

# On 'Closed Mind' Panel

by Dr. Jorge E. García Badaracco

[2009b]<sup>1</sup>

## Dr. Jane Hall's notes on 'Closed Mind' Panel, starting point of Dr. García Badaracco's contribution

Divergence and Convergence, the theme of this conference will always exist but how we analysts greet each others' ideas is what this panel hopes to address.

**The purpose of panel:** "To explore the closed mind, to search out its roots, and to discuss how it might be opened."

On April 6, 2009 President Barak Obama delivered the following remarks to the Turkish Parliament about working through at the societal level. He said:

*History, unresolved, can be a heavy weight. Each country must work through its past. And reckoning with the past can help us seize a better future.*

*I say this as the president of a country that not too long ago made it hard for someone who looks like me to vote. But it is precisely that capacity to change that enriches our countries."*

These remarks apply to the field of psychoanalysis and to each patient-analyst dyad, as well. The capacity to change does rely on our working through of the past and it is our purpose today to discuss how such working through can lead towards a better future. The problem we face both as nations and as individuals is the Closed Mind, the mind that has difficulty in acknowledging and accepting differences with respect and curiosity. My hope for this round-table is to explore close-mindedness by searching out its roots, and discussing how such minds can be opened.

In America, AA Brill was successful in making psychoanalysis into a medical profession. It took a lawsuit to open the doors of the American-IPA institutes to psychologists and social workers. It was unfortunate that a lawsuit became necessary to change what had been a situation brought on by closed minds. Most of the exclusionary practices that occur in the field of psychoanalysis are due to closed minds that seem unable to embrace new ideas and instead, cling to the theories and techniques that have lost relevance in today's world. The stereotypical silent

---

<sup>1</sup> Paper to be read in the "Close Mind" Panel Discussion, within the framework of the 46th Congress of the International Psychoanalytical Association, Chicago, USA, July 29th - August 1st, 2009. Panel Coordinator: Dr. Jane Hall. Panelists: Doctors Jorge E. García Badaracco, Kenneth Eisold and Leo Rangell.

analyst, use of the counter-transference, and the questions of frequency and use of the couch are a few controversial issues.

Theories will always abound in psychoanalysis. First Jung, Adler, Rank, and Ferenczi in Europe, and then Horney and Sullivan in America, split off from “orthodox” Freudianism, formed their own societies and institutes – and formulated their own theories. More recently, Kohut contributed self-psychology to the mix, and then Mitchell and Greenberg began the relational school. Today there is resurgence of interest in older thinkers, with American analysts refocusing on Melanie Klein, Bion, and Lacan. Psychoanalysis has always, and continues to, branch off from the main stream, forming a broad and fertile delta in whose enriched soils and waters many ways of analytic thinking can flourish.

The tendency to fragment overshadows the ability to embrace; the propensity to hold fast to our own particular beliefs stops us from learning about and examining new ideas.

There is no legitimate reason to react with scorn and negativity to new psychoanalytic thinkers. We do not have to agree and we can certainly debate but if we can listen with open minds we might grow. As Warren Poland said this morning:

*The task set for this Congress is to observe the patterns of our convergences and divergences and then, as is our introspective custom, also to explore and try to master those inner forces that interfere with growth.*

I pose several questions to focus on and our participants will surely add other questions that will shed light on the closed mind and what can be done about it. We will start with a 15 minute statement from Jorge García Baradacco, Kenneth Eisold, and Leo Rangell and then we will speak back and forth with each other and the audience so that a true round-table atmosphere will prevail.

Even in this 21<sup>st</sup> century, people who think alike band together and become even more entrenched in their beliefs. Political parties and religions are polarizing while unity (or at least respect for difference) (mention Leo’s book), is productive. Most of these groups do not let any fresh air in and stagnate without it.

At an ecumenical meeting led by Arnold Richards and myself we witnessed Jugians, Adlerians, Kleinians, ego psychologists, bionians, Lacanians, Modernists, etc., talk, break bread, and treat strangers with warmth and respect.

We have so much to learn from each other, yet we seem more content to perpetuate our beliefs and especially our attitudes which demand conformity.

