

The paternal function in psychoanalysis: the therapist's role inside a multiple family therapy setting

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Abstract

In this article I want to describe the importance of the father in the psychic development of children, and his role of thirdness capable of progressively opening up the symbiotic mother-child bonds towards alterity. It is because of the presence of a third person in the relationship that children can start developing their thinking abilities, and particularly their symbolic world. In the second part of the article I will highlight how a therapist working with severely damaged patients and their families often needs to cover a paternal function, or thirdness; a function that often lacks inside “psychotic” families. Finally, a short example will be made, substantiating the article contents with clinical material from a multiple family therapeutic group directed by me and Doctor Comelli.

Keywords: Jorge García Badaracco, Multiple Family Psychoanalysis, Paternal function, Therapy with psychotic patients, Italian Psychoanalytic Society

Family is the place where a human being grows...

Starting from the symbiotic mother-child process, in which solid foundations of “good experience” and basic trust are built, the relationship gradually grows towards a process of separation and differentiation. The mother has a basic role in letting the separation happen and making it easy for her child (Winnicott, 1958, 1971).

Mahler and colleagues (1975), in their work about separation/individuation, focused on how fathers start becoming more important for their families while the separation process takes place and the children start becoming more able to move. «It's like if the father, as father, has now been found there, in the world that is starting to be discovered» as someone that is clearly other-than-self from the beginning.

In this regard I think that Kenneth Wright, in his book *Vision and Separation: Between Mother and Baby*, well summarized what would be the role of the father in helping the development of the baby's psychic structure: «The father helps providing the space in which the world can be discovered and explored» (Ibidem).

When it's time for the Oedipus complex to show itself, babies think they've lost both their parents, because they are there for each other but not for them. This is heavy for the babies, and it costs them a great deal of rage, frustration and sadness. Mothers alone, though, often can't stand the way their children react to the new “distance” that the parental couple forces them to live, neither can they make them respect it. The fathers are the ones making it possible to preserve this space

without interferences coming from the children: they cover a fundamental role in giving their children the experience of “loss” and in supporting their partners in facing the emotions that their children's reactions make them live.

These passages are very important in the babies' development, but also in the “emotional survival” of the parental couple. The couple's survival is also very important for a complete psychic maturation of the children during a more advanced stage of their growth. As a matter of fact, it is the separation between watching and doing imposed on the children by parental limitations that introduces Self-boundaries and a distance between the Self and the objects. During growth, the use of words, the name of the objects and, later, the language (1), find their place inside the space that this distance has created.

Family can be the place where a human being gets sick...

García Badaracco, in his article *Il complesso di Edipo alla luce dell'esperienza clinica con pazienti psicotici* (García Badaracco 1979b) highlighted how human beings, to be able to live positively these difficult phases of life, need to have previously developed a type of object relation capable to prepare them to deal with the Oedipus complex.

If the mother and father of the child haven't had, for any reason, an appropriate psychological development – which means they didn't solve their Oedipus complex – some “unsolved” aspects in their psychic development will show up during the growth of their child. This will cause the setting up of a narcissistic pathological relationship with the baby, a libidinal pre-genital relationship. This means that the parents-child relationship, instead of being a necessary stage in the building of a healthy personality, will become a moment in which growth gets blocked.

This type of parents in many cases obstruct – or even stop – the solving of the Oedipus complex (as Freud described it), because of their personal internal issues. These difficulties that might show up during the growth of the child can influence the creation of pathological relationships that will keep “Oedipal” aspects in the relationship of the child with his/her parents (2). This kind of relationships clearly show the existence of a persistent infantile sexuality in these individuals and also the existence of primitive and narcissistic object relations, characterized by those perverse aspects typical of incestuous relationships.

Thanks to his parallel work with individual and family therapy, García Badaracco reconsidered Freud's first observations about seduction and traumatic situations, and concluded that there isn't any better way to understand what “solving the Oedipus complex” means than studying the stages of psychotic patients' therapeutic process.

