Multifamily Group Functions as a treatment for psychosis and as an organizational model of mental health services.
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Abstract

This paper intends to question how the contemporary predominant medical paradigm can understand and consider psychosis and as it builds its therapeutic care systems. It is required at the reader to better and deeply analyze everyday experiences of therapies and not only to trust to excessive medicalization (predominant today), inviting him/her to place him/herself in the place of the other, in this case, the one labeled as a “crazy one”.
That's why we insist on the familiar and social roots of psychosis, contextualizing it as expression of traumas in which the pathogenic reciprocal interdependencies violate the Human Rights of all patients in general as we can observe in multi-familiar groups.
The predominant contemporary medicalized paradigm cannot be sustained as effective, if related to mental states of psychotic conditions of extreme vulnerability. The contributions of Multifamily Psychoanalysis and the perspective of the attention to Human Rights, in the totality of cases, seems to be of greater utility both in practice and in the relationship with patients.
CIPRES’s research team suggests a new conception of the Rehabilitation discipline that may contribute to the epistemological change and, as a consequence, to the change of paradigm.
We open this suggestion to discussion.

Keyword: Psychosis, Re-Habilitation, Multifamily Psychoanalysis, Human Rights, and Mental Health

Introduction

To explain different facets and main points of view of Multi-family groups for psychosis and its treatment, we have a wide spectrum of available concepts, validated by the multi level character of the care system itself, as well as for the theoric matter inside this practice.
In any case however, practice and main theoretical basis arise from analysis of what has been lived and experienced by each psychiatric team operator and researcher, working inside this theoretical and practical Lab that is the Multifamily Assembly supported in the conceptual body of its founder, Prof. Jorge García Badaracco.

Common ground of all researches about this topic will be the analysis in the reciprocal interdependencies and its transforming effect on the participants of the multi-family assembly: operators, users and family members.
The main idea of the research for this paper will be the experience of these reciprocal interdependencies, that becomes effective in clinical transformations as long as our intervention and attendance work through interdependencies, producing their changes.

García Badaracco, in one of his last works, “Articulaciones” (Articulations in English) (Exercise No. 1), represents the conceptual set of Multifamily Psychoanalysis inside a green circle, outlined in a discontinued way, with undefined boundaries.

In this work, he omits to give specific definitions of the concepts because, in his understanding, this could limit the evolution of thought in new research, in order not to make Multifamily Psychoanalysis a crystalized theoretical body, and not to collaborate to set a frozen paradigm. These were, perhaps, some of his greater concerns.

García Badaracco considered the set of his hypothesis as the not yet developed potential work by Sigmund Freud and by many of his followers, stating that all this work would have developed if Freud's followers continued with the research methodology proposed by Freud himself.

He (Garcia Badaracco) allows us to approach his thought from a double perspective: to learn from him and to investigate and to try to improve those points that are potentially not yet developed.

It' s a difficult task the one that the Master leaves us as hineritance and it' a challenge too.

In this paper we plan to explain the points related with the ways of conceptualizing psychosis and its treatment.

Are we beginning an epistemological change?

Respect to García Badaracco, regarding Freud, we live in another historical moment, we come from other scientific and socio-cultural contexts.

Hypothesis and experiences of each patient and his/her family, and those of each co-therapist are thought and elaborated in each Multifamily assembly; likewise, the hypothesis of each researcher will be thought and shared with other members of the Multifamily Psychoanalysis International Multicentric Institute, creating a new plural and democratic conceptual net.

The importance of the elaboration of ideas in plural environments was another of the reasons to realize, at the end of his career, his work and the foundation of his private clinic.

He thought that period as a time that allowed him many of his theoretical-practical elaborations, but also a period in which simultaneously, he took a distance from the peer exchange, leading him to feel alone many times.

It remains foundamental the importance to deeply analyze reciprocal interdependencies that occur inside of teacher-assistant teams in mental health.

Hypothesis

At CIPRÉS, Montevideo, Uruguay, 2014, the following hypotheses arise, related to the matter:
1: What are we talking about when we talk about *psychosis*?

