The therapeutic process of a difficult patient explained through Jorge García Badaracco's multi-family psychoanalysis approach

María Elisa Mitre de Larreta

Abstract

The author exposes the therapeutic process undertaken by a borderline patient. Private therapy together with the participation in multi-family psychoanalysis groups allowed working in the consulting room with a broader approach thanks to the group support. This paper illustrates the primary concepts of multi-family psychoanalysis. Furthermore, it defines the notion of mental illness as a condensation of painful and traumatic personal events, experience-sharing and healthy virtuality. It illustrates transference and counter-transference feelings both in the consulting room and within the group.

Key words: therapeutic process, multi-family psychoanalysis, García Badaracco, transference, counter-transference, healthy virtuality

This paper aims to illustrate the successful therapeutic process of a borderline patient, who has participated in multi-family psychoanalysis groups over eight years. At the same time, I conducted an analysis on the patient for a few months before and after he joined the groups. In presenting clinical cases, it is common to describe the patient‟s feelings and the therapist‟s interventions. Yet in this particular case, the patient delivered his personal comments on the therapeutic process directly to the multi-family psychoanalysis group. He thus offered a feedback on himself, but – as he clearly stated – he did it to help the group participants.

This twofold goal evidences an important improvement, because acknowledgement and appreciation contribute to a positive prognosis and to mental health.

During the psychotic transference, the patient‟s borderline personality manifested verbal violence in the consulting room. Individual sessions turned out to be an unsafe environment. Therefore, I suggested his participation in the multi-family psychoanalysis group as a more convenient framework, while continuing to work on individual bases.

The case will be presented according to our approach, as highlighted in the García Badaracco‟s multi-family psychoanalysis frame. I fully agree with his method and I have been using it since I started practicing psychoanalysis. Thanks to his appreciation, I worked in the psychoanalytic therapeutic community (DITEM) he founded. Furthermore, I undertook my first individual therapeutic process with him and, at the same time, the multi-family groups in his private clinic.

From these experiences, a new approach to mental illness and health etiology ensues. Indeed, it is not a recently achieved result, but developed throughout half of a century of daily efforts with schizophrenic and difficult patients who participated on a regular base together with their families in multi-family psychoanalysis groups. Such groups operated at first at the Borda hospital in Buenos Aires, and later at Badaracco‟s DITEM private clinic. At DITEM, García Badaracco widened his approach to the classical psychoanalytical theories, without having to face the resistance opposed by the hospital environment.

Thanks to the solid clinical theoretical evidences gathered, we can affirm that Badaracco‟s theory relies on a solid documented empirical-clinical ground.

Badaracco deems that some of the Freudian notions cannot explain serious mental illness properly. To this aim, he developed the implicit - but not yet developed - potential of Freud‟s theory, by using his method in a new framework: the multi-family psychoanalysis groups.

All notions developed by Badaracco to help suffering people make up a whole that makes it difficult to define each of them individually, as one can find a definition in a dictionary. In fact, these gain their real dimension and utility only when related to other to-be-defined concepts, thus constituting complex notions which are strictly tied to the clinical practice.

The patient is a medical practitioner, as was his father: a renowned doctor with an egotistic and violent personality, who unexpectedly abandoned his wife and children when Carlos was ten years old. As a consequence, his mother suffered from a major deep depression. She spent most of the time in bed and neglected taking care of the house and her children. Carlos was sent by his mother to ask his father for money. He remembers that during the journey from his home to that of his father, his hands and legs were trembling and he was feeling an unbearable terror. This role as his mother‟s messenger to demand for money and the resultant impact with reality caused an intense emotional suffering which, years later, is as intense as the very first time. The above said is just one of the traumatic events which Carlos was not able to share with anyone. His mother Josefina did not - and was able to - perceive her son‟s severe emotional distress.

We consider mental illness as a condensation of painful and traumatic personal events, through which a person could never “rely on” someone to express and share his/her suffering. Thanks to the multi-family psychoanalysis groups, the patient succeeded in playing out his own “madness” and acknowledged that the way his current family was functioning reflected the domestic violence atmosphere which caused the traumatic events.

Carlos used his protective isolation to defend himself from the suffering caused by the domestic violence context. Nevertheless, isolation turned into a reclusion, which disrupted communication during the private sessions. As a self-defense mechanism, such a reclusion neutralized experiences and feelings which, otherwise, would have caused an intense emotional distress.

The man who entered my office was around fifty years old and had a rigid structure, both with respect to the behavior and to his way of thinking. He was married and father of two children. Yet at a first stage, he did not mention them, even though his son Andrés had serious problems. He was depressed and used to say "I am a walking dead. I don‟t know who I am". At times, he was euphoric and talked about his feelings, provoking in me counter-transference reactions, which he could probably perceive. Facing these emotions he used to answer: "When I talk like this, it is not me. I am acting or trying to seduce you, because I know how to express myself properly". In these occasions, I perceived that Carlos needed to frustrate me (as if he wanted to say: "Do not fool yourself; I am not any better...").

