Patterns of Interpersonal Interaction that Influence Mental Health

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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
- **PIP**s = Pathologizing Interpersonal Patterns
- **HIP**s = Healing Interpersonal Patterns
- **TIPs** = Transforming Interpersonal Patterns
- **DIPs** = Deteriorating Interpersonal Patterns
- **SCIP**s = 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*

![Diagram showing the interaction between speaking and listening]
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.

Sample WIP-2

acknowledging the other  /  acknowledging the acknowledgement
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.

Sample WIP-3

giving affection and providing care

/ accepting affection and appreciating care
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.

Sample WIP-4

setting limits and maintaining boundaries / accepting limits and respecting boundaries
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.

*Sample WIP-5*

- offering constructive feedback
- learning from mistakes
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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*Sample PIP-1*

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  criticizing  defending
```

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.

*Sample PIP-2*

judging / protesting
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.

Sample PIP-3

condemning / evading
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.

*Sample PIP-4*

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frustrated pursuing / fearful distancing
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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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*Sample HIP-1*

- selective noticing of competence
- performing more competence
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.

Sample HIP-2

apologizing / forgiving
Movement among the IPs within an overall interpersonal relationship system

**TIPs**

Transforming Interpersonal Patterns

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 could enable movement away from a PIP or towards a HIP or WIP.
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*Sample TIP*

- asking about concerns
- disclosing concerns
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 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

Asking reflexive questions and opening space for new possibilities / Distinguishing possibilities and considering new initiatives
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

**TIPs**

- Pathologizing Interpersonal Patterns
- Healing Interpersonal Patterns
- Wellness Interpersonal Patterns

**DIPs**

- Deteriorating Interpersonal Patterns

**PIPs**

**HIPs & WIPs**
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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    scrutinizing performance / self-conscious performing
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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.

*Sample DIP-2*

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seeking attention
/\ ignoring
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A ‘DIP’ or *Deteriorating Interpersonal Pattern* is a subcategory of a PIP, that creates conditions for a probable slip from a TIP, HIP, or WIP, towards a PIP.

*Sample DIP-3*
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.

*Sample DIP-4*

pressuring / resisting
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**

- patriarchal beliefs about male entitlement and privilege
- male family members exercising dominance over female members
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

egalitarian beliefs about gender relations / males and females sharing power equally
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 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.
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’?
blaming and diminishing the other / blaming and diminishing the self
blaming and diminishing the other

affirming and crediting the other

blaming and diminishing the self

affirming and crediting the self
PIP excluding the other / isolating the self
PIP: excluding the other / isolating the self

HIP: proactively including the other / responding and participating
prohibiting the free expression of anger

turning anger inward against the self
prohibiting the free expression of anger

turning anger inward against the self

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: dominating with oppressive practices / submitting with depressive practices

HIP: relinquishing practices of imposition / protesting unfair dominating practices
What are some common PIPs associated with ‘psychosis’?
PIP invalidating and/or disqualifying expressing bizarre thoughts and behavior
PIP
invalidating and/or disqualifying
expressing bizarre thoughts and behavior

HIP
validating the other’s experiences
disclosing more of one’s inner experiences
judging, avoiding, excluding, and ostracizing

coordinating less and manifesting less acceptable thoughts and behavior

PIP
PIP
judging, avoiding, excluding, and ostracizing
coordinating less and manifesting less acceptable thoughts and behavior

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?
withholding information / reacting with suspicion
withholding information / reacting with suspicion

open sharing of information / active questioning

PIP

HIP
What is a typical PIP associated with ‘adolescent rebellion’ and some healing alternatives?
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
Parents worrying and imposing outer controls / Adolescents resisting outer control and rebelling

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: judgmental condemning / deceptive evading

HIP: accepting inner struggles / disclosing temptations
demanding honest disclosure and threatening punishment

withholding the truth and telling lies
demanding honest disclosure and threatening punishment

withholding the truth and telling lies

selectively noticing and honoring honest admissions

admitting to mistakes/lies and expressing regret

PIP

HIP
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?
parents claiming to treat the children exactly the same / children searching for differences and complaining about unfairness
parents claiming to treat the children exactly the same

children searching for differences and complaining about unfairness

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.
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.

![Diagram showing the coupling of complaining and criticizing behaviors](image-url)
Visualize the pattern operating in the interpersonal space
Visualize the pattern operating in the interpersonal space

complaining / criticizing
Visualize the pattern operating in the interpersonal space

complaining / criticizing
PIPs operate *intra*-personally as well as *inter*-personally.
complaining / criticizing
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
PIP

- distinguishing and naming the pattern as external to the person
- separating the self from the problem
- diagnosing the disorder and labeling the person
- identifying with the disorder and constraining the self

HIP

- distinguishing and naming the pattern as external to the person
- separating the self from the problem and distancing from the pattern
Some limitations of the IPscoope

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.
blaming the other / blaming the self
blaming the other

blaming the self

blaming the other

blaming the self
A pervasive pathologizing pattern in human relations
Sexism

male dominating

female submitting
Heterosexism

heterosexuals dominating

homosexuals, bisexuals, and transsexuals submitting
Racism

whites

dominating

persons of color

submitting
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

denying and/or justifying unfair power imbalance

reckless and/or violent protesting of injustices
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

- reducing expectations
- reducing performance
PIP

raising expectations

/  

overdriven performance
**PIP**

- raising expectations
- overdriven performance

**HIP**

- reducing expectations
- relaxing performance
THE INTERNALIZED MOTHER
The Ipscopic perspective could also be applied to clarify societal PIPs e.g. that produce recurrent cycles of violence.
References


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