Looking for "myself as a therapist"

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Abstract
The first coordinator of multifamily psychoanalyses groups was Jorge García Badaracco. Many people around the world are trying to continue his work, sometimes from quite different ideological and professional positions.

Quite often doubts arise about we are or are not doing a good job, and discrepancies appear. Then, in relation to the difficulty, the need per external references arises with the desire to be sure that we are doing a good job. On the other hand, Badaracco did not leave too many instructions written down. He did not want to leave clear concepts which would not simple to find in the articles. He spoke about tolerating uncertainty and having faith in "healthy virtuality".

I believe that the understood that an insecure coordinator, capable of tolerating ambivalence, would be a better identifying model than another with very clear ideas. In addition, I believe that the search for references enables the process of development while you try to incorporate soon references.

This piece of work is a reflection on the process of development of the identity of a therapist and the difficulties to sustain this identity in front of others

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Good afternoon to everyone. My sincere thanks to the Organizing Committee of the Congress and, particularly, to Andrea and Federico. Also to Sandro and Ricardo. Geographical distance does not always impede feeling endearment and impulse to share experiences and reflections. Those who listened to me in Bilbao will recognize some of my statements of this time, which have readily become more complex over the years.

Here, like there in Bilbao, I am telling you that I do not wish for this to a one-way monologue. I look forward to your comments. Your opinions consistent with my approach will make me feel good. Your comments that are not consistent with my approach will, however, help me to keep thinking and learning, and therefore they will be even better. Silence, as I have said on other occasions, is what I would least like today.

In my building process as a therapist, I took my first professional steps by studying Medicine and then I trained as a psychiatrist in a fundamentally biologist model. Then I learned almost everything I know about psychopathology in a medical model. This model classified mental illnesses according to their symptoms. My job was to diagnose patients according to how similar they were to these disease models. Then I had to choose a fundamentally pharmacological treatment which

was, in my experience from practice, insufficient in a high percentage of cases. On the other hand, we felt that the treatment worked when we managed to stop the symptoms, which did not always mean that the patient became stronger following his or her crisis.

Thus my interest in psychotherapy began. I began my studies in Psychology mainly the cognitive behavioral model and simultaneously psychoanalytic training and, with it, my personal psychoanalysis. Although I completed both studies, I soon opted for a psychoanalytic direction. I am convinced that both models, as well as other psychotherapies that I could learn more superficially, involved to a great extent a process of "re-education" of the patient so that he or she can behave better in any event that the future throws at them. Psychotherapies aimed at pointing out the error and to offer from outside "better alternatives" are often faster but have, in my opinion, important drawbacks. I think that working at a rational level, without allowing what is underneath to emerge and without clarifying it, condemns the patient in many cases to repeat the conflict at the same or another symptomatic stage.

Psychoanalysis, on the other hand, is a slow and costly practice in which the patient is placed with a therapist who tries to be a white screen on which the patient can project his or her "inside-self" being involved as little as possible with "the outside". In an orthodox psychoanalytic setting, the patient, devoid of external efferent and through free association, will begin explaining and conveying experiences, memories, dreams… Simultaneously, an analyst in suspended attention will provide the transfer that he or she will then later analyze to enable the patient to be able to let go off archaic attachments.

At the same time they will be reducing their own resistances so that what is at an unconscious level will emerge to a conscious one. This technique which Freud equated to the phrase "per via di levare" versus formula "per via di porre" is one of the main marks of identity and differentiation in psychoanalysis.

This practice may be the best way we know to access what is at an unconscious level of predominantly neurotic people, but it is very difficult to apply to those individuals in whom "the statue contained in the stone" has not previously been sufficiently defined. This could well be the case of narcissistic and psychotic people I treat in my office in the Public Mental Health System.

At the same time I understand that it is natural for the patient to no longer remove the outer scaffolding while not feeling able to sustain himself or herself internally. However, once sufficient ego strengths have been achieved, he or she may let down the costume that surrounds him or her like those who avoid extra items of clothing when he or she is hot.

From my point of view, the construction of a psychic individual, firstly requires sufficient development and simultaneously, as she or he grows, it begins to take shape. During this process the individual will acquire references from outside.

These references will be accepted as their own or rejected in function with finding harmony with him or herself and finding relations with others. In my opinion, environmental adaptations that are not integrated, that are not internalized and felt as their own, will be lived from submission. And the adaptations are seen as necessary but unattainable, they will inevitably be built from pretending.

Personally, I understand serious mental illnesses such as the detention of this development and thus, the objective could be to start the train again to continue its path regardless of the station where it got stuck.

Analyzing those who are "non-analyzable" is undoubtedly one of the main challenges of today's psychoanalysis. To uncover what is unconscious seems necessary to get rid of those scabs that grew instead of healthy skin, usually by poorly healing narcissistic wounds. Furthermore, while the patient does not perceive there to be something of his own, valuable and sustainable below these scabs, she or he will not allow us to get closer. It might seem like a good alternative is a cosmetic treatment "per via di porre" that covers up imperfections showing a more human side, trying to replace outside-in "bad for good."