This author, differently from Freud, thinks that if parental authority is absorbed as a protective presence, no matter how frustrating it might be, it will be introjected in

the Ego, rather than in the Super-Ego, and will truly reinforce it: to give up on something will not be experienced as the prohibition of a natural and ancestral tendency towards incest; on the contrary, it will happen for the sake of the mother and the father, because their child loves them, and it will be an opening towards the new possibilities disclosed by their “no”; new possibilities such as growth and loving someone that isn't a member of the family (3).

On the other hand, those parents that haven't had the opportunity to live a healthy growth, because of lacks of affection in the relationship with their own parents, aren't able to give their children experiences of autonomous growth nor to go with them through a healthy development: they will probably try to subconsciously build a primary object relationship with their children (here we are referring to children in a post-Oedipus phase) through an erotic bond – which means secretly using the Oedipal desires of their children to keep their dependency from them – which, in these cases, becomes inevitably “pathological”.

This way such a pathological manner of being together becomes, day after day, «a necessary and essential modus vivendi», even if it's full of traps that create secret alliances inside the family with the aim of keeping the status quo. Keeping things as they are, in fact, maintains the pathological relationships in the family, but, in many occasions, it makes the people involved feel safe (4) (5). García Badaracco thinks that this is the moment in which the psychotic disorder starts developing.

Family can be the place where the patient heals: the therapist as thirdness in the therapeutic process of the psychotic patients and their families

In these situations, García Badaracco thinks that the only way to help the patient and his/her family is the transformation process promoted by therapy; therapy as a «path of psychological growth» (García Badaracco, 1990) that will help the subject in the individuation of him/herself.

It's also important to mention that the author finds that the best therapeutic resource for this patients would mainly be the presence of figures that can give them valid elements for their identification, so that these figures can set up “healthy interdependences” with the patients. The therapist will then try to keep a constant object relation with the patients, so that these people's instability can be faced through therapy. “The patients should always deal with a 'parental' figure not to feel lost or abandoned. A figure from which they can even take distances if the power of the conflict they're living while trying to face this relationship becomes unbearable; they can also go back to it whenever they feel it's necessary (6). Only understanding these practicing-rapprochement moves' internal origins will make it possible for growth and maturity to go on” (García Badaracco, 2000).

In Badaracco's opinion, the therapist needs to know that emotions are the only elements able to generate real and lasting changes (7). These patients fear emotions very much, they live emotions as something dangerous (because they lead them to instability), as something that they need to protect themselves from, trying to

control them. One of the greatest difficulties for these subjects is the ability of sharing emotions (so that their emotions can be validated), so they will have to learn together with the therapist that some emotions may lead to positive changes; for example «that crying helps feeling better, that being in love generates deep transformations, that love has healing properties, and so on» (García Badaracco, 1991).

The therapist has to help the patients through this path, giving them the assistance that they need step by step and lending them the Ego resources to face the most critical moments of therapy, those in which unbearable past transference experiences come back to the patients' mind, so that they can start being able to face them (8). This way the patients will live a healthy fusion with the object and will be able to grow autonomously from that point on thanks to those resources, that will become their resources, through which they'll slowly find the ability to think with their own mind (9). At this point of the process, patients and therapist will have the opportunity of starting to work on the patients' conflicts elaborating the Oedipus complex: in the fusional symbiotic relationship of the child (one of the patients) with his/her mother, the therapist will finally be included as thirdness (with a paternal function). This is a basic passage for the patients to open themselves to the outside world, to reality and to the Others as different and separate beings (10) (11).