The ability to say something like: “Oh, I never thought about it that way...” or “That is an interesting idea, let me think about it...” or “What you said and the way you said it sheds new light on the subject...” is an ability to strive for.

I hope we can come away from this meeting with a real desire to listen to all ideas and to take from them what is relevant to each individual we see in psychoanalytic treatment. One problem is that in order to meet

an institute's requirements, a candidate cannot always consider the particular patient's needs and abilities. Do couch and frequency determine an analysis? In the United States all candidates at IPA institutes must fulfill requirements such as hours on the couch (their own and their patients') and must be in analysis four times a week. This conservative view prevails despite the IPA's recognition of different models of training.

If we could at least be open minded enough to listen to the individual case, the patient and the analyst would be best served. Why do we continue to put unproven rules and theory before the needs of each individual patient? Psychoanalytic work can change lives and each of us must be free enough to find our own ways with our patients.

\* \* \* \* \*

I agree with what Jane has stated and, based on my own experience, I will try to contribute reflections on the nature of the difficulties involved in what might be called the "closed mind", and the importance on knowing why these minds "close" and of finding a way to "open" them.

The quote by Barack Obama that Jane cites seems highly appropriate to me. I want to follow up on it with yet another Obama quote, this one from his statement at a preliminary meeting before the recent Summit of the Americas and which might well serve as a summary of the spirit in which psychoanalysts should sit down to "converse" with their peers. On that occasion, Obama said: "I have a lot to learn and I'm very much looking forward to listening."

I am not quoting this phrase so much for what he said as for the "climate" that it surely generated in subsequent meetings, because in this way, he "conditioned" others to rise above the tendency to see in another the person who is going to be giving the orders or the one who is going to solve the problems, or the one who is always going to want to "be right".

In this same way, when we take on a patient, we might say to ourselves: "I'm here to listen and learn." As if to say that by listening and learning we might cure the patient much better than by believing that we have to apply some kind of "knowledge".

### **Psychoanalysis as a "Laboratory"**

It is my belief that psychoanalysis must be like a permanent research and training laboratory that provides us with a unique opportunity to learn from our patients. The idea is not to use the "Freudian psychoanalytical method" as a technique or meta-psychology as a closed theoretical system, but rather, to permit ourselves to think that, after a century, the Freudian legacy might

have expanded its boundaries as a result of a potential that has not been totally developed and thanks to the contribution of many psychoanalysts.

But the reality is that it has gradually fragmented, breaking up into different “schools”: the Freudians, Kleinians, Fairbairnians, Lacanians, etc., all fragmentations or specializations that entail the possibility of losing out on the rich potential of shared advancements and on gaining access to more broad-minded thinking.

From the outset, Freud had discovered that there would be problems. To quote the master: <sup>2</sup>

Now I must mention two consummate separatist movements within the ranks of psychoanalysis, the first between the founding of the Association in 1910 and the Congress of Weimar of 1911, and the second that flourished somewhat on the heels of that one in Munich in 1913. I could have avoided the disappointment that they brought me if they had better served the processes that those undergoing analytical treatment must survive. In point of fact, I understood quite well that some might shrink from the unpleasant truths of analysis in a first approach, and I myself had always held that the repressions of each individual (or the resistances that maintained them) defy all intelligence and, in this respect, analysis cannot surpass a certain point. But I could not have guessed that someone, having gained a certain depth of understanding regarding analysis, could reject this intelligence, could lose it once more. But nevertheless, day to day experience with the sick had shown me that total reflection of analytical knowledge could produce resistance as each new deeper stratum was reached in which a particularly strong resistance was found; whenever, by means of hard work, one manages to get one of these patients to learn certain pieces of analytical knowledge and handle them as if they were their own, we may then, perhaps, be faced with this experience: in the grip of the next level of resistance, he casts to the wind everything learned and defends himself as on his best days as a beginner. I was about to learn that the same thing could happen in psychoanalysts as in patients under analysis.”

