The Journal

of the
INTERNATIONAL INSTITUTE
FOR BIOENERGETIC ANALYSIS

Volume 5 / Number 1 1992

Fusion and Confusion in Alzheimer's Disease

EDITH FOURNIER

Introduction

Alzheimer's disease affects many families. It hit home for me when my own mother came down with the illness. I went through the painful process of watching her become more and more confused. Eventually I had to place her in an institution, where she was treated with psychotropic drugs.

This paper is about my own personal experience in relation to Alzheimers'—specifically my exaggerated anxieties that I would "inherit" the condition. But, more importantly, it is about insights I have gained as a result, findings I have been able to apply not only to myself, but to my clients who find themselves in situations similar to mine.

In one particular case, it was a client herself who, it would turn out, was able to teach me profound lessons about the link between fusion in families—exaggerated dependencies and double binds—and confusion.

The paper ends with three specific techniques I have devised to get to the core of such pathologies.

As I watched my mother lose her ability to speak and assume the expression of a fierce animal, I told myself: "It seems as though

she's becoming psychotic." Nobody ever treated her for that. For me, it mattered to know whether my mother died of a psychosis or of a genetic accident. Alzheimer's is hereditary, they say.

I myself do not reject the hypothesis that the disease is hereditary. On the contrary, if anything can be passed on, it is the confusion resulting from having been raised by confused parents.

I am convinced that this old parent has always been confused. That is my hypothesis. Alzheimer's may be a way out of psychosis. I have no proof. But there is no proof to the contrary, either. As yet there is no objective diagnosis of the disease. And it does strangely resemble psychotic disorganization.

When I refer to confusion, I refer to being disorganized both mentally and emotionally. When an intense conflict arises, the person no longer has access to reason nor to emotions. The body stiffens, becomes still. Such rigidity is particularly present in the neck area and also involves a shortness of breath. The person might say: "I know something is happening but I have no idea as to what it is." I believe it is an emotional overload.

My Personal Story

It was as a "child of Alzheimer" that I went to see Dr. Alexander Lowen. I wanted to find out, once and for all, how "at-risk" I really was. I know now I am not the only one dealing with this fear.

In my case, the symptoms became more noticeable in the third year following my mother's death. In therapy I revealed that I was afraid of developing the disease. I was ashamed until then of having such a worry. It was shame mixed with panic. In the few months before, I frequently needed to refer to my daily appointment book. I couldn't remember phone numbers that I was most familiar with. I forgot therapy sessions and courses. I paid less attention to verbal messages and found myself in the embarrassing situation of asking people if they wouldn't mind repeating. In my mother's case, they had called that "short-term memory loss."

Three times in the same week, I got off at the wrong floor to get to my office, which has been in the same place for the past fifteen years. On the way home, one night, I took the way to my previous apartment. My mother had done the same thing five years before. It was referred to "as spatial and temporal difficulty."

On trips, I relied on my husband to organize everything. At the same time, I complained that he took the initiative. I interpreted it as a lack of trust in my ability.

In the morning, I sometimes felt a strange dizziness. I had headaches that were unaccounted for and chronic tension in my neck. This reminded me all too well of what my mother had described. She had said it was like being hit on the head while hearing a continuous humming noise.

Objectively, these symptoms were nothing to worry about. One day or another, everyone experiences them. To comfort me, people told me: "Don't complain. I have always been like that!" But I had never been like that, and that was exactly what was worrying me.

My oversights were noticed by people close to me. "What's with you lately? You forget everything!" This was only confirming my doubts that it already showed. The anxiety was making its way and the symptoms were becoming more frequent. There was nothing worse than being afraid of forgetting something and then forgetting it. I got myself into a cycle I could not break out of. The more doubts I had, the more forgetful I became.

The worst of these symptoms was the sense of no longer being able to trust my own perceptions, intuitions, and memories. Whenever I was saying something without objective evidence to support it, I told myself: "Be careful, you know your memory has failed you before."

That feeling became overwhelming. Close to despair, it moved in secretly and forced me to rely mainly on others to confirm myself. I could no longer see clearly.

As a young child I had had reason to feel something was amiss. I knew my mother was angry, despite her repeated denials. Repeatedly she told me: "Come on, you shouldn't have any feelings!" One recent day on the long drive home from Connecticut to Quebec, I suddenly said aloud to myself: "But I had reasons!" I could now cross the border, my mind free at last. I was coming

home, to a home inside myself.

From then on, I felt a general release. My anxiety disappeared along with most of what, if not all, I referred to as my symptoms.

Applying Insights to Others

To forget a meeting or to go to the wrong office does not mean one is confused. But what interests me here is that these lapses bring us in touch with much earlier experiences of confusion. For a child raised in such a milieu, cerebral activity is the only shelter, provided he is at all talented.