A co-conduction experience in a group of multiple family private therapy (in Doctor Francesco Comelli's studio)

About a year ago, Doctor Comelli and I started conducting a multiple family psychoanalytic therapy group in his studio, in Milan. The group is still going on; it takes place every fifteen days and every session lasts 90 minutes. The sessions are open to patients, patients' parents and professionals: particularly, among those who participate there are some of Doctor Comelli's patients, some of their parents and the parents of some other patients that don't attend this kind of therapy but are treated by Doctor Comelli with individual sessions and through family therapy or group therapy. In Doctor Comelli's experience, since he is a psychoanalytic therapist and also a psychiatrist, he has had to deal many times with severely damaged patients and their families, either in a private setting or working in public institutions (for example the therapeutic communities belonging to the Redancia group or associations such as ABA). Moreover, because of his training as a group therapist, he often has used group settings to work with more or less damaged patients and with their parents, apart from treating many of them with individual meetings.

During his experience, somewhat like García Badaracco did, he found himself reflecting on psychoanalysis and its techniques, asking himself what could be an useful instrument to “heal” (or, at least, “help”) some of those patients that came to him after a long and troubled therapeutic path, often with little hope to ever feel better.

Because of his analytic abilities, his personal disposition (I believe), his ability to be an empathic listener and also because of a good use of his “evenly-hovering attention” and spirit of rêverie, he imagined – according to the theories focusing on the importance of transgenerational aspects in psychology and on working with families of severely damaged patients – to involve the families (until third generation) of some patients in their healing process. An example of this working routine can be found in his article: *Generazioni di analisti, generazioni di pazienti: la distruttività non simbolizzabile nella contemporaneità. Possibili strumenti relativi all'analizzabilità* (Comelli, 2010), in which he describes how he worked with a serious borderline patient sent to him by one of Milan's public social services as “practically incurable” (12).

The idea of conducting together a multiple family therapy group finds its origins in my attendance as a student of the Istituto Italiano di Psicoanalisi di Gruppo, in Milan, where Doctor Comelli was one of the teachers and one of the tutors (now he is the institute's director). Because of what I could call a “clinical elective affinity” I immediately asked him to be my tutor for the first two years, and I had to face him while choosing my first two end-of-the-year essays. Both the essays were focused on working with severely damaged patients and their families, either in an individual setting, in a family therapy setting or in a multiple family group setting. Having by that time learned about my passion for the Multiple Family Psychoanalysis by Jorge García Badaracco (passion supported by a deep study of the subject) and knowing about the various trainings that I had done with Jorge García Badaracco in Buenos Aires, Comelli himself started showing me his interest in the subject and in the figure of this author, that I loved very much. So we decided to try starting a similar therapeutic experience – I had already experimented something like that in Italy, in Collegno at the Mental Health Department of Turin, Asl 3; there, about three years ago, I have activated a multiple family therapeutic group that I still co-conduct with a therapist specialized in group analysis, Doctor Alessandro Rossi. The theory on which the Collegno group therapy is based has become step by step my ace in the hole for my studies and for my working experiences. I was also in charge of a course that taught that same theory at the Turin Specialization School in Clinical Psychology of the University of Turin and I have exposed my experience through articles and conferences and in Therapeutic Communities interested in this kind of approach.

The group set up by Doctor Comelli and me has seen the participation, with some sort of continuity, of about twenty people. Eight of them are Doctor Comelli's patients, ten are patients' relatives and two are students or educating professionals interested in the experience. The multiple family therapy group is an open group, both in the sense of being open to new participants that can join the group through time (to underline how the heterogeneity of the pathological situations in the group and the participation of new elements in it can be a source of creativity, if well managed, and that the simultaneous presence of many patients and their relatives may build a wider context in which a fundamental new dimension shows up, a

dimension that includes the Others) and in the sense that every one can participate in respect of their own timing. If, for example, a patient feels that the topics faced during a session are “too strong for him/her” or if the feelings rising up with his/her family during the session are too “strong” (which means that the group is reflecting the same critical situations that usually rise up “at home”), he/she can decide to leave the room for a while or to skip some sessions, “letting” his/her parents be the only ones attending the sessions for a limited period of time (of course the therapists guide the patients and their families through these decisions). This way the patient's parents can find space for themselves to express and then elaborate their thoughts and feelings about some “family problems”, that are often related to the “family secrets” that involve the previous generations of the family. These steps are necessary for the patient to be able to face his/her therapeutic process (that, as we mentioned, needs to include changes in the family).

