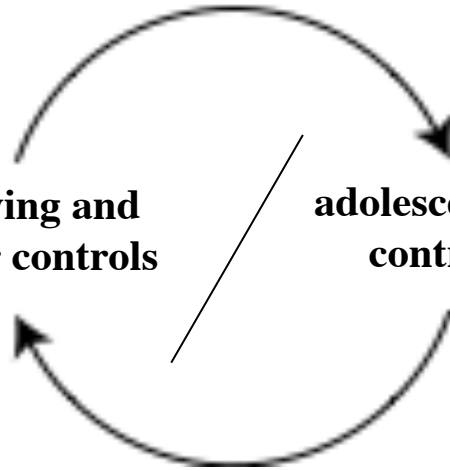
**adolescents experiencing choice
and exercising better inner control**



PIP

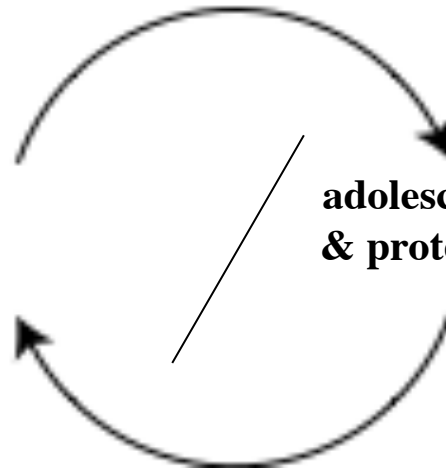
**parents worrying and
imposing outer controls**

**adolescents resisting outer
control and rebelling**



HIP-2

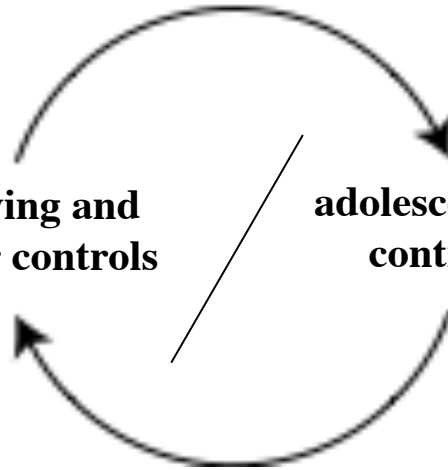
**adolescents questioning limits
& protesting excessive control**



PIP

**parents worrying and
imposing outer controls**

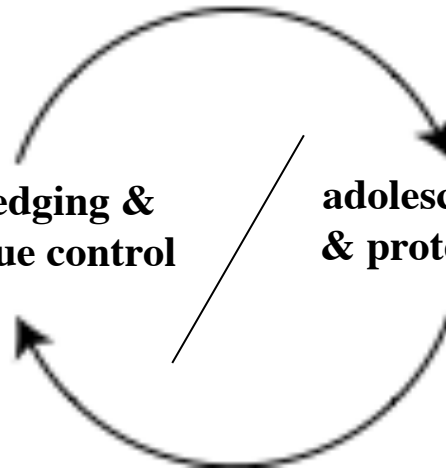
**adolescents resisting outer
control and rebelling**



HIP-2

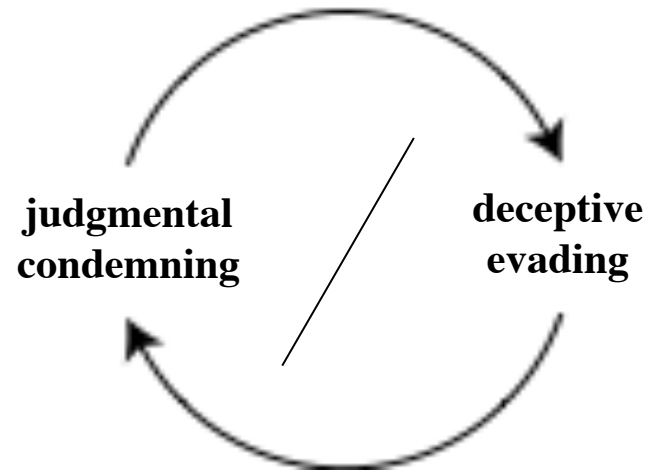
**parents acknowledging &
relinquishing undue control**