The only recourse for children of Alzheimer is to acknowledge that this confusion, although seemingly new, has always been there. This process brings to the surface old messages from the parent. It reveals the extraordinary rational efforts one had to make as a young child—efforts meant to compensate for the absence of structure and other difficulties of the adults.

When I began to see this more clearly, my oversights no longer seemed to be symptoms of the disease. Instead, they seemed to be signs of a healthy release, after all the years compensating for my mother's disorganization. In fact, they were a sign I was loosening up on compensating behavior, that I was recuperating.

Working on myself enabled me to recognize similar attributes in my clients. One of them has particularly inspired me. I will call her Pauline. She is a fifty-nine year old highly intelligent and very energetic woman, who has always denied her creative potential. Her alcoholic mother beat her up and subsequently begged for forgiveness. Her father was an interesting man, but distant and authoritative. Like so many others I have come across, Pauline has disowned her family. "I am not of the same breed," she says. She has no feelings of being attached to them.

In the fall of 1989, the weekend preceding her request for therapy, she suffered a violent migraine, along with visual troubles, severe crying spells, and an acute feeling of being lost. When she arrived at my door, she was in a state of panic. She was terrified she had Alzheimer's.

She does, in fact, present symptoms of that disease, more clearly than any of my clients. She has had frequent memory losses and disorienting experiences. Once on a visit to her daughter's, for a half an hour she found herself unable to recognize where she was. I believe that this was more a temporary loss of contact with reality rather than a physical dysfunction.

Pauline is an active member of a fundamentalist religious sect. She also rigidly follows an all natural diet, with frequent fasts and abstinence from certain kinds of food. Her regimented ways of functioning seem to provide her with a structure.

She has three daughters to whom she has devoted her attention, in the hope that their future be more promising than hers. One of her daughters always accompanies her to therapy sessions and parks her car in front of the window. This way, we both can see her waiting patiently as the session goes on.

Pauline has been married for thirty-two years to someone she describes as a "spineless saint." She always refers to him as "Daddy." She describes her marital life as a balancing game and has continuously walked on eggshells so nothing would interfere with the stability of her family.

I was hesitant to undertake a therapy with this woman. Therefore, I decided to hold four sessions to see whether or not I could work with her. She fascinated me, but I felt trapped with her. Her story resembled my mother's so much. Energetic and intelligent, my mother gave birth to three daughters. She too hid behind rigid spiritual beliefs. My father was a nice man but lacked assurance.

Like Pauline, my mother disowned her entire family. She did not feel connected to her origins nor to her own body. She frequently resorted to fasts and violent laxatives. Her golden rule was harmony at any cost. Music was used to create a warm ambiance in our house. My sisters and I were to accomplish great things in life—international careers and exceptional performances. The only attachment my mother had was her daughters. Hence, Pauline brings me to a world I know well.

It was unusual for me to resist working bodily with a client. Yet, such was the situation with Pauline. I understood why when I

asked her to remove her clothing in the third session. I was faced with the exact replica of my mother's body: vibrant eyes, plastic face, the right smile for the occasion, and total surrender of the rest of the body. Cellulite hung from her like flabby pouches. A familiar roundness at the top of her back I knew all too well. Only her hands were hard-working and linked to reality. But I was even more fascinated and somewhat amused, I must confess, by Pauline's way of getting undressed. As she was taking off her clothes, she kept on her fake cuffs, her detachable lace collar, and her shoulder pads. It was as though she could not part with the items that corrected her physical structure. I was moved and saddened. Pauline was truly pathetic in the way she presented herself.

Undoubtedly, there was dissociation between the real body and the visible body, as though there was no more an attachment to her body than there was to her family. But to my touch, Pauline responded remarkably well. Also, she obeyed me with an incredible docility and wept at the first deep breath.

As I was taking Pauline to the door that day, my eyes met with her daughter's, still waiting in the car. I was rooted to the spot, feeling a bond that reached out beyond my office walls. It was as if my office had suddenly reached out into the street, with an open window on a phantom I could not forget.

At the fourth session, Pauline arrived excited about something. She had borrowed fifteen thousand dollars during the weekend and planned on using it to buy a grand piano for her daughter right after our appointment. She wanted to prevent her daughter—the same one waiting in the car—from falling into a depression, she said. Pauline planned to have the piano put in her own home so her daughter could come and practice daily. This was all too familiar. My parents had invested all their worth in the purchase of a grand piano for me. The tone of my voice revealed an uneasiness. I was faced with an acting out that I wanted to prevent. Knowing the girl was about to start therapy herself, I suggested Pauline give it more time and let her daughter take ownership of the decision.

Then I told Pauline that I would continue working with her only if she were willing to face the nature of her relationship with her daughter. I felt it was too enmeshed and too fused. Three days later, Pauline decided to stop her therapy.

I have questioned myself extensively about what had happened. Had I been trapped in the countertransference? Or overwhelmed by the phantom of the daughter? Shortly after, as I was doodling during a phone conversation, I found myself writing the word "confusion" and circling the word "fusion" within it. Unconsciously, I had given myself the key that inspired the style of intervention I developed and continue to use with clients, one that I will describe in this paper.