As tempting as it may be, there are always technical difficulties. Admittedly, until there is not an Ego sufficiently profiled, taking away outer layers will reveal, logically, the anxieties of disintegration. The patient will not let you take from him or her what he has, but that does not mean that he will willingly accept us putting new layers on him or her. When we offer the patient new doctrines, especially if they are perceived as imposed, what is normal is that they rebel, that they try to reject, to complain, perhaps violently. This is because he believes that we do not "let him be"... and some of that must be true if we understand authenticity as the absence of costumes and this should include the "normal" costume.

Even assuming that a "standard" appearance can increase the chances of being normalized, I believe that, while there is no internal experience of "normalization," the patient will keep feeling secretly unacceptable, pretending to be someone else. Therefore, the patient will be doomed to pretence while wanting to be accepted.

In any case and beyond the value that the technique has, I do not think we can consider it as a psychoanalytic practice.

I think this is the direction in which Jorge García Badaracco takes the next step. He says in "De sorpresa en sorpresa" that it was a discovery almost by chance... but it seems that nobody before had the audacity to sit down to work among patients like him. Or rather, he could just be with them and seemingly quite distant from the dyadic position of therapist/patient. It seems that "being this other way," was giving rise to a new relationship. In other words, one which turned out to be more restorative. One without the need to diagnose them and treat them. One without the need to have asymmetry in which one knows and the other one ignores. One in which one can and the other cannot. And one without the mutual demands of their respective roles. After that, Jorge accepted families coming. Discoveries

continued, perhaps a step ahead of their expectations, making everyone´s confidence grow, believing that things could continue to change... So these roles, these sickening identifications, "the others in us" as Jorge would say, were becoming less necessary and were being left behind in favour of other more authentic identifications to give a new meaning and value to what was under the scabs, and what was under the white coats too.

The Multifamily Psychoanalysis group changed the way I work and, because of this chance, I also changed as a therapist. Thanks to Tania Martin I could be part of this technique and experience and be part of it from the very beginning in a place halfway between an observer and an inexperienced driver. The circumstances made me have to take over the group before I even felt ready. Therefore I continued to learn on the go. It seemed magical that many of the patients we included in the group went back to start their “train development.” And the patients´ resistances began to fall. They started to change their predominant defence mechanisms, initiate relationships and begin working… Beyond their symptoms they began to do what, to me, seemed like a more normal life. My relationship with them was beginning to be different too. Fear and helplessness were giving way to confidence that things really could change. I was able to assist in these changes, and the work became much more pleasant. I was learning from them and with them. The same thing happened with my companions: with Tania, Isabel Calero, Isabel Rodríguez, and my colleagues of Primary Care in Pinto... Also Raquel and Pepe, with Esther, Isabel, Ana… and also with books as well as movies… Then I met Jorge, Hernan and Maria Elisa in Madrid. After that Teresa went to Buenos Aires along with me, and there I met Yaco, Diana, Sandro, Ricardo... and in the Congress Eva, Norberto, Andrea, to Federico, Luciana, Jesus... Then the Congress of Bilbao took place and then again in Bilbao, new opportunities arose with Jose Luis and Maribel… Anyway, many of you are colleagues who were there and you are here today, appointed or not. With many of you I have been able to engage in agreement over short, medium or long distances, sometimes in a more synchronous position, and sometimes in a more complementary one. Your agreement and disagreement made it possible for me to change again.

As in the past, making progress had both good things and some less good. By stepping forward, the previous model stepped back. There was a new grieving process of "myself". I think that in my previous model, which was more restrictive, there was a lot of my own fear that the patient was not able to contain himself or herself. There was fear that something would happen and I would feel responsible… I think part of this is a fear that is anchored in reality, but there is another part that I understand as therapist-patient version of the “pathogenic framework” which I fell into. My position was found to be similar to that of many of the relatives of the patients who I try to help. Often I wasn´t able to let them drive themselves, because I believed that they would not be able to do it alone. Now I understand that when someone wants to learn to drive, they really need

someone for a while, maybe in a car with double "brake pedal" that the teacher could use if necessary. But the apprentice must inevitably take control of the vehicle if he wants to learn to drive. The teacher should allow it, and both will have to pass their own fear until sufficient expertise is reached. And then even expert drivers may drive off the road sometimes.

Paradoxically, I thought at first, now that they're "more free" fewer bad things happen to my patients now than before… I found it surprising, but it is not paradoxical. In my need to look after them, I did not help them to care for themselves. Now that they are more autonomous, they need less care because they take care of themselves well enough. In this growing process, I think it has been helpful to realize that, the one who tries to help them, is not entirely sure how to do things. They and I have had to tolerate high levels of uncertainty and we will also have to tolerate more in future. This is because that “lack" that at the beginning scared me so much, now I hope it will never go and will be with me forever.