As we all know, from its origins, the psychoanalytical movement has been marked by significant events that have been the fruit of rivalries among peers and conflicts with Freud himself, which have led to confrontations, separations and problems involving loyalties. These have sometimes turned into painful situations. From the earliest times, Freud had to live through what he interpreted as the disloyalty and ingratitude of his own disciples, when the number of those comprising the movement was still relatively small, and when the main task was the development of a new science that was meeting

---

<sup>2</sup> Freud, Sigmund [1914]: “Contribution to the History of the Psycho-Analytic Movement”, in *Obras completas*, Buenos Aires, Amorrortu Editores, 2000, Volume 14, p. 47 [Translated to English from the Spanish text].

with marked resistance to its acceptance in the scientific and cultural media of the day.

One might be led to believe, considering the particular conditions under which the movement took shape in those earliest days, with the recruiting of an array of personalities that were heterogeneous in a variety of aspects, that conflictive situations were necessarily bound to emerge. Be that as it may, despite the fact that the psychoanalytical movement began to become formalized, organizing itself into psychoanalytical associations in a number of countries, problems emerged within the different institutions once more, taking on the characteristics of inter-personal or group confrontations that led to a variety of different struggles to impose one scientific ideology or another, so as to gain institutional power and place a particular stamp on the school in question or to accumulate power for the prestige that this could provide or simply for the satisfaction that wielding it could give.

Reflecting on the history of the psychoanalytical movement as a whole brings us to think in terms of a constant factor: the repeated emergence of violently conflictive situations, of broken friendships and important affective ties, of rivalries of all sorts, of problems like broken trusts and acts of ingratitude, of both direct and wrongly placed vindictive and degrading attitudes, of power struggles based on psychopathic strategies beyond any kind of logic or reason, of divisions into groups and subgroups giving rise to overlapping loyalties that were to place people in situations that would be difficult to resolve.

So it is that such vicissitudes, inherent in human groups in general – problems that, as you know, form part of the political dimension of such groups – are also paradoxically present among individuals specialized in resolving conflicts in inter-personal relations. And not only do such phenomena present themselves, but also are repeated time and again with similar traits, despite every effort to avoid them, thus bearing witness to a strong tendency toward a reiterative compulsion and always taking place within momentarily painful situations.

People bound by close ties of deep friendship may reach a break-up in which the emotional and sentimental burden of the situation is generally great indeed and the inherent suffering caused by separation is intense, even when the parties involved may often blithely deny it.

Faced with such circumstances, the psychoanalyst has a tendency to think that the colleague involved in this type of conflict is in need of “more analysis”. This is not a bad thing, but experience has shown that it is frequently not enough to resolve conflicts and, as we shall see further along, there is a need to re-contextualize psychoanalytical thought within a social dimension in order to find an approach to resolving the dilemmatic situation and opening the way to greater broad-mindedness.

## The “Closed Mind” and the Climate of “Not Wanting to Be Right”

I have made this brief historical reference to the dilemmatic conflicts among psychoanalysts because my aim is to relate this issue to that of “close-mindedness”, stressing how painful this question has been and continues to be in the history of psychoanalysis.

In the different psychoanalytical institutes, for example, the endless discussions over such topics as training, the four weekly sessions, the couch, etc. – as referred to by Jane in her presentation – to my way of thinking, are directly linked to how “closed minds” work. Furthermore, I think that there has been very major confusion about the desire to keep the “identity” of psychoanalysis current in an orthodoxly self-destructive way.

Because the “defense” of a misunderstood “identity” conditions the institutional “climate” in such a way that everybody “wants to be right” and everyone fights over that misunderstood “identity” (or in order to be “more” psychoanalytical or “more” of a psychoanalyst than anybody else). And in doing so, psychoanalytical institutions miss out on an incredible opportunity to share the wealth of thought and experience to be gained from each and every psychoanalyst, the chance to work within a climate in which, once the “need to be right” has been overcome, each person can be open to what the others have to say.

It is important to bear in mind to what point what is said (i.e., “we’re going to meet to listen and learn”) generates a climate. But we need to work on that climate, so that each psychoanalyst can stand before the others and talk about his or her difficulties as a psychoanalyst, in order to receive “help” from everyone else.