Patients can come to sessions alone or with their families and for the families it's the same, they can come with or without their children. Sometimes it happens that families are formed only by a mother and her son/daughter or a father and his son/daughter, or it happens that the mother and the father come one time each to go with their son/daughter. At the same time the group can be attended by the parental couple alone or only by one of them, even if their children have never come to the group. They find relief in the presence of other people in the group, because inside of it multiple transferences take place so that, through listening and reflecting into each other's experiences, they can live each other lives' emotional contents that will, in time, lead to real insights.

The multiple family therapy group is a “mini-society” from the beginning, made by many different families with different origins and different problems. The human conflicts, though, are the same even when they are shaped so differently that it's hard to find any similarities between them. One of the most important therapeutic functions will be that of starting to “visualize” similarities between one family and the other, to picture a metaphor of the situation and give it to the patients (13).

We noticed how the most painful moments of the patients' lives, those that determined their psychological suffering, are hidden deep down in their subconscious and how, to make them reach the surface, it's necessary to go through a long revealing path that can lead to the discovery of the real texture of the existing pathogenic interdependencies in the family, and of the subsequently developing dynamics that might have destroyed each one's personal history.

The open group makes it possible to observe behaviors and expressions coming from the most primitive aspects of the mind. To each participant, “the Others” are a reflecting context and a screen on which they can project and move any kind of mental contents. The most important thing to do is to create the right conditions and a comfortable emotional climate for this to happen, so that participants will finally be able, together, to think about things that they have never been able to

think about on their own, becoming every time more conscious of what was it that didn't allow them to think: most of the times there are violent internal aspects expressed through claims and demands that also show up through aggressive feelings, jealousy, primitive hatred and more. These feelings most of the times aren't accepted by the patients and they are lived with anguish, that often becomes the incentive for compulsive acting outs, which take their energies from pathogenic identifications with pathological and pathogenic parents (14).

Now I want to describe a brief example taken from the multiple family group that I co-conduct with Doctor Comelli; the example concerns some topics that emerged from the emotionally very powerful dialogues of a mother with her daughter.

I chose this example among others because of my personal interest in the first mother-child interactions and in studying the importance of the “paternal function” (in all the different shapes that it can take in therapy). These topics are well discussed and highlighted in the book *Vision and Separation: Between Mother and Baby* by Kenneth Wright, that I used as a source in the first part of this article; they also give validation to what I have learned from Jorge García Badaracco's theories and from his direct teachings – first of all the one about the importance of understanding how a human being faces its development to understand how it gets sick and how is it possible to heal it.

After many sessions to which the mother had come alone, she – thanks to the group's presence and to the therapists' help – could face her daughter directly on many important topics, such as the first mother-child interactions and the separation process (that, as we mentioned before, the child needs to face to put some distance between him/her and the regressive womb of symbiosis with his/her mother using his/her father's help). As we are about to see, the theories we've been talking about concerning the importance of the first mother-child interactions and the father's role in this situation, found full confirmation.

The patient is an obese girl about thirty years old, with a borderline disease diagnosis and a past as an anorexic and cocaine addicted. Her family is made by her and her mother; her father “disappeared” when she was very little. During the sessions, we discovered how the mother had been lying to her daughter for a long time about her father and how he had gone away from them. Mother and daughter ended up “trapped” in a symbiotic relationship, and only lately, thanks to Doctor Comelli's help, the patient has been accepted in a foster community and the two of them are now trying to make a first step towards separation. In the latest years the girl has suffered of violent panic attacks that never really allowed her mother to be far from her. The mother is a kindergarten teacher. She told the group that she had been forced for several months to spend her working hours on the phone: the girl used to call her to tell her how bad she was feeling and how much anguish she was experiencing and to ask her, minute by minute, what she was doing. The mother, on her side, was very worried about what could happen to her daughter (and what she could do to herself on the verge of panic and despair), so she didn't feel like

hanging up. She then left her cellphone on her desk while working, creating a walkie-talkie like conversation.