**adolescents questioning limits
& protesting excessive control**

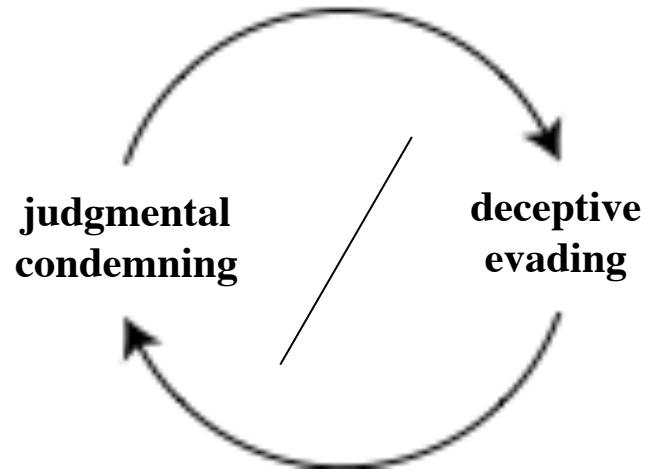


What are some common PIPs associated with
'lying and stealing'
along with their healing antidotes?

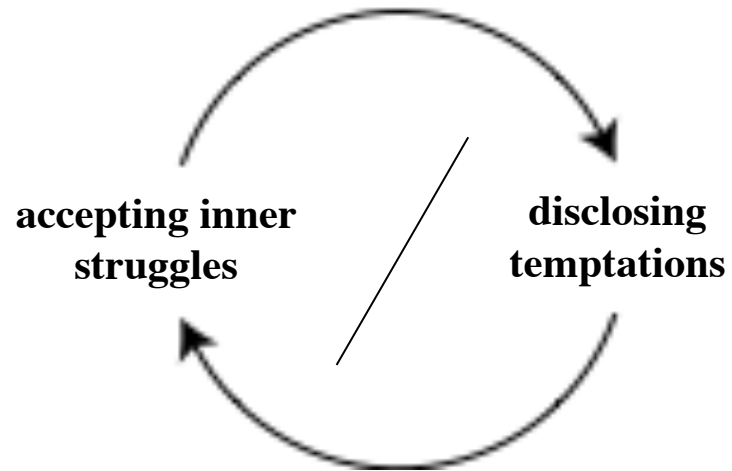
PIP



PIP



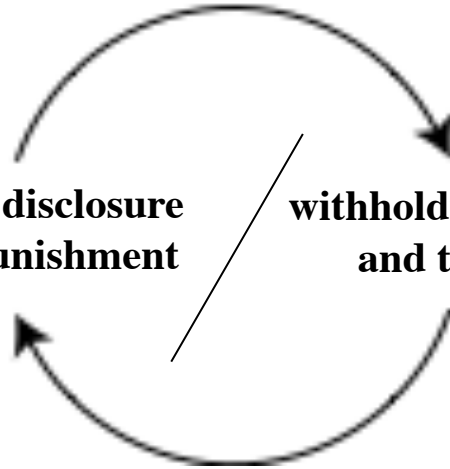
HIP



PIP

**demanding honest disclosure
and threatening punishment**

**withholding the truth
and telling lies**



PIP

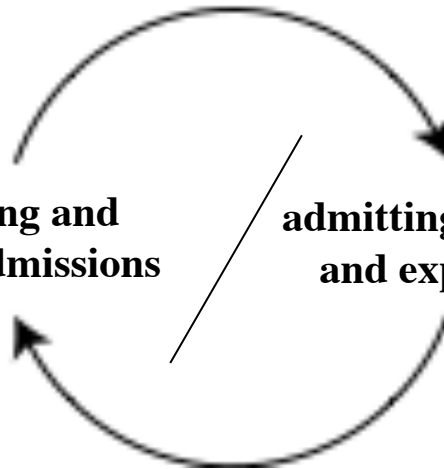
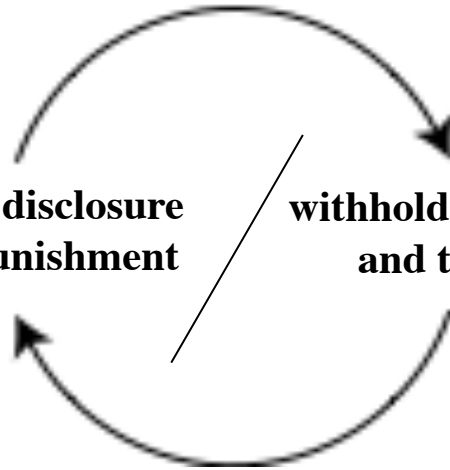
**demanding honest disclosure
and threatening punishment**

**withholding the truth
and telling lies**

HIP

**selectively noticing and
honoring honest admissions**

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



Some limitations of the IPscope

It assumes ‘normal’ biological functioning of the participants in the interaction and obscures possible limitations in the neuroplasticity of the nervous systems of the participants in the patterns.