Without this challenging epistemological perspective, every following theoretic elaboration, as well as every investigation, will only be *giants in feet of clay* ("gigantes con pies de barro" in Spanish), that means unfounded.

On one side we have available biological support, among them those related to psychiatry:

- 1 Observation of the patient with psychosis;
- 2 Categorization of what is visible and measurable from the medical point of view, through symptomatic grouping and paraclinic signs, many times considered scientifically conclusive phenomenon;
- 3. Elaboration of a diagnosis and application of the corresponding treatment;
- 4. The idea that this symptomatology be the totality of what happens in the patient, in order to be able to help him/her.

In the long run, this model, due to the reductive and reductionist perspective, will not allow us to advance too much in treatment. As a matter of facts, if this were the only available theoretical body, we would be talking of chronicity and impossibility of care except using psychotropic drugs.

The *official psychiatry* insists on the medical model within the same paradigm of its beginnings. Nevertheless it also intends to update itself and, from the last decades of the XX Century, does it adding new disciplines; largely in the literature of 80's we can find as the predominant conception and paradigm of psychic world and its alterations, the bio-psycho-social model (World Health Organization, WHO).

Advancement in biological sciences take place through adding and knowing new disciplines, with their corresponding denomination of the paradigm (neuro-immune-endocrine-genetic-spiritual and ecologic, eg). It seems like too many words to reduce and simplify the fact that the object of study is one of the human tragedies that perhaps could be defined in a more simple way, like the suffering *people* with their contexts and conflicts.

If we could perceive *psychosis* from another perspective:

- 1 As a state of a serious *situation*, and not as a structure;
- 2 That some *people* suffer in their mind-body unit;
- 3 As a situation involved in familiar and social conflicts, problematized in reciprocal pathogenic interdependencies.

Are we beginning an epistemological change?

1. The term *psychosis* was used initially by Freud, to indicate specific human sufferings differentiating them from neurosis, considering psychosis as exclusive
organic cause illnesses. Those diseases with a predominant origin in the problems of
the soul remained so under the concept of organic states.
Then, after Psychoanalysis was born, Freud contributes to the discovery of the
unconscious and to their intersubjective roots, allowed to challenge the exclusively
descriptive dimension of psychiatry and to think nowadays, for example, on the
reciprocal pathogenic interdependencies and on the consequent process of disturbed
mental states of the mind.
In his time, Freud itself was victim of medical paradigm and thus focused most of his
hypotheses on the individual as object of his research, considering subjective features
as arising and linked to some form of interdependence, through the transfert.

Official Psychoanalysis, just like psychiatry, divides, catalogues, and classifies
suffering people, although using other criteria for evaluation, such as the analysis of
defence and repression for a given individual. From that starting point it's possible
to approach psychotic patients, differentiating it from neurotics and perverses, but
without giving a forced, perpetual and too different structure from other mental
disorders.
We would like to deeply understand this point to be able to treat and help psychotic
patients. We walk towards this human tragedy through different scientific paths:
psychiatric, psychoanalytic, systemic, binding, gestaltic, but starting and observing
them from Multifamily Psychoanalysis perspective.

Again, are we therefore “travelling” through an epistemological change way?

2.Where do we place these people with serious psychic sufferings? Are they the
result of the myths of psychiatry? Could it be these myths too naive?

According to Juan José Ipar, Argentine contemporary intellectual, the myths of
psychiatry would be constructions deliberately built in function and in the service of
a complex socio-economic system, linked with interests of pharmaceutical power
too. Although issues of this author could express only a partial face of reality,
influenced by political, philosophical and scientific ideologies, what is obvious is a
change in the way of knowing and understanding psychosis and treatment.

Again, shouldn’t we at least begin to define certain characteristics of this new
epistemology and its corresponding paradigm?