Recalling this and other examples, the mother of the girl said in therapy that she “couldn't stand it anymore” and that she was starting to “feel sick herself” (she was depressed but she couldn't let go because of her daughter): she would like for her daughter to feel better so that she could take more care of herself. Now that the girl is feeling a little better though, and she's a little more open to be “healed” and both of them feel that they can trust a therapist, which is also a man, sometimes the mother “threatens” her daughter instead of encouraging her progress during group sessions: «If she doesn't allow anybody to heal her... sooner or later she'll let go, because she doesn't have any energies left».

After these “statements”, the girl doesn't seem to get mad nor worried (just as she already knew that her mother would never leave her), but she calmly admits, not without a hint of sarcasm, to be “very demanding” (just like a baby). She justifies what she says adding that it wasn't her decision to be in the world and “a trouble shared is a trouble halved”. Then the girl herself tells her mother that she's started feeling better when she started telling her “no”, giving her boundaries. These way she dramatically highlighted how their situation had been worsened by the absence of a father capable to support his wife during the growth of their child.

As a matter of fact, the woman talked to the group about the troubles she had dealing with her daughter through her adolescence (for example, facing the topic of sexuality and how to relate to the opposite sex) because she had had herself a very painful experience: because of her daughter she found herself being “a very young lonely mother with no money”. Money is a subject that she's unlikely to talk about. From the few words that she's said about that, it seems like her husband has left her when their daughter was still very little, leaving behind some debts yet to be paid. Since the little girl was very affectionate to her father, her mother hid from her her financial worries and her anger towards her husband. In time she has also built up a fake version of the story that she'd being telling to her daughter: her father, even if he loved his “baby” very much, had to leave the house because of his job and because he had troubles with his wife. To reinforce the fact that he really cared about his daughter, sometimes she told her that he had sent her some money to nourish her and buy her presents. When, many years later, the girl decided to meet her father and she discovered the truth, she was already in treatment for anorexia and drug addiction. When she found out that he was nothing like she had imagined, her symptoms worsened and she did her first suicide attempts, followed by many hospitalizations and a general worsening of her psycho-emotional situation.

During sessions, I and Doctor Comelli deal with this mother-daughter couple working in a synergic and complementary manner. I, on one side, collect and express in therapy the feeling of void (and the feelings of depression connected to it) that the patient experiences all the times in which she leaves aside her

symptoms and acting outs and finds herself unable to live her own emotions, her fears, her “normality”; on the other side I try to express – empathically, starting from what the things she says make me feel – the feelings and the weaknesses that many times lie underneath rage. Rage that often this girl can't recognize nor mention, but she acts it out in a violent way both towards the outside world and towards herself. Moreover, the feeling of guilt that follows these reactions, though she most of the times doesn't mention it, leads her – because of her lack of ability in facing these feelings – to keep on going with acting outs up to playing with her own life, in a hypnotic trance-like state that, even if it works well in the defensive structure of her personality, doesn't allow her to feel anything. As a matter of fact, the girl has often told the group about her numerous suicide attempts without expressing any emotions about them (like if she was an android), expressing her repeated intention to “get herself out of the way in any possible way” and saying, with a cold tone, that if each time she attempted suicide her mother, the police, the doctor hadn't interfered with her trials she would be “already buried”.