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

The drawings could be misinterpreted as concrete and rigid 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 co-constructing unique IPs).

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

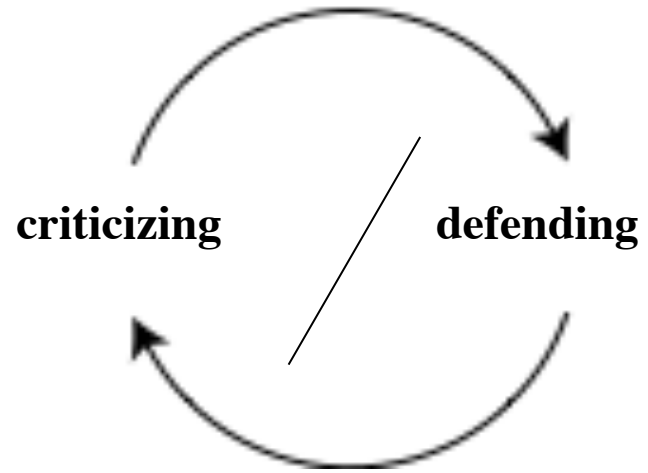
The feminist critique about systems theory as an adequate foundation for family therapy may be legitimate (but this can be addressed).

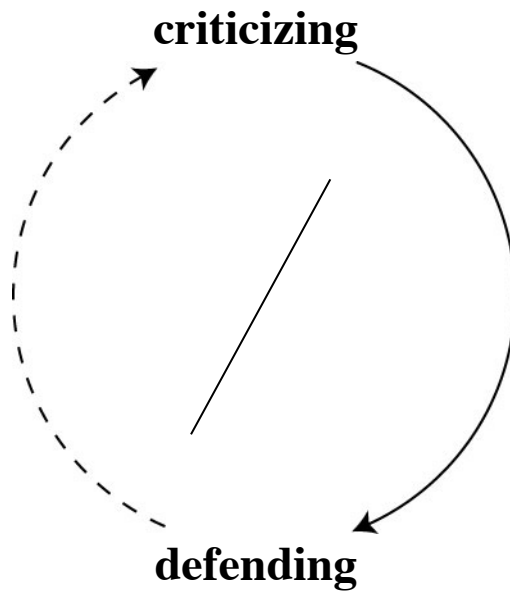
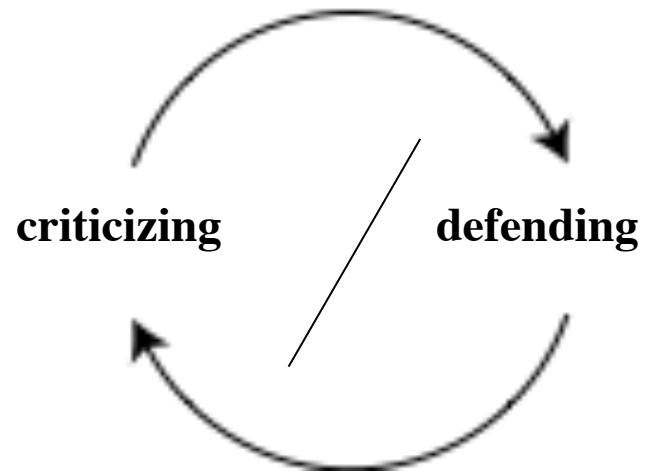
What is the feminist critique of systems theory?

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.

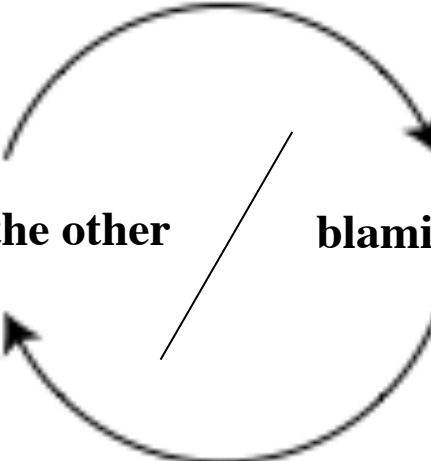
Thus, the use of systems theory to explain human relationships could inadvertently foster continuing social injustices.

