

Group atmosphere, Mirroring and Multiple Transferences in the Multi-Family Group

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According to Jorge Garcia Badaracco's model, the multi-family group consists of a group of people made up of some psychiatric patients, their parents or other relatives and the operators.

It differs from multi-family groups in which the parents of psychiatric patients and operators are present, because it is possible to observe "from life" the interactions between parents and patients, belonging to several family nuclei, whether they are part of the same nucleus or different nuclei.

At the end of the 1960's, prof. Jorge Garcia Badaracco began to hold a voluntary meeting in the psychiatric department of which he was director, to which, at first, he invited patients and, later on, parents, in order to talk together.

People thought he was crazy, but he began to see interesting phenomena: at first, the children seemed to be caricatures of their parents, but then he understood that children and parents were trapped in the same cage.

What is the multi-family group?

Contrary to what one might think, it is the most natural place in which it is possible to consider madness, and to see in action not so much the unconscious relational mechanisms that, with time, have generated the madness, but those that

keep it alive at the moment: the reciprocal pathologic and pathogenic interdependence between parents and children.
Feeling that you can “count on” someone helps
you to find yourself

- **“There a place where a person can go, knowing that he can express what he feels, because he is convinced that in that place there are people who are ready to listen to him and share with him the emotional-affective contents that he will present to them.**
- **And there are people who go there because, having previously received the same treatment, they are now prepared to offer their solidarity to the person who today wants to speak about his problems.**

A psychoanalyst coming to grips with madness

- Garcia Badaracco, upon finishing his analytic training in Europe, returns to Buenos Aires and goes to speak with the mad people and their families: he begins to use his psychoanalytic knowledge to construct a new therapeutic context in which to treat seriously ill psychiatric patients; i.e. he uses psychoanalysis and his own personal psychoanalytic training in order to understand and treat psychosis.

The multi-family group is an open and non
homogenous group

- Its components belong to different generations and to different family nuclei: from the first day of participation one can intervene but, above all, one can listen.
- Garcia Badaracco never tires of repeating that the most important thing that happens in a multi-family group is that **one can learn to listen.**

Pathological narcissism

- The real enemy is pathological narcissism: parents who have a tendency to speak and listen to only themselves, who cannot see their children for what

they really are, but who tend, throughout their lives, to wish them to be what they think they ought to be, and who continue throughout their lives to think that they know better than their children what they should “feel” even before they think.

How do psychiatrists and psychoanalysts behave

- Generally, psychiatrists and psychoanalysts do not criticize the way the parents see the organization of the context of learning about “how things went”, but they adhere to it and begin to think that the parents represent quite well the reality that they share with their children, whereas the children do not know how to do this.

In the Multi-Family Group everyone starts off
equal

- In the MFG, no-one, whoever they may be, can take it upon himself to think that he knows, better than another person, what the other person is feeling, nor can he assume to think that he knows, better than the other, what the other person must think: the operation of “equal competence in having an opinion” applies not only to the operators but, above all, to all the other parents or the other children.

The mirroring function

- The members of a pathological family nucleus have no chance, during the course of their unhappy history, of pulling themselves out of their situation and looking from the outside at what is happening between them; in the multi-family group they can “mirror” themselves in the mode of functioning of the family nucleus that they see before them, and learn not to simply go on repeating the “same errors”.

A new way of getting to know psychiatry

- By participating regularly in the MFG, operators, who until now have known little about psychiatry, learn to discover what psychic suffering means: through hearing about the past and present difficulties of the patients and their parents, they come to realize that the problems do not reside exclusively in the sick children, but in the relationship between “healthy parents” and “sick children”.

What is the symptomatology from the point of view of the MFG?

- A screen behind which patients and their parents hide or, rather, behind which patients and parents mask the apparently inextricable problems in which they are both involved and that could briefly be summarized as the habit of living one inside the other, in a confused and de-individualized whole.

Why make use of the MFG?

- Because the MFG can be considered as a large container that surrounds the therapeutic context, made up also of the treatment of the nuclear family and of individual treatment.
- Within the group, it is easier to express both the pathological traits, generally more evident, as well as the healthy traits that are virtually present.
- With time the healthy traits tend to prevail.

The operators can see pathological and pathogenic interdependences at work

- The pathological situation is marked by the presence of the pathological and pathogenic interdependences between parents and children and vice versa; that is a situation in which, prevalently, the children considered to be ill, but also the healthy parents, are inhabited by the presence of the others who do not let them be themselves.