Many patients, in the beginning, tend to deny positive improvements which silently occur, because they fear to put themselves at risk and to be unable to face the change. Undoubtedly, the stress provoked by the therapist‟s and the family‟s change expectations cause an unconscious (or conscious) state of rebellion which is unbearable.

When the real Carlos came out, he started being more spontaneous; for instance, he showed an unexpected sense of humor (which the rigid and distant man I met did not have), and he could not recognize himself. He identified with his parents, with whom he had never lived situations which would have been crucial for his psychical and emotional development. His parents did not recognize their son‟s spontaneous mode of expression, nor helped him discover this in himself (neither in me). Often, because of being so extremely exigent, he could hardly realize how successful he was as a medical practitioner. Over the time, more obstacles (due to such pressure) hindered the practice with his clinical patients. When these latter went to his office, his secretary had to tell them that he was ill. He used to say to me: "I am truly sick, but I am sick of fear". During our sessions, his diminished self-esteem kept shrinking. Yet, at the same time, I felt he started to rely on me. In fact, he was able to describe his deliriums: he thought his wife, Lucía, was cheating him with another man. When they slept together (in a permanent state of psychical suffering), he was sure that Lucía was thinking of another man. He was inspecting her drawers, bags and personal belongings to find evidence of the betrayal. He refused to take medication to ease the anguish but, sometimes, he was rushing into my office to alleviate his extreme feelings.

In the second stage of the process, Carlos became violent towards me. Often the therapist deals dangerously with the psychotic transference. It may happen that, to prevent a more intense transference, he/she becomes the unconscious abettor of such

relationship. Doing so, the therapist believes he/she avoids a transference, which he/she feels too intense and intrusive, due to the emotional charge.

The transference urges the therapist to maintain a peaceful atmosphere. As a consequence, the relationship does not respect the patient‟s real self which has yet to be revealed. Apart from controlling the psychotic transference, the therapist not only does not recognize but denies the patient‟s healthy virtuality, which is imprisoned by alienating interdependencies.

To better understand a therapeutic process, it is important to determine the patient's need to unveil his healthy primary necessities underneath the psychotic behaviors arising in the transference. The more violent and demanding the patient‟s requests are, the frailer the patient is. The use of such a framework to analyze patients shall mitigate our fears, as long as we consider their behavior as their healthy virtuality struggling to emerge. This is one of the most important aspects of this method: it is impossible to heal a person without taking into consideration their healthy virtuality.

Carlos started telling me that my voice irritated him and that I was not able to give him any answer to heal his suffering. I knew he was acting as he did throughout all his life to fight his powerless condition. I was also aware of the fact that his mother never understood or eased his anguishes. However, violence and irritation towards my person increased and became more and more frequent. I started feeling I could not bear the situation any longer and that I had to put a stop to such perversion (i.e. sadism). I thus exploded: "Please, stop it! ... I can‟t bear it anymore! ... I feel as you were pushing a stab in my stomach" and I started crying.

Suddenly, that character (i.e. the representation of such an abusive father) looked into my eyes and begun crying as a child. He hugged me and apologized.

In that moment, the healthy virtuality hidden beneath alienating interde-pendencies or presences came out. I felt relieved as I succeeded in putting a limit to such a perverse way of communication and I realized that the therapeutic process had started. Perhaps, the most important aspect was that I saw the patient identified in his violent abusive father, attacking me instead of Carlos. Identifying myself with Carlos, I could ask him not to mistreat me as he was doing. In other words, I did what he could not do with his parents.

At the same time, I realized that I had not been able to defend myself against my parents' and siblings' mistreatments when I was a child. I believe that enacting this life experience produced a psychical change in both of us.

In the meantime, Carlos was participating in the Multi-Family Groups at the José T. Borda Hospital, where everything appeared to be easier.

At first, he was convinced that “nothing had to do with him”, as he used to tell me. Nonetheless, gradually one can discover the common features among all possible events in a person’s life. The „reverential“ atmosphere within the group teaches each participant to listen to and experience life events described by others. We cannot listen if we let other presences nullify or submit ourselves.

Thanks to its peculiar emotional atmosphere, the aim of multi-family groups is to offer the chance to develop egoic resources, by listening to the others’ life experiences which may heal us, perhaps for the first time in our life.

In the first stage of the therapeutic process, the impossibility to listen is one of the characteristics of the closed mind. Often, the reaction produced by listening to the others’ life experiences represents what prevents us from listening.