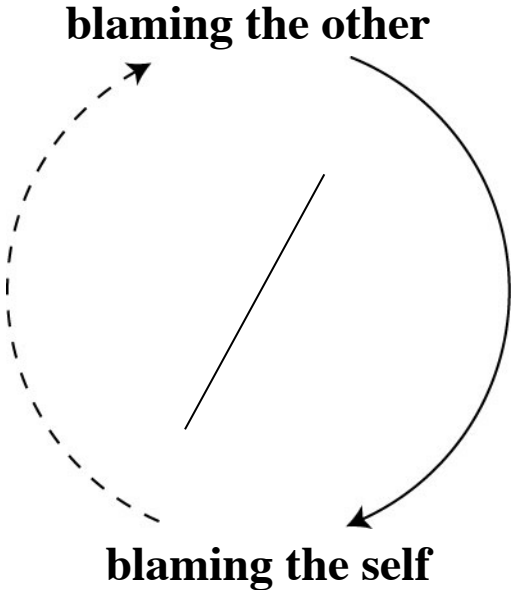
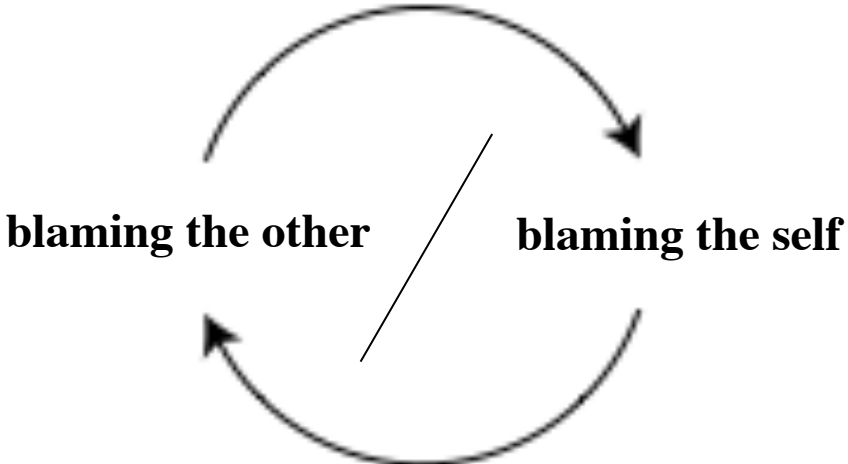