Taking into account what Jane says regarding the need to get to the “root” of this issue, we need to think that Freud himself, from the outset, generated a “climate” among his followers that was not helpful in this sense, because it met with “resistance” among the analysts (which, as we said before, came as a “surprise” to him), leading him to seek to resolve this by imposing regulations and formalizations, which, when taken or interpreted with a “closed mind” generate rigidity. Thus, we can come to think that the “roots” of the closed mind appear, in a way, to have also been in Freud, as evidenced by the Freud-Ferenczi controversy.

But at the same time, we have to recognize the fact that Freud himself lived within a climate of struggles among colleagues, in which his work ran the risk of being “diluted” and disappearing.

## What Difficult Patients Teach Us about the Roots of Close-Mindedness

In my paper on psychological change, presented at the 37<sup>th</sup> International Congress on Psychoanalysis, held in Buenos Aires in 1991,<sup>3</sup> I defined the difficult patient as a “specialist in non-change”. What I mean to say with this is that we can understand the apparent “irreversibility” of certain mental functions as being “conditioned”, not so much by an intrinsic fixation of certain mental structures, but more as the “ability” and/or the “capacity” to keep certain forms of mental functioning “unchanged”, despite multiple factors that normally act on human beings in life to produce change.

It is a question, then, of investigating just how certain patients manage to remain “unchanged”, seeing what the nature is of the difficulties that stand in the way of change, and what the analytical work with difficult patients can teach us as a contribution to psychoanalysis in general.

In this sense, while we might take the existence of difficult cases for analysis as a “discomfort of psychoanalysis”, the reality is that the difficult cases give us a unique opportunity to broaden our psychoanalytical knowledge, in both the clinical and technical sense, as well as with respect to metapsychology.

In point of fact, Freud developed psychoanalysis for the treatment of neuroses and when, *a posteriori*, some psychoanalysts sought to use psychoanalysis as an approach to grave mental pathology, they ran into difficulties that led them to believe that what they were dealing with were “unanalyzable” patients, an issue that, to a certain extent, we cannot avoid relating to the subject of “close-mindedness”.

### The Difficult Patient as a Specialist in Non-Change

Difficult patients cannot handle free association in analysis. Their past seems to have such currency and validity that their conduct is pathologically determined by it. Freud said that the illness of the patient “is not an event from the past”, but has a currently compelling strength. Transference emerges as a strong form of resistance, because the conflicts and ties that are carried into the present continue, generally speaking, to be intensely traumatic. As psychoanalysts we feel put to the test even though we do not know what the tests consist of. We always perceive deep mistrust and a tendency in the patients to “act” upon us. They appear to unconsciously try to “trap” the analyst into relationships that correspond to scenes from the past, in which we are not familiar with the players, nor can we make any precisions about the nature of the bonds that exist therein.

The repetition of childhood conflicts sometimes appears to reactivate a relational plot that conserves the existence of traumatic memories and expe-

---

<sup>3</sup> García Badaracco, Jorge E. [1991a]: “Concepts of Psychological Change: Clinical Contribution”, in *Revista de Psicoanálisis*, 1991, XLVIII:2, pp. 213-242.

riences, which tend to be perpetuated in certain forms of mental functioning and which tend never to be “worn away”. These old internal-object relationships become current in a state of transference and have the potential to generate pathological and pathogenic ties of interdependency with the analyst, which repeat ties of the same nature, between pathogenic identifications and internal objects that have excluded the self and made psychological growth impossible. It is always a question of what I have come to call the different forms of presence of “the others within us”. In this way there comes to be a strong need, within the condition of the “seriously ill patient” for pathogenic identifications and pathogenic internal objects, which are, to a certain extent, indispensable for the self.

Difficult patients live their lives resorting to a variety of forms of pseudo-identity, and with only the most precarious levels of self-esteem. They have always depended on situations that functioned as external reassurance of their so-called narcissistic balance. Certain idealized objects have formed, by identification, an integral part of the self (Kohut). The self never reaches a sufficient level of autonomy. In this way, the loss of this object, this representative of an indispensable internal object, leads to a situation in which the Ego breaks down. (Winnicott).