Often Carlos was interrupting the group meeting violently, mistreating coordinators and participants: “You understand nothing! This is of no use to me!...”. This proves that nothing is given. As Badaracco wrote: “A closed mind is a dynamic phenomenon, which changes through the relationship with the other...”. By accepting this situation, we can work with greater serenity. In fact, the symptom tends to collapse as the person develops his/her egotic resources. These shall allow him/her to face the hidden painful experiences and disidentify him/herself. Symptoms are non-operating creations, used to escape pain and suffering.

When the mind opens, it is possible to discover plenty of sensations and feelings. Yet, it may happen that some unexpected and uncertain occurrences led the mind to close up. This evidences the mind’s hiper-complexity.

In these circumstances (when we deem that the patient is doing better and has achieved a better balance), we must fear a step back to the initial stage of the therapy.

We face each other thinking: “How can it be? He didn‟t understand anything?” The "others inside of us" are like “demons inside of the mind”. In fact, they challenge the change,

making us stumble and disqualify all our life experiences. As a consequence, symptoms often appear more intense than before.

The negative therapeutic reaction affects not only the family, but also the psychical dialogue between the self and the „others inside of us“. This internal dialogue is like a claw, which grasps the emerging self, forcing it again into the abysm. This consequence recurs until the patient disidentifies from his/her pathologic identifications, which are so important to him/her and thus turn into a „live or die condition“. It is hard for the patient‟s family to understand that the relapse does not mean to be back at the first stage of the therapeutic process. These steps are extremely important in the family therapeutic process. Therefore, it is of utmost importance to work together and on the

family because, if they do not believe that the therapy is working, they tend to persuade the patient to abandon it. We experienced to what extent the negative therapeutic reaction affects the entire family group.

Regarding the therapists‟ interventions, often these aim to achieve specific results, by being extremely rational from the point of view of a technically correct interpretation. Nevertheless, therapists do not take into consideration the therapeutic process the patient is going through: just like children who cannot understand a complex speech, they react to the way things are told to them, rather than to the content. Such interpretations do not take into consideration the vivential halo circumscribing the words. The patient can capture what is said to him, but cannot accept any psychical change, since his closed mind dissolves the living halo (as above) within the meaning of the words.

Within the group, Carlos alternated different types if interventions. At times, he could be gentle and fascinating, sincerely emphatic and supportive to difficult patients, while describing his family problems. On other occasions, he could be quarrelsome and aggressive with therapists or object the participation of other persons. His wife participated in the groups by making fun of her husband‟s or the therapists‟ comments. In the beginning, Lucía had to struggle to be accepted and loved by the groups, because she did not show the kindheartedness, which is innate in children and which Carlos had.

The private sessions he was having with me ended abruptly. Lucía asked Carlos to participate in a private session to discuss problems that - in her opinion - could not be dealt with during a group meeting. Their relationship was probably like the interdependent relation Carlos had with his mother. During the private session, Lucía presented a problem which she could have easily shared with the group. Unfortunately, I realized too late that Lucía‟s goal was to invade Carlos‟s space. Lucía said she felt that Carlos was hindering her relation with their son Andrés and that he always excluded her: “I feel as if he wanted to steal Andrés from me”. As a counter-transference, I felt hate and could not believe Lucía acting at her best, nor I could visualize her healthy virtuality. Unfortunately, I must admit that she disoriented me and I tried to help her, even though I knew her recrimination was not genuine.

I believe that an important factor within the groups is that the presence of participants and therapists could have helped neutralize my negative - as in this case - counter-transference. Yet, in the private session I was alone. Carlos perceived such a situation. Got up from his chair, insulted me and his wife and never came back. Lucía had achieved her goal.

As the time went by, Carlos reconciled with the group and, until today, he is extremely thankful. Lucía “did not achieve” (both as an internal or external presence) that Carlos abandoned the groups. Conversely, he was even able to disidentify himself from his

parents' violence and let other people enter. He achieved a relevant position within the group and apologized publicly to me. He defended his personal space, evading a submissive situation and, thanks to the group, he faced Lucía.

I firmly believe that this method is not limited to severe pathologies, but it applies to neurosis as well. Somehow, we all carry inside someone who makes us suffer. Multi-family groups allow us to develop relations with the others and enrich us: this is the core of mental health.

Here below, I am going to read to you Carlos‟s testimony, which he shared with all the Multi-Family psychoanalysis group‟s participants at DITEM three months ago.

Buenos Aires, August 6th, 2011

The Wall

I write down my thoughts as they come. A few Thursdays ago, during a group meeting, a mother affirmed that it was right and necessary to follow Dr. Spock's (out-of-date) guidelines since this was the best choice for raising children, as she was doing. Immediately, I linked her affirmation to the "wall" argument, which was dealt with during the same meeting.