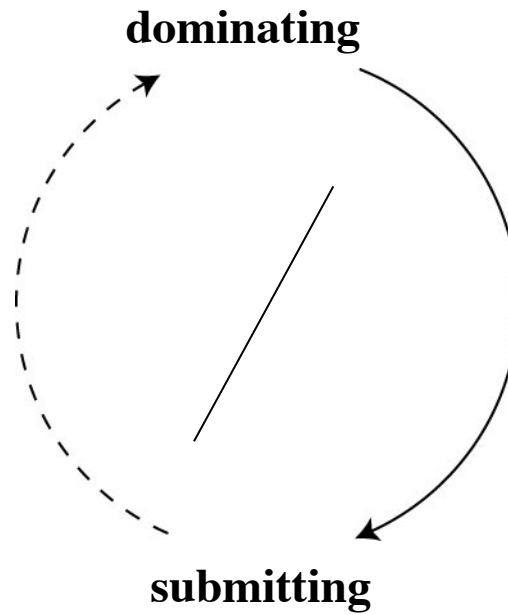
blaming the other

blaming the self

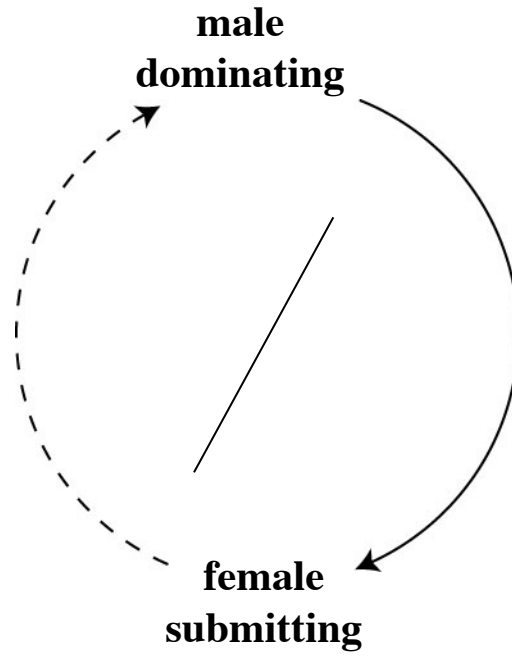




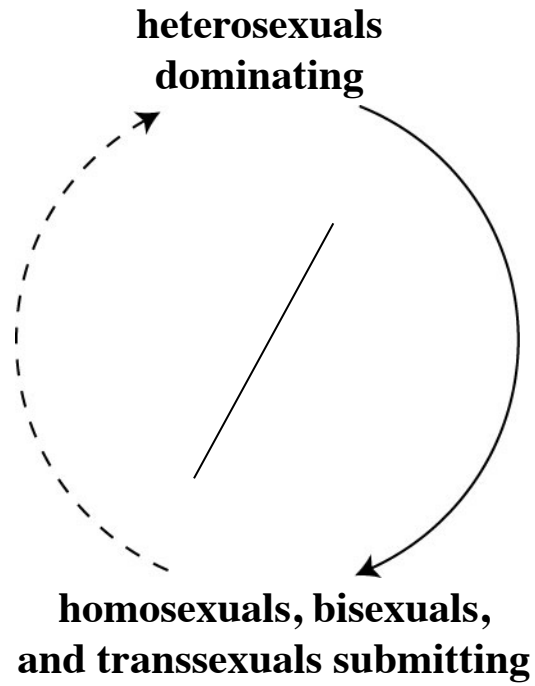
A pervasive pathologizing pattern in human relations



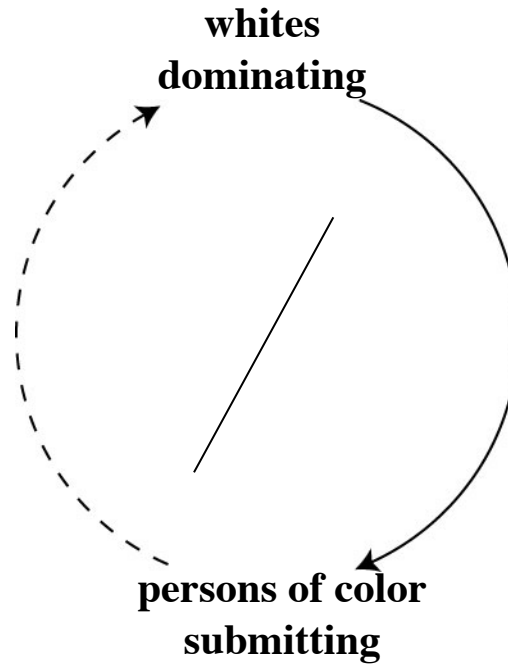
Sexism



Heterosexism

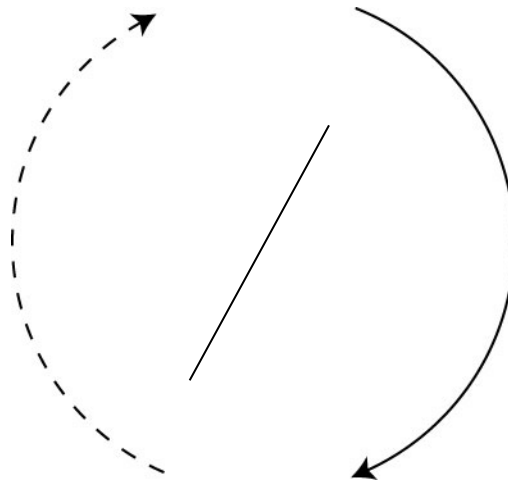


Racism



A generic healing antidote to the PIP of domination/submission

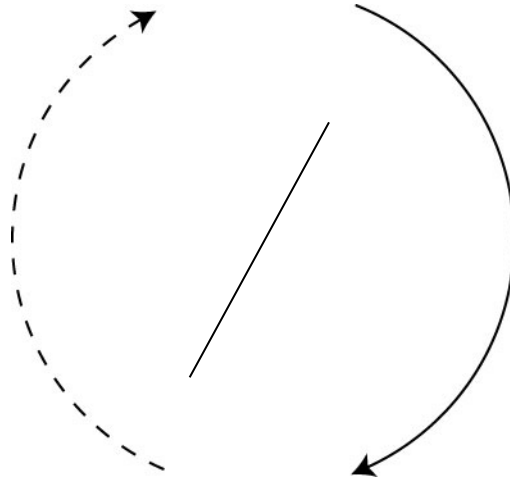
**acknowledging one's own privilege,
listening to the experiences of the other,
and redressing injustices**



