Part Three

The Morbid Process

USES

1. WHEN INVESTIGATION OF THE INDIVIDUAL IN PART ONE HAS FAILED TO IDENTIFY THE PSYCHIC PATHOLOGY.

2. WHEN INVESTIGATION OF THE FAMILY IN PART TWO HAS FAILED TO IDENTIFY THE PSYCHIC PATHOLOGY.
The Morbid Process

Intention

In Part One the investigation has been concerned with establishing whether or not an individual patient is ill, both in its physical and psychic components, and which illness or illnesses he suffers from.

In Part Two the investigation has been concerned with establishing whether or not a family is ill, both in its physical and psychic components, and which illness or illnesses they suffer from.

In both Parts diagnosis is arrived at in Step VI. A part of diagnosis is the understanding of the somatic and psychic pathology, pp. 159 and 225.

The nature of the somatic morbid process for most conditions is established and many texts are available for consultation.

The psychic morbid process will sometimes be obvious but usually it has to be worked out in each case. In Part Three the aim is to identify the nature of the morbid process which caused the individual or family to become ill. To answer the question ‘What caused the psychic dysfunction in individual and family’ is the purpose of Part Three.

In Part Two an illustrative case was employed; the elucidation of its psychopathology is outlined here.

Illustrative Case

Part Two. Family Diagnosis

Acute, moderate neurosis precipitated by interaction with the extended family and accompanied by a number of psychosomatic symptoms. The family shows a mild degree of neurosis from its inception.

Part Three. The Morbid Process

Somatic—for asthma, eczema, enuresis, etc., is well understood.

Psychic—will now be summarised.

Exploration of the wife’s life in her preceding family showed that she was an only child, caged in her family by a disturbed rejecting mother, but supported by a doting father. Her father dealt with his wife by living his own life apart from her and thus detaching himself while under the same roof. Walking was his recreation and he employed this time for a happy helpful warm relationship with his daughter. The mother’s final trauma against her adolescent daughter was to simulate illness and thus tie her (our presenting patient, p. 223) to herself by guilt. Hence, every time the mother was ill, it precipitated in her daughter an overwhelming reaction of anger and depression. On these