I believe I have something to say on the subject, because I find that she and I share similarities.

I cannot remember I had been looked at as an individual, feeling different from the others. On the contrary, I always felt I was seen as a part of my siblings group. There was never a Carlos with his individual personality. Either my primary needs were ignored, or when I tried to express them I was mistreated, or I was abandoned while I had the absolute need to be recognized as a little person.

To survive, I adapted to what I thought it was "right", without having my own desires or my own independence. I adapted and, in some way, I used hundreds of "Dr. Spocks' manuals", which told me what to do. I thought "the right thing to do" would come from the outside. This was the first wall between me and the outside world that I created to survive.

The first wall is inside you. It brutally annuls what you are and forces you to be what you think you should be for the others. As a consequence, it creates an inner repressed fury, because you are not what you pretend to be. Part of your Unconscious struggles to destroy this wall, which creates an inner violence. We feel an intense desire to live, while on the other side of the wall we let these Dr. Spocks torture us by doing what we think we have to do.

This results in a repressed violence, which leaks out whenever it can. Such anger reflects our deep dissatisfaction of living under the tyranny we created and which becomes the balance between living and dying.

This is the inner wall: if I abandon the tyrannical presences, I experience a cosmic anguish, both physical and psychical, and I feel I am dying. Either because I do not know any other way of living, or because when I tried, it was torn away from me.

This is the wall inside you.

But if you do not know who you are because a wall blocks you, it is even more difficult for your child to know who you are. Even worse, your child has no chances to know who you are. Parents react to their children's recriminations (which in reality rely on hidden grounds) with violence, because they are facing a paradoxical situation that they do not recognize. The children use violence to denounce, on one hand, the bad agreement they reached with themselves and, on the other, that their parents do not let them live freely.

Parents react to these two complaints with repression and more violence, causing even worse effects.

When we tell our children that things are not as they believe they are (or should be), "we are telling them that they are not who they claim to be by complaining". We say to them in a harsh direct manner that "their way of being" cannot be so. The systematic violence will defeat the children's psychical system and they will end up not knowing who they are.

You need to find and respect your uniqueness in order to be capable of recognizing your child as a person. This creates a new space where the two of you can interact and respect their uniqueness. Children need to feel that they are seen as individuals and that they are unique. Nevertheless, children can feel it only when they feel that their parents consider themselves persons. When children perceive that the people talking to them do not consider themselves persons, but rather as they "should be" and tell them "you have to be

this way", they can nothing but feel that they are facing a wall: "Mum, I am in front of a wall and it is so difficult to do anything…"

In my experience, the wall is not the obstacle the child is describing, but rather the parents' difficulty to create a space where both can recognize each other.

The wall can fall or be destroyed. This is not just a metaphor; it simply happens.

When you drop your inner wall, you "see" the other, who is seen "as he/she is". Both start feeling "alive".

What we have to do for our children is break our inner walls, and so help them destroying theirs. The space left empty - where each one is what they really are - is the starting point for sharing and taking care of both parents and children.

References

Badaracco, J.G. (1990). *Comunidad terapéutica psicoánalitica de estructura multifamiliar*, Editorial Tecnipublicaciones S.A. [trad. it. (1997): *La comunità terapeutica psicoanalitica di struttura multifamiliare*. Milano: FrancoAngeli Editore].

Badaracco, J. G.(1991). Conceptos de cambio psíquico: aporte clínico. In *Revista de Psicoánalisis*, XLVIII (2) (pagg. 213-242).

Badaracco, J. G. (2000). *Psicoanálisis Multifamiliar - Los otros en nosotros y el descubrimiento del sí-mismo*, Buenos Aires: Paidós [trad. it. (2004): *Psicoanalisi Multifamiliare - Gli altri dentro di noi e la scoperta di noi stessi*, Torino: Bollati Boringhieri].

Mitre, M. E. (2004). Las interdipendencias reciprocas. Un caso clinico sobre la base de la experiencia transmitida por Jorge Garcia Badaracco. *Revista de psicoanalisis*. LX:4, 2003, pag.1009- 1038.

Mitre, M. E. (2007). *Las voces de la locura*, Buenos Aires, Editorial Sudamericana.

Mitre, M. E. (2001b). “El miedo a ser uno mismo, como consecuencia de las interdependencias reciprocas enloquecedoras, y su relacion con la llamada “situacion traumatica”. Inedito.

Maria Elisa Mitre: Psychologist and Psychoanalyst. Full member with didactic function of the association Psychoanalytic Argentina (To.P.To.) and full member of the International Psychoanalytical Association (The.P.To.). President of the Maria Mitre Fundacion and Honorary Partner of the Italian Laboratory of Psychoanalysis Multifamiliare (LIPsiM).

Email: memitre@gmail.com