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

A DIP related to the pattern of domination/submission

**Justifying practices of imposition and
maintaining power and control**



**Protesting injustices, rebelling, and
exercising civil disobedience**

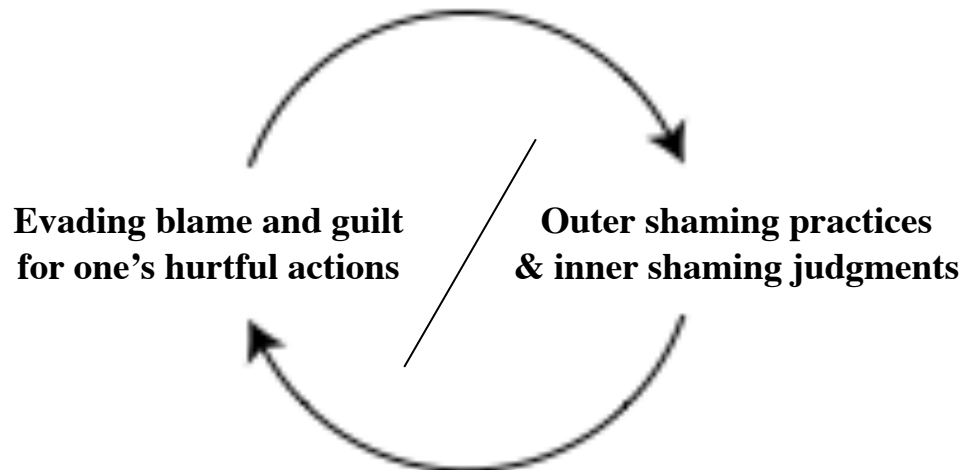
An Ethical Imperative

- Ongoing structural injustices of dominance and submission in relationships within our communities generate significant suffering among members of our communities
- As a mental health professional, I stand to profit from the suffering of my clients in getting paid for my services
- In order to avoid becoming complicit in these injustices and exploiting others for my personal gain, as an ethical practitioner I need to take a clear stand against those social injustices
- Unfortunately, protesting such injustices tends to arouse feelings of shame and guilt in the persons engaged in unfair practices which complicate efforts to establish greater justice

Tangles of Shame and Guilt

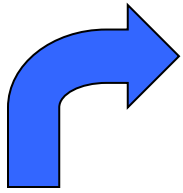
- Shame and guilt are extremely uncomfortable emotions that often block movement toward healing and wellness
- Indeed, they sometimes incite suicidal thought and action
- Their entanglement adds confusion that can be paralyzing
- Consequently movement towards more fairness and reconciliation becomes convoluted and extremely difficult
- Two major sources of shame and guilt
 - External - mostly shame - arises from ‘identity injuries’
 - Specific shaming practices by others in PIPs
 - Judgmental cultural beliefs/values that have been internalized from SCIPs
 - Internal - mostly guilt - arises from ‘bad’ actions
 - Realizing that one’s own behavior has resulted in injury to others
 - Reflecting on one’s own deliberate acts of omission that are hurtful

Mutual entanglement of these two emotions, shame and guilt, is extremely common

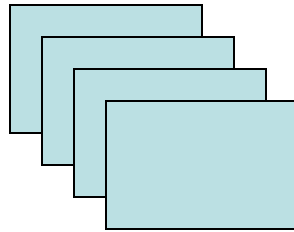
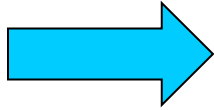


Disentangling them in therapy is important because the 'pathways for deconstruction' are quite different

Tangles of
Shame and guilt



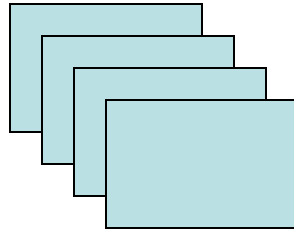
guilt



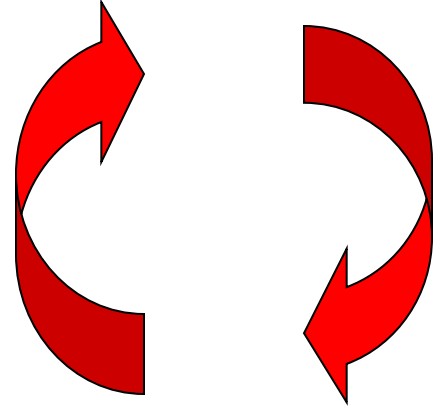
apologizing



shame



forgiving



Towards recognizing the enormous complexity of conflict situations

- There are almost always multiple ‘victims’
- There are also almost always multiple ‘perpetrators’ involved in any situation
- Thus, there are almost always opportunities for acknowledgement and healing in multiple domains