Faced with evidence of the vulnerability that underlies that precarious Ego, analytical work must include – along with interpretative work aimed at recovering the self by means of de-identification – a sound analytical function based on “assistance” (containment), so as to permit a process of development of new and more genuine Ego-related resources.

In gravely ill mental patients, the symptoms are sometimes compact constructions, in the form of pathological and pathogenic condensations. In these cases, in order to produce change, the analytical work must be able to withstand the acting out and follow the inverse path to its “construction”. This will be a path to the creation of reversibility, which will imply processes that we might refer to as “de-phobication”, “de-fetishization” and/or “de-obsessivization”, which we refer to generically as de-identification (García Badaracco).

There are symptoms that would appear to form part of the identity of the person, and the patient appears to cling to these. In many cases, certain symptoms persist for years and only appear as highly-questioned in the very last stages of a successful treatment. It is not enough to realize or become aware of this. In order to develop a conflict, certain patients must first go through de-identification processes with certain pathogenic identifications.

When they function as indispensable, pathogenic identifications lead necessarily to compulsive repetition or to the recreation of the same traumatic situation in which this identification was produced. Counter-transferentially, the analyst might well feel that such patients are putting him/her to the test, over and over again until these patients attain sufficient trust in the analyst’s capacity to free them of these pathogenic identifications. But at the

same time, the analyst sees how these patients cling to these identifications as if there more prized than their own self.

The processes of de-identification manifest themselves as very painful and they are experienced as dangerous. Since the pseudo-identity is highly linked to the identification, patients may experience situations of disorganization, de-personalization, untold anxiety, states of confusion and fears of madness and death. Sometimes the defenselessness or helplessness that they experience can prove unbearable to them.

### **The “Roots” of Close-Mindedness**

We know that, at the outset, the human mind is of an essential existential nature. Small children live their relationship with their mother in terms of the experiences that this relationship awakens and this simultaneously awakens experiences from her own childhood in the mother. All of this takes place over the course of several years without there being any dimension of articulate language. This existential exchange is creative in a healthy relationship. But if it manifests itself as a traumatic relationship, the child will have to neutralize the painful experiences, identifying him or herself with mechanisms that the mother uses to neutralize the unbearable experiences that the child awakens in her, and it is for this reason that the relationship is rendered traumatic.

In their origins, these identifications are identifications with acted out mechanisms, and will constitute tendencies to develop the mind in terms of “acting-out” instead of as true thoughts with an ever greater level of “reversibility”. It would appear that we find something of this nature in what we call the “closed mind”, which seems to have the specific trait of being able to grasp the meaning of what it hears, “voiding” the existential world that naturally is awakened whenever the mind perceives the existential “aura”, which, like a “halo of metaphors”, proceeds to “surround” the meaning of the words, and normally awakens when the mind is “open”.

The purpose of this way of thinking is to better comprehend the nature of what I have referred to in other papers as the “tendency toward non-change”, which is inherent in certain ways of functioning that the human mind has. And this has more to do with everything involved in the mind’s acting out – something that we may no realize easily – as seen in both the patients and in us as analysts. And this, in turn, is not true thought, since the very nature of true thought is that it is open to exchange with others, open to enrichment through that which it different, through what the “other” has to say (even when one is not in agreement with the other and when the other may even be mistaken), so as to be able to learn from what others have to say.

In cases of mental illness, patients and their families share the mental shutdown, which means that the conflicts that arise are manifested as dilemmatic – that is to say, as a sort of “irrational” confrontation due to their

“wanting to be right”, which can be better understood when we bear in mind that “opening” the mind can frequently produce great anxiety and even panic.

What we call “close-mindedness” is not something that ends with one person. Rather, it is a dynamic occurrence that is constantly being “renewed”, “triggered” by the relationship with the “other” and that is exacerbated in the form of an interdependence that is sick and produces sickness whenever such a relationship is produced between “closed minds”.