How has the pathological situation come about?

- We can hypothesize that the situation in which the pathological and pathogenic identifications prevail has come about at the moment when the child has been invaded by the emotional-affective contents of one or both of the parents, and has felt that he has, unwittingly, become the emotional-affective container of the anxieties of one or both the parents, but has “refused” to register this unacceptable perception.

How has the child lived this experience?

- The child absorbs like a sponge the emotional-affective contents that are introduced into him, without being able to filter and order them, and he becomes destabilized by the “incorrect function” that he is asked/forced to perform.
- It begins to be difficult for him to think about himself and this hinders him from maturing alongside his contemporaries with whom he begins to feel uneasy.

With the parents, on the other hand, he feels that he is important, even though the way that he functions towards them is not recognized.

On the contrary, the parents see his difficulties with his contemporaries and begin to be worried.

The child, or more likely the adolescent, can become ill and, finally, the parents feels that they can manage to act like parents, but to a sick child who they must look after, as though he were an invalid, and who keeps them permanently occupied.

The child feels that this relational situation is not any different from the one he has always experienced: he

is the less strong of the two, apparently, but in reality he is the strongest because, since he is ill, he perpetuates a constant situation in which he is the one who functions as container for the parent's tendency to fall to pieces, but who can now take care of the sick child and become an "heroic" parent. This is "the relationship with an object that causes madness", because it constructs a distorted relational situation in which "the parts in the play" are inverted, but no-one says that they are.

Generational differences are annulled. The situation of inversion of the generational levels produces a lack of perception of their presence.

This is a concrete structural deficiency that prevents the oedipal experience and comprehension: the representation of the primal scene is not possible.

Everything remains pre-oedipal, undifferentiated and confused: it is not possible to experience exclusion with love, that guarantees the survival of the self in an autonomous form.

Damage to correct mental development.

As a result, the development of correct mental functioning is damaged; the mind must learn to gradually recognize that, just as there are different generational levels, so there are logical levels of

hierarchically organized functioning, from concrete to abstract and vice versa.

The impossibility of meta-communicating in a psychotic situation.

Proof of this is the impossibility of ascent or descent of logical level, i.e. of perceiving that there can be two levels; the so-called double-bind in which the patient finds himself: he loves the person who holds him prisoner but who is the only one who gives him a dimension of life, the sensation of existing; if he were to lose this person, he would fall to pieces.

The discovery of his own weakness and/or strength

- The patient, when he discovers his “position” in the MGF, is afraid to leave the position of “weak person who leads” with which he is identified, not only because he fears experiencing a catastrophic change, but also because he is afraid that the revelation of what the situation really is - that he is not and never has been the less strong, even though this is not recognized – could destroy the parent with whom he is more involved.

The process of disidentification

- The process of disidentification regards both, or all three, of the people entrapped in the pathological and pathogenic identification, and is a process full of uncertainties and of inevitable, continuous relapses, that tend to again confine the person in the previous invalidating mode of living reality, in a de-identified syncytium.

It is a dramatic process because it is a question of abandoning a situation in which each of the two, or three, individuals who compose it, have no perception of themselves as separate, autonomous individuals, but are part of a couple or of a trio of people; margins are blurred,

and each person feels that he must be concerned for the needs of the other as well as for his own, and each decision - and therefore no decision – must be made taking into account the opinion of the other, as long as it is similar to his own.

The equilibrium that had been reached was dysfunctional from the point of view of the development of each of the two, but it had positive aspects and secondary advantages for both of them. For the patient there was the possibility of not having to make decisions about himself, according to a principle of personal responsibility, for the parent there was the opportunity to be able to, or to have to, sacrifice his aspirations of a project of autonomous development of his own existence, about which he, in any case had perplexities, in favour of the need to take care of the other.

The massive projective identification processes, to which each of them have reciprocally been subjected, have resulted in them not being able to distinguish one from the other and vice versa.

- The therapist who has to deal with a situation of this type, either in individual therapy or in family therapy, becomes invested with these mechanisms that at the beginning were defensive, but that with time have been transformed into habitual modes of reciprocal relation.

- It is easy for the therapist to be upset by this

The countertransference is often marked by unbearable experiences that lead to the setting being put into discussion and breaking up.