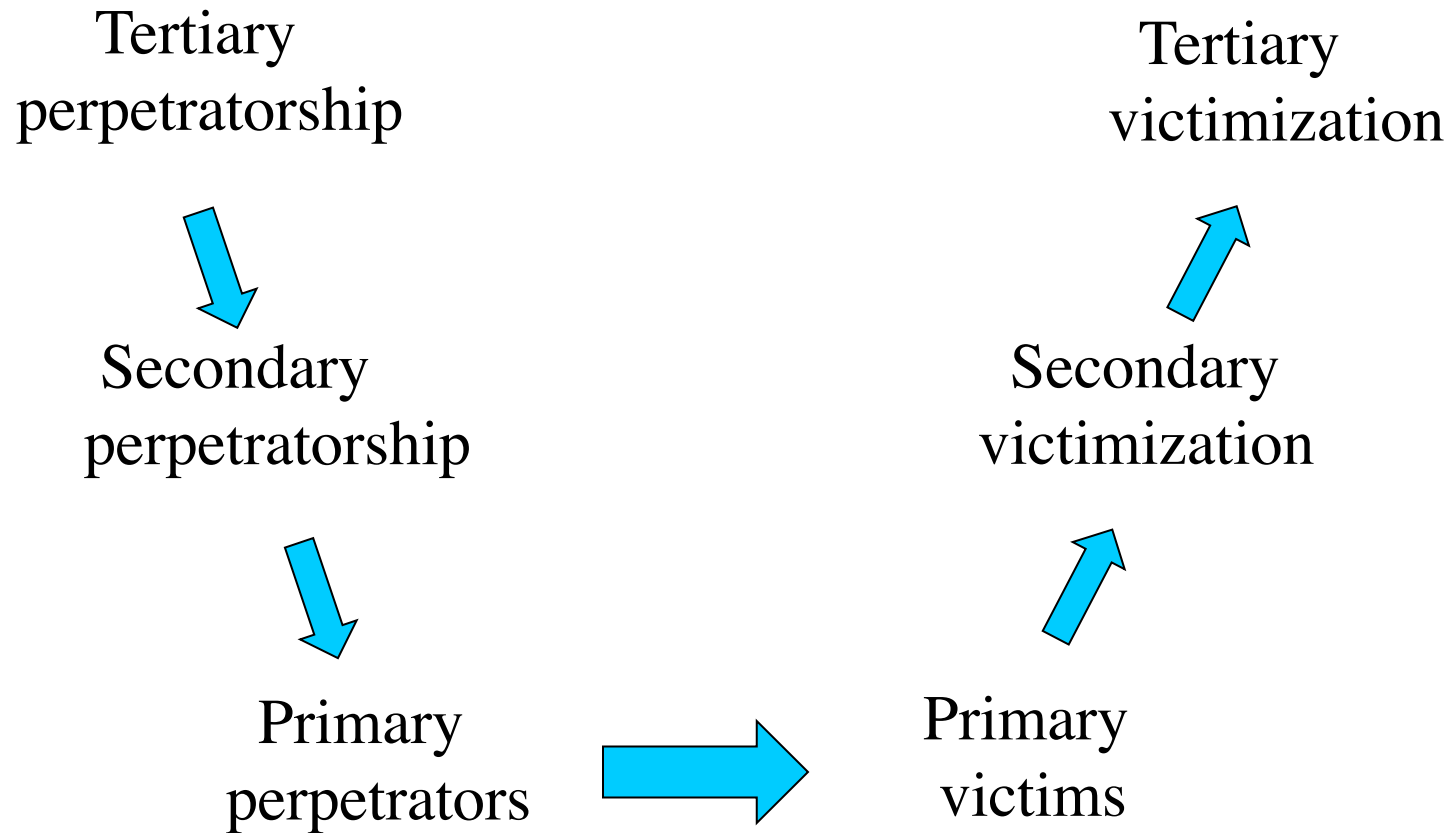
Multiple 'Victims'

- Primary victims- the person(s) directly violated or offended
- Secondary victims - family or friends who are deeply hurt by harm done to a loved one
- Tertiary victims - the members of the same community or reference group