We know from experience that the context in which we human beings live can be a very important determining factor in our emotional lives. We know too that the family context is of great influence, and that it can be a great cause of sickness, as is the case with gravely ill mental patients, in whom we have always discovered a pathogenic family history. At the same time, we also know that in order to be cured, grave mental illness requires family cooperation in the therapeutic process.

In this sense, a psychoanalytical association is, in a way, one big family, with sub-groups organized around a didactic analyst. And didactic analysis, by the very nature of transference, acts to renew the primary family ties of each analyst, generating reciprocal relationships of inter-dependency that replicate relationships among parents and children and siblings, etc.

### **Psychoanalytical Associations of the Type of Multi-Family Structured Psychoanalytical Therapeutic Communities**

In this sense, conflicts in the relationships among analysts, which many times are not cured through didactic analysis, could well require that psychoanalytical associations function in the same way as Multi-Family Psychoanalytical Therapeutic Communities <sup>4</sup> do, since through experience, we have proven that these provide the proper context in which to be able to elaborate on this type of conflicts.

It is possible to observe some interesting phenomena within psychoanalytical institutions. As we said before, the need to belong to an “ideological” sub-group and the fear of not being “accepted” (or of being excluded) exacerbate the need to defend a so-called psychoanalytical identity. The effects of ideologizing create an institutional context or “climate” that aggravates the tendency toward “close-mindedness” and enters into conflict with the need to “open-mindedly” share the true problems of psychoanalysis and of the psychoanalyst. It appears evident that we need institutional climates that offer “greater solidarity”, so as to be able to integrate and creatively articulate the endless controversies and overcome tendencies toward the fragmentation of psychoanalysis into irreconcilable schools of thought.

---

<sup>4</sup> García Badaracco, Jorge E. [2000a]: *Comunidad Terapéutica Psicoanalítica de Estructura Multifamiliar*, Madrid, Yébenes Editores.

In keeping with what we said earlier, defense of the misunderstood identity of psychoanalysis – which has proven self-destructive for the psychoanalytical movement – is directly related to the issue of close-mindedness among psychoanalysts. This, which many try to explain as being a consequence of so-called “narcissism”, has to do with an overblown need to “be the psychoanalyst” by means of a misunderstood identity, underlying which there is usually precarious self-esteem. It would appear that some analysts, by experiencing the institution as a context rife with Superego-related demands, need – like difficult patients – constant external reassurance of their so-called “narcissistic balance”, which is excessively underpinned by “belonging” rather than by “sharing”.

In reality, just as “close-minded” patients function, without knowing it, by defending a sick pseudo-identity (or a false self, as Winnicott would put it), the psychoanalyst who defends psychoanalysis in the manner that we described earlier appears similar (without realizing it) to the patient that defends a pseudo-identity.

### **Psychoanalysts’ “Right” to Mental Health**

While didactic analysis is one of the essential pillars of psychoanalytical training, we now know that didactic psychoanalysis is not always as therapeutic as it should be. And this phenomenon, which is so well known in institutions, has to do with the intrinsic difficulties of psychoanalysis, which, many times, is insufficient to redeem unconscious, dissociated aspects of the personality, which possess a generally important pathogenic power and are related to the closing of the mind. It is precisely for this reason that these dissociated aspects, which many times obscure an undeveloped healthy virtuality, may remain “dissociated” for a long time, and thus create the conditions for apparently interminable didactic analysis, leading to the conclusion that the candidate is un-analyzable.

But as Ferenczi said: “We psychoanalysts have as much right to cure ourselves as the patients do.” I believe that this way of seeing things encompasses deep content, since it includes advice to improve the relationship among psychoanalysts, but moreover, it has to do with how pernicious it is for the psychoanalyst to be “trapped” within a closed mind, which not only diminishes him or her as a person, but can also mean that, instead of being as gratifying as it could be, their task becomes, in itself, one that produces illness.

### **Learning to Listen to the Experiences of Others**

I have tried, in everything I have said here, to refer to the points proposed by our coordinator and to provide responses to some of the questions.