Moreover, a person or a group of people who are by now completely unused to living as individuals, tend to transform the therapeutic situation – in the same way as the other situations that they experience – into de-individualized realities in which one person is confused with the other, and in which, generally, the individual begins to question the meaning of his own existence that is only apparently without

meaning.

How does the MGF act?

- It is as though the MGF induced people to recuperate a sense of self in regard to the others, that encourage them to find a sense of self, in regard to themselves.
- All this helps them to recuperate “the cohesive forces of the ego” that, for some time, they had forgotten they possessed.
- The therapist conviction that patients and families members have the capacity to re-aggregate segments of the self that inhabit the other, and to expel parts of the other by which they feel inhabited, gives them a new capacity to trust in themselves and in the others, that they thought they had lost.

The therapists express the idea that every person is worthy of respect, and that even the apparently most incomprehensible symptoms in reality hide states of mind and feelings that are comprehensible because they can be confronted and reciprocally assimilated to those of the others.

This stimulates the forces of reconstruction of the ego boundaries of each one of them, and encourages them to relate to the other, but not by invading him massively and magically with their own experiences so as to render him incapable of distinguishing his own boundaries – as they had done up until then. The fact that the other may have an opinion different to their own can now be tolerated and accepted. One of the principal instruments of intervention: multiple transferences

- The harshness of psychotic transferences is the principal obstacle to the treatment of psychotic patients.
- The functioning of the operators' minds, whether they are working individually, with the family nucleus or with a group of psychotic patients, is severely put to the test by the invasion of psychotic experiences to which it is subjected.

In the MGF there is a unique situation: the psychotic transferences can be diluted, broken up and recomposed in a single body of thought to which all the participants can contribute – both those who speak and those who only listen.

In the MGF, the operators are subjected to those same unbearable experiences that are present in the therapeutic situations already mentioned, but in a reduced form:

1) experiences are spread out over a large number of people – patients, family members and operators – who are used to supporting them;

2) Interventions that are “enacted”, that particular psychotic way of addressing the other person that admits no questioning, through the action of the other patients, family members or operators, can be transformed into “words” and

discussed again.

3) the pseudo-sharing of undeclared solicitations, that cannot be talked about in a single family nucleus, disappears altogether;

4) each of the people present can feel within himself the “ingenuousness” that is needed to intervene on them;

5) This phenomenon is due to the particular composition of the group and the consequent tendency to “metaphoric mirroring” that is present in it:

a) each person can “suddenly” understand how things are also “in his own house” – something that he had never had the chance to realize before;

b) This is possible for him because he sees it happening “in the other person’s house”;

c) in the particular atmosphere of the group, not only can see what is happening in the other person’s house and therefore in his own house, but he can also feel that he can intervene “in order to help his counterpart understand how he should see things, because he has understood how they really are”;

d) no one can intervene better than the protagonist of a corresponding history, in the presence of a group of people who represent “the community working to

understand and change”;

6) “the breaking up of “enacted thoughts” probably comes about in relation to the possibility to participate in the process of the representatives of several family nuclei belonging to different generations – parents, children; while the process of “different re-composition” of the same pieces, although put together in a different form, is linked to the existing process of recognition of equality between all the participants that take places within the group.

Note on countertransference:

This perhaps corresponds to the sensation of feeling more integrated in the group – something that happens about an hour after the group has started.

This phenomenon, that is easily perceived by the operators, probably corresponds to the moment when all the people present feel that they are less different one from the other than they were when they came in.

7) In relation to this, the mind of each one begins to function more like a part of a larger mind, the “mente ampliada” or group mind, than the mind of a single individual.

8) The most important thing is to learn to participate with the others in the overall process of elaborating thought, a way of functioning of thought that is less unhealthy, because it is based on the idea that the opinion of the other is valid as one’s own.

Sharing this basic assumption of human

interaction helps parents and children to learn to live with other people; that is, to fight against the principal difficulty that they have met in their lives – a strong tendency to withdraw into themselves.

The tendency to withdraw

- The tendency to withdraw is the result of the incapacity to begin to compete with the presence of the other.
- It is probably felt for the first time at the moment when the stranger appears (Ann Marie Sandler) or in relation to the incapacity to accept “the presence of the other”, the father, that should have allowed for recognition of the presence of the mother as separate from self (Eugenio Gaddini).

The oedipal space is not constituted, everything remains pre-oedipal

- In both cases, it can be hypothesized that the absence of a situation in which, besides feeling all one in the relationship with the mother, the baby feels that he can confront the presence of the other – stranger or father – supported by the reassuring relationship with the mother, makes it impossible for him to pass from a situation-of-two to a situation-of-three.