It's impressive to notice how death is lived by this patient as something that brings more pain to the others than to herself (just as a weapon), almost like she couldn't realize that she exists for herself and she thought to be an “undifferentiated mother-child creature”. I also think that the patient talks about these subjects in such a detached way because she's in some way threatening her mother and answering to her separation attempts. It's true that, after these reports, her mother starts focusing on all her moves, on everything she says, on how she's breathing, building up a dialogue between them that goes on inside the group dialogue (the other patients are excluded from this dialogue but are forced to listen to the bustle that they make). It's a delicate action to put oneself in the middle of such a «pathologic interdependency» (García Badaracco, 1990) and help them to stay “in” and “with” the group.

Doctor Comelli, when this happens, slowly tries to enter their conversation, listening to the mother's point of view and trying to include it in the subject of parents' troubles in the relationship with their children, focusing especially on how hard it is for the parents to take a real “parental function” that many times forces them to think about their own life (and their own growing up) and to face again (and sometimes face for the first time) some aspects connected to growth that had put themselves in trouble as kids and as young men and women. It's often because of these gaps in their development that these parents feel unprepared as parents (because they don't have enough Ego resources). More specifically, these feeling of inappropriateness can increase, and even become pathogenic, when both parents come from such a background (because of their being complementary in their pathologic necessities and because of their emotional immaturity), and when the relationship between them is not so good (fights, emotional distances, unsatisfying sexual intercourses, abandons, and so on).

As a conclusion, in the situation that I've just described, the work is just beginning, but we can already notice how, in a relatively short time, important aspects of the

transgenerational history of the family have emerged. Moreover, we obtained a good reciprocal communication and understanding between the members of the different families in the group. From now on, we'll be able to work more, step by step, on these people's ways of being together and of building relationships, either inside or outside their families.

Finally, what we learned about these people's childhoods and about their relationships with their mothers and fathers allowed us to understand how they started feeling bad and in which moment in their growth something's got "blocked", giving birth to pathologic defenses in the place of the real Ego demands that would have led the subjects to live their lives in a more fulfilling way. It will be the therapists' role to help them find their path again.

Notes

1) «Words are, at the beginning, only particular qualities of the objects, through which they can be indicated. Only later, in this clinging to the object can be put a wedge to keep the word and the object separated from each other» (Wright, trans. It. 2000).

2) García Badaracco points out that «a mother that hasn't had the opportunity of growing as a good container for the baby's anxieties, developing the ability to give to her baby those aspects that are fundamental for his development, as Winnicott says, will be a mother that will set up a pathological symbiotic bond. The psychotic pathology – in this regard – has to be understood as a pathology of the bond, that, blocked and trapped as it is inside a narcissistic level, isn't able to move from there» (García Badaracco, 1979a).

3) Freud said that if the Oedipus complex is solved normally, parental authority will be introjected by the child and it will contribute in the forming of the Super-Ego. García Badaracco finds it important to point out that «if the parents have absorbed the prohibition of incest as a healthy cultural mode – necessary to keep a basic social order – as a protective Super-Ego that doesn't forbid nor castrates repressed and out of reach desires, then the parents-child relationship is already preparing the ground for solving the Oedipus complex. This way the child learns that giving up to some primitive desires isn't a castration but a protection from the devastating aspects that their realization would cause: it's an opening to new possibilities, such as growth and loving someone outside of the family» (García Badaracco, 1990a).

4) On this matter, García Badaracco says that clinical experience shows how pathological interdependencies are always also pathogenic interdependencies: this kind of bonds allow only partial developments of the healthy resources owned by

the Ego, and they condition the functioning of the Ego on the base of pathogenic identifications (García Badaracco 1990a).