Regarding the quote by Warren Poland, I believe that it has been made clear that the internal forces that interfere with growth are nothing more or less than the presence of “the others within us”, that have left behind pathogenic traumatic experiences, which oblige us to set up psychopathic defenses, which - like “close-mindedness” - diminish us, lock us into a form of “autism” and do not let us “be”.

Finally, Jane’s reference to political parties and religions that become polarized and, in this way “do not let any fresh air in and stagnate without it,” permits me to refer to the fact that many of the things that I have talked about here do not arise simply from the individual psychoanalytical experience, but from experience culled from Multi-Family Structured Psychoanalytical Therapeutic Communities, in which participants can feel greater fellowship, through the shared experience of learning by listening and learning to listen to the experiences [*Erlebnis, feelings and experiences*] of others and not simply to ideas.

Within these privileged contexts, changes survive, because the patients, their relatives and the analysts all learn to “listen” to the experiences that are all directly “connected” with “the others within us”, those presences in the internal world that erect barriers to the natural need and search for change and growth of the true self.

While many of the difficulties raised above and related to the appearance of “closed minds” may be viewed from the perspective of individuals with “problems” involving the dimension of ethics, if we consider them from a social perspective, recommendations based on ethical premises fail to generate sufficient changes in human conduct.

So it is that the difficulty encountered in conflict-solving - be it institutional or social - is due in large measure to the fact that the people that should have the power to solve them find themselves obligated to respond to partial or particular interests and, hence, trapped within dilemmatic, didactic complications.

Even if they wished to, under these conditions, they simply cannot make decisions that favor social or institutional interests as a whole. They may turn a blind eye or look the other way, since they are not held accountable within a “broad-minded” kind of transparent social context, in which it would be impossible to play dumb. And so they can act in keeping with spurious complicities, as for instance in cases of corruption. Democracy would appear, then, to be the healthiest proposal. But we also have seen that, as a system, it is not hard at all for democracy to lose its virtues.

Under these conditions, we see that the possibility of resolving conflicts resides basically in the need to delve into the very “weft” of the scheme in question in order to be able to modify it from the inside out. This has to do with what I have been saying with regard to the resolution of dilemmatic conflicts in general. In Multi-Family Groups, we see that only when what is constituted is a “broadened mind” will it have the power to produce favor-

able changes. And, curiously enough, within these contexts and in this way of working, any and all change is positive. Never is a change produced that is negative. That which is negative always manifests itself as non-change.

From the set of ideas presented here, the importance attributed by human beings to the existential world clearly emerges, and particularly so in psychoanalysts. We know from experience that there is a *continuum* between a psychoanalysis that is more existential and one that is more intellectual. Frequently, the psychoanalyst him or herself will set conditions on the psychoanalytical experience that will slant it one way or another, depending on the analyst's own personality.

Furthermore, in grave mental pathologies, the patient, generally speaking, is inhabited by experiences that are unbearable and thus that make the patient feel invaded and incapable of putting what he or she feels into words, thus obliging the person to express this by "acting out".

To the extent that these types of expression (that generally come in the form of reproaches or demands that, in the end, we can always interpret as cries for help) tend to trigger life experiences in the analyst that are difficult to bear, counter-transferentially, he or she feels put to the test as regards his or her own most genuine ego-related resources.

Depending on the circumstances, one will be led, fundamentally, to interpret the conceptual significance of the words, cutting away the existential aura that, as we said before, surrounds them, or, one may - withstanding the emotional burden contained within - perceive the inherent suffering and the traumatic situation that gave rise to it.

It is my consideration that what we may call "close-mindedness" is a consequence of a mind organized to defend itself from emotional impact necessarily generated in both patient and analyst during the session.

In this sense, both patient and analyst, each in his/her own way, tend to remain closed in the analytical work, until such time that both have the resources necessary to open themselves up to the encounter. And since it is these experiences that provide true emotional well-being, the considerations that we have been formulating regarding this psychoanalytical meeting are not specific to this get-together in particular, but are found under all circumstances in which human beings meet. And so too, even when psychoanalysts gather.

Buenos Aires, June 2009.

\* \* \* \* \*