

C.I.P.R.E.S. contribution to rehabilitation in multifamily psychoanalysis' approach

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Abstract

In this paper, which integrates narrative moments, theoretical approaches and methodological aspects, the author focuses on the centrality of the Multifamily intervention (initially in the form of Assembly and later as Multifamily Group of Psychoanalysis) in the organization and practice of rehabilitation Day Care Center C.I.P.R.E.S., one of the first rehabilitation services in Uruguay. Born in the delicate phase of recovery after the heavy democratic dictatorship, the Centre is organized around the needs of free exchange, tolerance and dignity of existence expressed by operators and patients, which gradually unite the voices of family members to this meeting structure (the Multifamily Assembly) that, accepting the ancient democratic needs, integrates them with its own methodological elements of the therapeutic groups, and enriches through the Multifamily dimension. From the beginning, peculiar phenomena highlighted, such as the emergence of multiple and complex transference, which can not be explained and elaborated with the only recourse to classical psychoanalysis, or managed in terms of traditional psychiatry. It is a personal encounter with the author J.G. Badaracco, which occurred in 2005, that will start the transformation in Multifamily Group of Psychoanalysis. This article analysed how the work on mutual dependencies and the discovery of the virtual sound of each participant, when possible, the Group operates as a "expanded mind", allowing a different and more meaningful use of the term care, has always been very controversial in the field of psychiatric. In the concluding part the article shows the active function of Psychoanalysis Multifamiliar area within the C.I.P.R.E.S. and the program PANACEA: Assistance Activities, Training, Research, special attention is paid to the cooperation and exchange with other agencies (health, academic, institutional) to promote the use of Multifamily Psychoanalysis in care and social integration and to facilitate the training of new operators.

Keywords: psychiatric rehabilitation, group psychotherapy, multifamily Assembly, mental illness treatment

Introduction

The present paper presents a fragment of the history of the Centre for Research in Psychotherapy and Social Rehabilitation (C.I.P.R.E.S.), which is one of the few university-based services for rehabilitation in Uruguay and that started its activities over twenty years ago.

Some of the main contributions to theoretical and empirical fundaments of national practices for rehabilitation since 21st century are here presented.

Coherently with the aims of this paper, we choose to write about the moment of inclusion of Multifamily groups in clinical practices (2003), which would subsequently organize in accordance with Multifamily Psychoanalysis' framework (2005).

Backgrounds

In the beginning (1998), C.I.P.R.E.S. started as a psychotherapeutic base group for severe psychiatric patients, under the name of "Listening Group".

This proposal, just like the chosen name, accounts for the cultural and historical moment in Uruguayan society, which inaugurated its activity in that period. Military dictatorship was falling and every group activity was considered potentially subversive and most forbidden (1973-1985).

Young clinics needed exert the power of democracy, of their independence and the feeling of wellbeing that only legitimate groups can give. To extend this feeling to a historically and secretly discriminated population, thus, was an idealist and fair claim.

It was a worthwhile alternative, considering the great assistance load in psychiatric services. These latter were mostly attended by chronic patients treated with medications only, and others came with psychic consequences due to dictatorship. These people were considered differently from the "usual fools" that were apparently "classifiable". Those who suffered psychic outcomes from social impairment due to dictatorship remained otherwise excluded from the new practices of social re-integration.

A group-based approach to psychotherapy exploded, a generation after what happened in Europe and far away from pre-dictatorship nationalists.

Listening with interest to neglected people's communications, to the "usual fools' " statements, being confident and using counter-transference as the first tool in psychoanalysis, were the main features on which the reconstruction of the dignity of "being" was funded. This dignity referred both to mental health workers and to patients, in the new context of "listening groups".

In 1990 the first psychoanalytic supervisions took place, gradually changing to regular and weekly sessions, until constituting one of the four areas of nowadays' C.I.P.R.E.S.: the psychoanalytic supervision area of small group psychotherapies.

In 1995 the first laboratory based on writing started, which was not a "word" laboratory by mere chance. After this, others added to the project: music, plastic, theatre and cinema laboratories were created in the comprehensive area of inter-vision and coordination.

The search for empirical evidences was present in the Listening Group since the beginning, but it would progressively enrich with important contributions from

different areas, gradually detaching from those coming from Psychology Faculty, who originally created the Research Area.

The work of assistance, didactic and research exchanges continued right until the start of the new century. And this fact raised another central question: until when could it be possible not to listen to family dynamics and contents?

To solve this issue, meant to listen to all family members and not only to those voices uttered during transference occurrences.

These voices did not represent ghosts but actual discourses and personal contents. A part from this exchange moments, the alternative of working with large groups was comprehensible in the Uruguayan cultural context. The Assembly, as a relational tool, had its roots and encompasses the ancient democratic ideals, shared by anyone, from the Constitutive Acts of the republic to the activities of GREMIALES.