Withdrawal as the result of reiterated unbearable experiences

- Reiterated exposure to frustrating situations of this type make it difficult for the future patient not to tend systematically avoid meeting the other, and he therefore inclines towards an inevitable “withdrawal” – the unforgettable “autism” that Bleuler identified as the primary cause of schizophrenia.

Healthy virtuality of patients and parents

- Another important instrument of intervention is the

operator's conviction that a healthy part exists, "imprisoned" in the individual, and can be found in each of the participants in the MGF.

- Once the individual who possesses it has been liberated from the pathogenic bond that oppresses it, the healthy part can be opened up and can set the growth process in motion again – something that until that moment was unthinkable.

Mental health operators are generally oriented towards focusing their attention on the aspects of the illness: sometimes, in a rather rough-and-ready manner, psychiatrists and nursing staff often do not go beyond considering the pathological behaviour as it is manifested in the external world of the patient.

Others - psychoanalysts and psychotherapists – try in a more refined manner to find out which more or less unconscious pathological mechanism has determined that specific abnormal behaviour, i.e. what is that has happened and is being endlessly reproduced in the internal world that is then transferred to the external world.

Through the experience of working in the multi-family group, the operators become able to focus their attention on discovering the healthy part that actually exists in the patient and in the parents.

That healthy part, however, that no one can

make exist in reality so that it can be recognized by the others.

The function of “third person”

- In the multi-family group, the operators can perform the function of “third person” much more easily than in other therapeutic contexts.
- But it is above all **the group** that can perform the function of “third person”

Psychoanalysis/Multi-family group

- In psychoanalysis, the scene is both simpler and more complex: the patient emits a sign or rappresentamen concerning an object, the analyst, who is at the same time the interpretant.
- In the multi-family group the actors of the situation are different: there are patients, there are the objects (the parents) and there are the operators, (the interpretants).

Real situation/fantasmatic situation

- It is not a question of discovering the unconscious relationship between a patient and his internal objects through the projections of those relations onto the analyst, therefore through the transference and its interpretations; but of pointing out to parents and children, i.e. the co-authors of the reciprocal pathological and pathogenic identifications, the real situation in which they are entrapped that is all-in-all similar to the fantasmatic situation present in the internal world.

Internal world and external world, in psychosis

- In psychosis, internal world and external world coincide: the internal world has been externalized and, together with the external world, has become “concrete”.

- In neurosis, on the contrary, there is a distance and a non-superimposition between internal world and external world.
- In psychosis, there has been a collapse: the distance has been annulled by the tendency to continue inhabiting the other, because it was not possible to separate.

To be able to observe/to be able to represent

- Allowing parents and children to compare themselves with other family nuclei, means helping them to again “represent” a situation in which their own object relations can be “seen”.
The people involved in these situations lose the capacity to observe the situation in which they live because they are unable to represent it to themselves, and they lose the capacity to observe it, because they are unable to observe it.

Feeling separate/ being able to represent, and vice versa

- If the other is separate from me, I can no longer act as though I did not recognize the existence of my internal world.
- If the other is separate from me and I am separate from him I am able to represent the situation to myself in a way that is different from the way in which the other does it: this means that I have my own way of unconsciously and consciously re-elaborating the situation.

The MGF allow access to healthy virtuality

- As Garcia Badaracco tells us, the construction of this very particular “mental space” allows the operators to approach the “healthy virtuality” of everyone – child or parent.
- As long as the operators are convinced that a “healthy virtuality” exists in each of the people involved in the pathological and pathogenic identifications.

Integration/disintegration

- I think that is important that therapists should think of patients who have had a psychotic crisis as patients who have a lesser degree of internal cohesion, i.e. they are less integrated, but not disintegrated.
- Perhaps we should describe the difference between a lesser degree of integration and disintegration by introducing the idea that a patient, in the above mentioned case, is “de-integrated” and not completely disintegrated.

Disintegratio/re-aggregation of split-off parts

- The MGF stimulates the forces that tend towards re-aggregation of splitt-off parts projected in the others compared with the forces that tend towards a further de-aggregation of those parts; it makes it possible to pass from a state of lesser to one of grater integration, in a continuum that provides for the alternation of moments of lesser or grater integration, according to how the situation develops.