Six months later Pauline called me back. She was about to send the piano back to the store since her daughter, in her own therapy, had perceived this purchase as one of too many links to her mother.

But even more remarkable was the internal growth Pauline had experienced in the meantime. Her words were something like, "When I am faced with a person as educated as you are, a person I feel confident with, I completely let go, body and soul. That is what I've done with you. As soon as I felt you were becoming mean like my mother" (referring to the piano incident), "I understood that I no longer belonged to myself, that I no longer existed and that I had no feelings."

It happened again. My hypothesis was being confirmed: *The roots of confusion are in fusion.* The two are always related, as it is impossible for a person to have sense of self if he is always in the orbit of another. Trapped in my countertransference, I had disapproved of Pauline by the tone of my voice, unable to see what she was trying to express through her actions, unable to sense the pain she felt at the prospect of losing her daughter. She probably left my house completely lost, confused, and not knowing which one of us was ruling her life. But she had had the presence of mind to make a healthy decision, to discontinue therapy temporarily, so she could find herself again.

Pauline had originally seen me as a well-balanced woman. During the piano incident, however, I took on an attitude she recognized as being that of her own mother. Used to adjusting herself to other people's moods, she got totally mixed up, trying to tune in to the messages I was sending her. She was caught in a perfect

case of double bind. Caught in a fused relationship with her mother, Pauline had no existence by herself. She lived only to satisfy the mother's needs. In the present situation, she was torn between her own needs, her daughter's, and mine. Too many messages were contradicting each other. They led to confusion. That is precisely what happens in a fused relationship.

Pauline taught me how such a dynamic actually generates confusion. She told me this through her own history with her alcoholic mother and through her fusion with me as well as her daughters. This was living proof of the transferability of such a process, even to the third generation.

Pauline also taught me the danger of harmony-at-whatever-cost. This need was found in both her home and in mine. Musical harmony, for both of us, had hidden a great illusion: If you look happy, you aren't troubled. This profound denial of family tensions brings children into a world of inconceivable double binds. In these families, there isn't much happening concretely. The children sense that something is strange but since nothing is happening overtly, they believe there is no reason to feel what they are feeling. Such a fake environment is most likely to generate confusion.

Therapeutic Approach to Confusion

Too often in the process of therapy, we think confusion must be put aside. I am convinced that it must be treated in the same manner as anger, sadness, despair, or any other emotion. Just as we allow a client to express anger, which hides a profound sadness, we should allow a client to express confusion. And also, to identify how the body is responding to it—with paralysis, muscular contractions, shortness of breath, or whatever. Only then can we treat it. And only then can we address the greatest confusion of all, the sexual double bind.

What follows are three interventions I use with clients to help expose the double bind situations. I have used these exercises only with relatively well structured clients. I do not know the impact they might have on those who are less structured or borderline.

Sexual Double Bind

I ask the client to lay on his or her back with knees bent and legs slightly apart. I place a cushion underneath the head to allow the client to witness what will happen and to avoid fixation of the eyes on a given point. This also offers a way for the client to look around and be aware of what is happening both outside and within. I stand in line with the legs, at a fair distance away and I ask the client to look at me. Then, I slowly walk towards the client, stopping between the legs, with my arms reaching forward.

This is a double bind situation. On one hand, I reach my arms out, which in itself can be confusing. Is it an offer or a request? On the other hand, I move in, more precisely between the legs, in a symbolic abusive situation. Reactions to such an exercise are most violent.

Double Bind in Contact

Another exercise uses even more primitive mechanisms. It consists of facing the client, with both of us in a standing position. I reach forward with my arms and look elsewhere at the same time.

To have an even greater effect, I invite the client to come with hand gestures or words. If he or she has been faced with similar situations before, this exercise easily confuses the client. It clearly reveals a double bind.

Double Bind in Eye Contact

The third intervention elicits the kind of ambiguities originally present in the infant-mother relationship in the first months of life. With this exercise, the client lies on his or her back, knees and thighs relaxed, with heels together, like a six-month-old baby. I ask the client to refrain from speaking since such a young infant cannot. Sounds are allowed, if desired. I also restrict usage of hands, given hand coordination in a young infant is not yet developed.

I lean over the client and look just above his or her head. It may seem as though I am looking the client in the eyes, but in fact, there is no such contact. The situation is ambiguous. And

again, there is a double bind. I am leaning, solicitously, but my eyes are elsewhere. It seems to be an optical illusion. Virtually all of my clients stop movement immediately as a result, unable to comprehend what is happening.

Alzheimer's disease for sure affects one's reason. But which reason are we talking about? Throughout this presentation I have stressed the importance of the notion "I have reason to feel what I am feeling." I believe Alzheimer's is not so much a breakdown of one's reason per se, as it is a manifestation of the person's inability to express one's feeling.