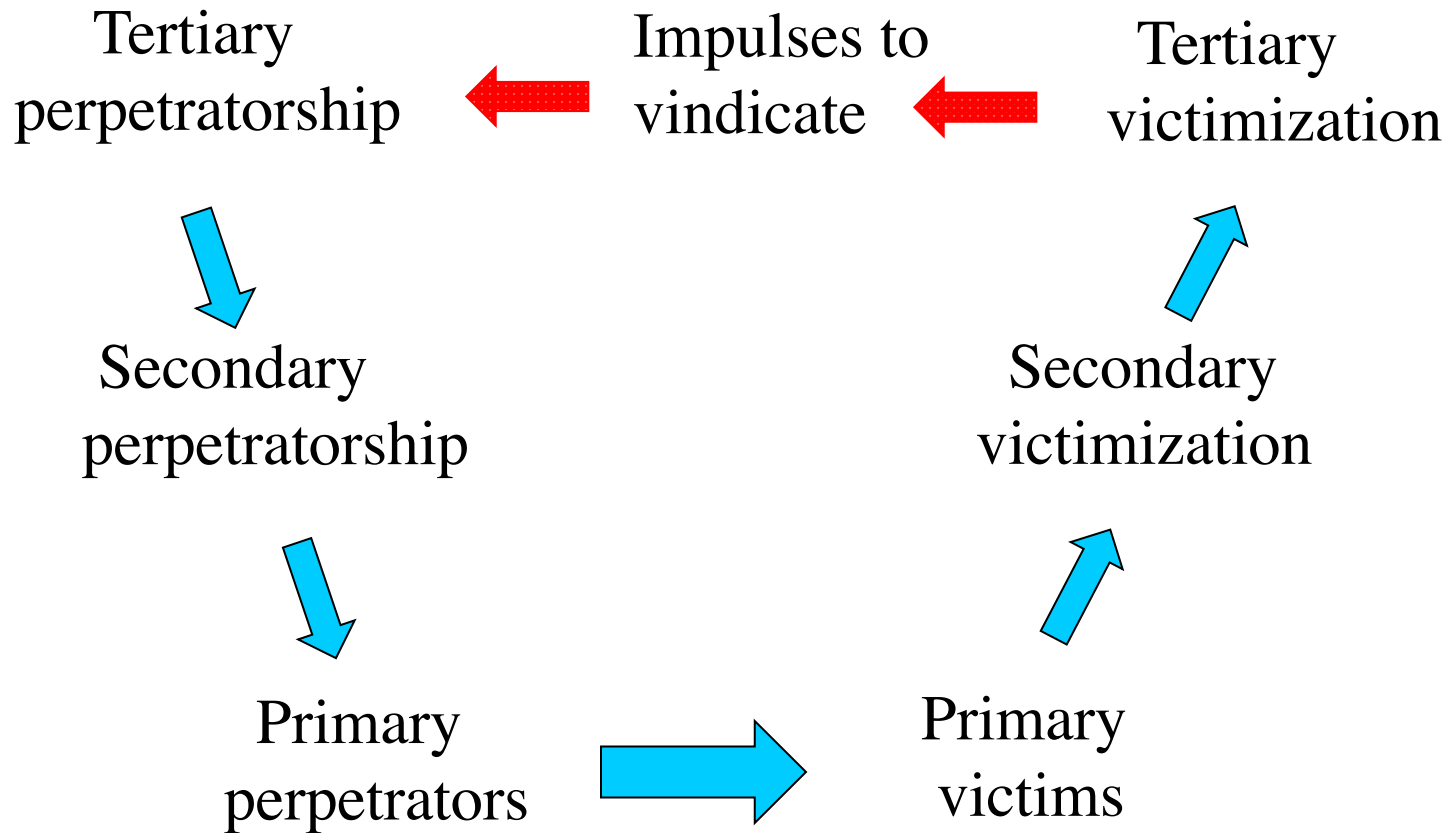
Multiple ‘Perpetrators’

- Primary perpetrators - persons who engage in carrying out the offenses, violence, or injustice
- Secondary perpetrators - persons who are complicit in making decisions for the actions carried out by primary perpetrators
- Tertiary perpetrators - persons who knowingly (and unknowingly) collude by sharing the same values and beliefs that support the decisions of primary and secondary perpetrators

A PATHWAY PRODUCING VICTIMIZATION



THE IMPULSE TO VINDICATE CLOSES THE CIRCLE AND CREATES RECURRENT CYCLES OF VIOLENCE



Deconstructing Tertiary Guilt

- Identify the nature of one's connection with the primary perpetrator
- Explicitly acknowledge the wrongs that were and/or are being committed
- Express regret and remorse for the wrongs committed by members of one's own reference group
- Adopt a clear stance of protest against such wrongs and the injustice
- Whenever opportunities arise, challenge any recurrent or continuing patterns of such wrongdoing or injustices
- Take restorative action to try to redress the injustice
- Contribute to values and beliefs that support more future justice

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