3.We think, with many members of the CIPRÉS research team, that psychosis could
begin to be understood as the manifestation of a deep and serious suffering, in body
and soul, of the socio-familiar framework and context to which diagnosed people
belong.
When, in this draft of a definition, we explicit in body and soul, it is to eliminate all
conceptual separation of the mind with the body. This dichotomy may be considered
We also explain it to confirm and validate many psychiatric procedures such as short hospitalization or pharmaceutical-therapy, that can help suffering people, as long as they are integrated in the planning of a family Re-habilitation process. This process of understanding and handling patients includes each one of the disciplines that we analyzed, together with an effort to encouraging the improvement in the quality of life and reciprocal autonomy of each one of the members of the familiar context. This process can conceive the recovery through rehabilitation (according to World Association of Psycho-Social Rehabilitation, WAPR), as well as the possibility of a tratement.

Psychosis in CIPRÉS is not a myth, because if it's looked as a myth leaves outside the current socio-cultural system, isolating it and not working on possible changes of the familiar and individual system.

The bare reality of the family stories and boundaries shows that:

- there is a lack of a hierarchic set in the general health plans and a scarce or null research on rehabilitation, despite the progress made in the last few years as far as Multifamily therapy is concerned, as well as the consequential lack of university training in the these disciplines.
- All of this calls us to formulate changes. This is the reality of the problematics of psychosis, not only in Uruguay, but in most of the world.

If we continued going deeper into this epistemological change, wouldn´t we already be working from the new paradigm and contributing to these changes?

All these considerations lead us to formulate alternatives to usual therapies for treatment of psychosis not only in Uruguay but in the rest of the world.

1. Observe, research, experience, ask, share, understand, naked of certainties, as Luis Pérez Aguirre teaches us, fervent compatriot activist in Human Rights, could be a possible change.

The scenario in the Multifamily Psychoanalysis assemblies has been decisive to be able to see other ways of understanding this human tragedy. Its setting, already described as plural and democratic, encourages a humanist and existential change that will make it difficult for us to move back without contradictions in the old exclusively scientist paradigm. There is a before and an after in participating to Multifamily Assembly through experience of this theoretical-practical framework. This same experience is the one that leads us to ask ourselves:
What would become of each one of us, the “healthy ones”, if we had lived every day, during many years, in these disturbing stories and links in families, similar to those shared with patients in the Multifamily Psychoanalysis assemblies?

As a matter of facts, we see pathological Socio-familiar contexts, plots or stories that:

- Trap but deny the existence of the plot;
- Avoid the visibility of ones over the others, alternating in a maddening way until they are taken to the most arid anonymity;
- Enhance subordination and despotism so that no one exist or be, or be available for the other, who would need it;
- Their members doesn't see another member who need help, stretching to reduce him\her as the shadow of the person.

How would we survive in any place in this plot, receiving a diagnosis?

Not only the psychotic teach us how to survive in these types of perturbed plots, even having the best psychic, social, and family resources, but also the political, tortured ex-prisoners also did it in the Multifamily assemblies where they participated, for a couple of years, in their hospitalization for mental health in Hospital Polivalente H. Maiel and, to a lesser degree, in CIPRÉS.

Perhaps other oppressed minorities could help us:

- ‘Invisibles’ of society;
- Those who are poor of love;
- Marginalized people;
- Refugee immigrants;
- Those excluded because of race, creed, different culture, etc.

In common, all those people have the painful experience of having being denied, or even violated in their Human Rights, in the context of the mini-society of the families and/or society in which they live in.

For the specific case of the so called psychosis, from this new perspective, there are an endless number of families that report these experiences. Behind paranoid symptoms, they tell us stories many times of intrusion of verbal or pre-verbal family imperatives. These presences, as García Badaracco calls them, are always trans-generational; they inhabit them, functioning as independent within themselves and drive them mad.

Among other different symptoms, psychotic patients speak of an escape to other forms of existence that, through a tragedy, allow or can elicit a form of delirium; in these cases delirium becomes an humanized drama to make it consistent with his\her personal family plot.
Behind the resistances to change, they show us the fear of not being, similar to that of dying, protecting in this way both the ill person (who doesn't live in a protected world) and the relative (not changing the relationship).