5) It's important to keep in mind that this author, García Badaracco, thinks that «inside pathological symbiosis, the subject, who has no defenses, and the parental figures lacking of psychological resources exchange many blames and claims between them, so that the traumatic experiences that each one lives through this type of relationship are able to drive both parts crazy and lead to the setting up of those kinds of complementarity in pathological relationships pictured by Boszomenyi-Nagy» (García Badaracco, 1990a). Moreover, this kind of symbiotic bond looks partially like a pathological narcissism: the subject ends up inventing imaginary relationships because he or she isn't able to get in touch with the other person, discovering him or her and, at the same time, discovering a part of him/herself. Narcissistic relationships, for their very nature, «impoverish» (García Badaracco, 2000a) whoever lives them: it isn't possible, through this kind of relationships, to discover anything neither about oneself nor about the other person. What blooms from them is a monotonous experience, so typical of psychotic patients. The author also says that repetitions and monotony are connected to boredom, which is another typical, and constant, feeling that these people experience, since they can't live enriching object relations. On the contrary, what the author considers enriching is being close to affectivity: «It's affection that creates the experience of interior richness» (Ibidem).

6) Kohut has a similar point of view when he talks about the function of the therapist. This author thinks that the patient uses the therapist as an object for his/her Self, as a substitute that prepares the way for psychological structures that yet don't exist (Kohut, 1977).

7) This statement and those that will follow are all extracts from an article about psychic change that hasn't yet been translated in italian, written by García Badaracco. The original title is: El concepto de cambio psíquico (García Badaracco, 1991). This article has, though, been translated in english with the title Psychic change and its clinical evaluation (1992).

8) «These are patients – don't forget it – that get scared as soon as they put their emotions on the therapist, as if they felt suddenly threatened by some possible revenge» (García Badaracco, 2000). This way they show the violent power of their emotions and the deep fragility of the child that lives inside them.

9) Of course, if the therapist wants to deal with these very intense feelings without losing faith in his/her work, he/she needs to recognize and define the phases of the therapeutic process. During every passage there can be pathologic symbiosis or healthy symbiosis: in some moments the therapeutic behavior of the therapist will reactivate persecutory fears in the patients that will show up as particularly pathogenic behaviors; behaviors typical of the main pathological profiles (psychotic and psychopathic), such as: delirium, delusions, violent acting-outs,

compulsive symptoms, obsessive symptoms, phobias, symptoms of hysteria. These symptoms are the expression of the reactualization of traumatic and painful experiences and experiences of loss, void and death. In healthy symbiosis the patients will regress to a very primitive fusional state, experiencing a relationship with a healthy object which will offer them their first opportunity to “be themselves”. So, as Harold Searles had already pointed out back in 1960, the patients, that now can start being themselves for the first time in their lives, will do it again many other times.

10) It's when all these things happen that the patients can start counting on the “Other”: «the compelling need they felt for its omnipotent possession will slowly disappear, because when they discover the Other as a real external object, they simultaneously start perceiving themselves as beings, as real and separate individuals, rather than 'mere representations' without their own consistency» (García Badaracco, 1991a).

11) This “representation” (the Other) has always made these patients feel “vulnerable”. I want to recall that in García Badaracco's opinion, «psychotics, who can't be people with their own identities, build their own characters and act as these characters would do, as if they were playing» (García Badaracco, 1985a). The author thinks that these characters have a vital function for the patients, because inside of them the real personalities of the patients are kept alive, those personalities that couldn't evolve. In this regard, García Badaracco says that Freud also talked about a «hidden person” inside psychotic patients, and Winnicott talked about «a real Self, hidden, that hasn't evolved». «The hidden part feels threatened to death when the character disappears» (Ibidem). This is, among others, the reason why identifications are kept omnipotently, as strongholds, keeping the patients' delirious beliefs alive and building themselves up to become narcissistic and/or characteropathic defenses.

12) When we decided to set up together a multiple family therapy group, it's with this kind of patients (and with their equally troubled relatives) that I had to deal with. They reminded me very much of the patients treated by García Badaracco and his équipe in Argentina.

13) Making a brief summary, we could say that our author thinks that this kind of conflicts are pathological because they are undermined by bonds of pathological interdependence that make their elaboration or their solving very difficult, or even impossible.

14) This therapeutic process makes it possible to go further than the consciousness awakening (even if it's fundamental for the therapy) described by the classical psychoanalytic work because it offers the opportunity to live a transforming life experience that can give participants a real sense of relief.

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