I think that the best thing about the Multifamily Psychoanalysis, to be precise, is that there is no definitive technique or concept. It is precisely that the analyst, technically unable to “delete” himself, can be placed elsewhere and be an ally of the patient as a whole, in both the healthy and lesser healthy aspects. And he can accompany the patient while offering a more human and real identifying model than his fantasy about what "I should be." A model which is able to tolerate uncertainty, ambivalence, doubts... a limited model but not a limiting one. A model that helps the other to think, not about how to get rids of doubts, but actually how to enter them, and therefore allowing for a model which provides the patient with an opportunity to face a reality in a calm way while faced with an uncertain future.

In this change of position, Badaracco shifted himself from the idea of "containing" to "holding" in dealing with severe mental illness effectively. In psychiatry I do not know if this change was ever intended. In psychoanalysis it was attempted, but not very effectively and almost always a bit far from orthodoxy. Winnicott distinguished both concepts well, and proposes in "Deprivation and Delinquency" which identities to push towards more easily a “containing” attitude, taken to the extreme in reformatories, juvenile institutions or prisons, compared to an attitude of “holding”, accompanying despite everything trusting that things will improve... Badaracco, while including families, also facilitated changes in the patient to be articulated along with changes in the family environment, moving away to the pathogenic position. And the same thing happened with professionals.

I understand that generally "madness" can scare us. It can also scare me too. It is true I think, when we look close up rather than far away like almost everything. But even still, it still scares us. I do not know how much of this fear is due to "the madman" that we see from “outside". To his inability to contain himself. To his unpredictability... and how much the reflection is of the "madman" that lies within us. However, what is true is that the natural movement which arises from madness is containing. In ancient times we did this with madhouses, when they didn´t burn

people at the stake after understanding that these were things related to witchcraft or the devil ... Crazy, Isn´t it? Well at that moment, in that not so distant culture, this delirium was actually part of sane people.

Today, in general, we are more delicate. We send fewer patients to hospital, but less and less. We medicate, but with increasingly effective and less stigmatizing drugs. We silence their symptoms and quiet their inconsistencies ever less and with fewer collateral damages.

Undoubtedly this inherited attitude from psychiatry seeks to care for them and us. I understand that crises contain a risk, a danger to those who suffer them and to those who are around the patient. Nonetheless, I also think these are indeed an opportunity. I believe that every time we contain a patient by sending him or her to a hospital, with straps, with a drug or with a word, we may also be avoiding greater evils. However, we may also be depriving them of an opportunity to find their own limit and stop. Of learning how to better contain themselves alone, and ultimately, of growing. When containing, the asymmetry is evident: "You do not know what is better for you but I do know. You, unable to contain yourself, to have your own limits, well you need an outer limit, and you need me to be able to stop, so as not to injury yourself (or me).”

In response to this, the patient can either accept or not: he can surrender or keep fighting. If he fights, our fear will keep growing and we will find more and better arguments to contain him and decide for him. Otherwise, they will be doomed to dependence on another person to tell them when to stop or, failing that, when not to move. This, in turn, condemns the family or the professional, to monitor their movements forever.

Therefore, even from the privileged point of view of the therapist, things are not much better. The reality is that until things actually happen, no one knows what could happen. We could sense it or fear it but, for sure, no one can predict the future. As a therapist, I contain patients verbally, chemically or mechanically when I consider that doing so is better than to keep waiting. In other words, when I think that the damage that containing the patient does will avoid further damage. That said, I try not to lose sight of the fact that my decision is made based on my fear. And on my distrust in that the patient can break at the right time before skidding off the road. That said in “Badaracco terms", when I cannot longer see a “healthy virtuality” and when I cannot bear uncertainty. And of course, I intend to explain it to the patient according to how I see it, according to my concern for him or her. According to my inability to keep waiting and not to his, because I do not wish to stop holding while I am containing.

Paraphrasing Ricardo and Serrat, I will say that I have a relative, approximate and provisional idea of "myself as a therapist." In general, I gradually become disillusioned with both biological and rationalist therapies, although I still use pills and reasons to some extent when the patient asks for it, and if I think they will do

him or her any good. I am looking forward to carrying on learning and sharing. For this reason, I will seek the channel and time to allowing the meeting, and I will continue to do for as long as I can. I am still enthusiastic about continuing to have thoughts and doubts. I try to build bridges, sometimes a bit clumsily, so that the discrepancies do not end up in division but in the conquest of new discoveries. I am convinced that there is neither craziness on one side of the table nor sanity on the other. There is not even any reason for this to face such a challenge by dressing up and pretending. I believe that both knowing and ignoring are useful. That talking is good, but it can hinder listening. I do not like either rules or prohibitions. I prefer expression, reflection and doubt because I think that is the place that allows me to truly be me.

Thank you very much to everyone.

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