Finally, in the acute and critical period of the illness, both a complaint and a call for help are expressed. In these cases we can observe confusing experiences of reciprocal violence that are potentially deadly, of denial of personal names, of own bodies, of attacks to shame and even of rapes, together with the possibility of conceiving a healthy virtuality that pushes to develop and take care.

Those former political prisoners told their painful human experiences, being rapidly understood as known, first by patients, then by their families, and last by the technicians, sharing how to survive and the how to become a person again, when the torture or disturbed contexts ends, trying to change the logic of victims-victimizers that entrap the mind after trauma.

When working from this new epistemology that includes now the perspective on Human Rights, and their traumas could we say that we are already building a new paradigm on psychosis treatment?

**Development**

A great deal of the primary and secondary hypothesis that are suggested in the previous chapter are demonstrated in the content of the works presented to the scientific community in a systematic way, both by who's writing, as by other members of the CIPRÉS research team. These communications are supported in the continuous assistance, teaching, research, and college extension work on psychosis and its theoretical-technical approaches, carried out over 25 years.

It is interesting to point out the following topics from those works and in this current paper:

- Multifamily Psychoanalysis allows us to appropriate wisdoms, not only in a cognitive, but in a fundamentally experiential way;
- Psychosis is considered as a psychic suffering of a socio-familiar context and plot, understandable within the experienced circumstances;
- As a consequence, the way to treat psychosis must contemplate its multidimensionality and hyper-complexity, having the following characteristics:
  - Help to replace or build, depending on the case, the status of person, frustrated from omissions and/or violations of their Human Rights occurred in the families, the societies, and other stigmatizing situations. This implies a simplification of all branches of Mental Health;
  - Tend to the develop autonomy helping to build the status of citizenship of each patient;
• to have available several group works and settings, that are specific and specialized, but able to articulate themselves in a more efficient manner, always conceiving the possibility of psychic change, fundamentally through the change in the reciprocal interdependencies;
• to provide with hypothesis related to health recovery and dynamics to substan the process.
• To have available resources for the inclusion of all the Re-Habilitation members, as well as society as a set, these services being truly community oriented, and not mere spaces that inhabit a territory;

  • In a solidary manner, include those people that can’t, or don’t want to remain in diverse and non-traditional ways of life; for example those that decide to continue listening to their voices;
  • Take care of the functioning of the teams that work in different groups of this new Re-Habilitation system, encouraging the internal discussion and the systematic analysis of the reciprocal interdependencies that start to weave between the different operators;
  • set up plural and democratic spaces available for all the members of the services, diagnosed users and their families, operators specialized in psychology, in psychiatry, social workers, artists, artisans, nurses, students, etc.

Conclusions

To synthetize in conclusions, it is interesting to point out that Re-Habilitation is a new discipline.

Re-habilitation articulates diverse resources for a long lasting process that involves all members of the socio-familial context and plot. These resources must work on relative hypotheses that elicits systematic research. At CIPRÉS, all these issues are supported on theoretical models, nurtured essentially by the perspective of Human Rights and Multifamily Psychoanalysis. At this center, the new discipline:

• Conceive psychic change and the possibility of treatment of many of the families, while in others processes or systems you can only talk of recovery (WAPR); it is therefore a heartening discipline;

• Produces community devices or services that weaves and examines plots in society and not only works on strategies for adaptation or supporting through psycho-education, contributing therefore to the construction of a plural and democratic society;

• Insists on the importance of work, protected first, more free later, that leads the development of autonomies and contributes to get dignity;
- It highlights the eligibility of arts to develop new psychic resources;
- It assures priority to the work on Human Rights, that must be present along the entire *process* and in each device, since the work is with the “most vulnerable of the vulnerable”.

**Discussion**

Is it possible to deepen, hypothesize, research, implement and transmit this new discipline without changing the paradigm since you historically think of *psychosis* and treatment?

**Bibliography**


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