This, of course, would be a special assembly, whose framework was:

- to deal with its own experiences and feelings,
- to listen, reciprocally, respecting the otherness,
- to fit an adaptable list of operators,
- not to claim concrete proposals,
- to reciprocally comprehend,
- to follow a line which organizes and, above all
- to simultaneously allow "thirdness" in a collective metaphor.

We now refer to those complex processes that are bound to fusional experiences in the family, which involve indiscriminately all family members and that are usually brought in the therapy as anecdotes. Other families in the assembly, those that worked the most in the rehabilitation process, weave a plot of associations linking their own experiences, feelings and knowledge. They do this together with the technical coordinators and those associative chains, verbal and collective, would allow those patients to use words and create their own storyline. They would thus individuate without such catastrophic and violent feelings.

An irony is born before the "supposed news", to understand that all of these family members, with previous prejudices, are suffering just like patients. And they do suffer, not just from the impairment of their loved ones, but also for self-inflicted guilt and self-reproach inflicted by "wise" predominant clinician, and basically for being partakers of invisible textures within the family, which leave them tied, chained in a perverse logic that alternates submission to the compelled. As an assembly, these large groups (with more than twenty members) are turning away from psycho-educational activities where two categories of people operate:

those who know and are healthy, and the sick who are being trained. However, you cannot enter the depths of the world of meanings in an empirical fashion. The words of the assembly are in need of new representatives to understand and be able to help.

Classical psychoanalysis is not enough.

Assemblies, in turn, incorporate many participants, external to patients, physically real and not just created in the transference. Again, this transference is multiple and highly complex, it is clear that this particular plot does not accept the exclusive use of translating "the unconscious into conscious". Classical psychiatry, in its use of categorical, diagnosis is not suitable to the assembly frame. In assembly sessions, it is immediately clear that deliria, substance abuses, an IAE etc, are always expressions of the same vulnerability, and of the unique personal stories determine the distinct modes of expression. In turn, all these disciplines retain their value, given that assemblies are never hegemonic instruments and require articulation in a multidisciplinary team.

In 2005, at the Congress of Psychiatry in Punta del Este, I met Prof. Jorge Garcia Badaracco, who related about the Multifamily approach.

- Why do you call them "Assemblies"? Emphasizes the Professor - it seems to me that the frame that is behind this word develops mainly in the social phenomenon. I understand that, although generally appropriated, of course, the term does not account for all the rest, the other more empirical level, where we converse, we see and are seen, and participate directly with their complex emotional storylines.

In multi-family sessions it is possible to more easily capture what happens in another family, bearing in mind what occurs in one's own. It is possible to experiment a protected environment that adopt different relational constraints, another parent or another child who are willing to experience new interdependencies, which are much healthier, and allow him/her to be genuine.

One can rely, in addition, on the representative of psychoanalysis, because without a doubt we seek clinical practices to work with the unconscious, but from another standpoint, which may possibly be not developed by Freud. There is not a claim to be right. We just need to ask ourselves what we can do to help these people with their "historical solitude".

Development

The theoretical development of Multifamily Psychoanalysis (name given by its author, Psychoanalyst of the IPA and Professor of Psychiatry - Jorge Garcia Badaracco) is a valuable reference for our work. The mutual dependencies, among other concepts, which condense the many assumptions made by the Multifamily laboratory, allow to better understand not only the patient and his family, but the fact that it stands as a strategic tool for mental health cure.

Here is another controversial point, again, for psychiatry and classical psychoanalysis. It is the use of the word "cure". I cannot tell when it starts to be only assets of certain "hard" medical disciplines or when it starts to get the specific connotation that comes from the psychoanalytic theory.

"Cure" etymologically derives from the Latin and stands for, among other meanings, "to protect health with persistence". Thus, it is coherent with the same goals of autonomy that the WHO Mental Health proposes to have a better quality of life. It has not, therefore, an exclusivity, a reduced scope of its habitual use, which implies the disappearance of the symptoms, the release of pharmacologically prolonged treatment and/or psychotherapy, or questionable changes in psychopathological structures.

The "word" was exorcized in the sense that was thereafter connected to scientific and geographical "north", whereas it became a day-to-day tool in Multifamily clinical approach, and the power of hope was born again.

Clinical and empirical work confirms the still open Multifamily Psychoanalysis' hypotheses, that Garcia Badaracco left us as a heritage. He asks us to develop these hypotheses and to combine different cultural contexts of the countries using them. And that is how they keep most part of their history as assemblies.

As long as clinical sessions are run, we understand that the reciprocal influences containing transferal and counter-transferal sentiments are not only related to the patient, or to those metaphorically defined "noisy suffering", nor to a limited number, but on the contrary they seem distinctive of human beings, and they preferably express in Multifamily Psychoanalysis "lab".

Its framework operates at an incredible speed, it is flexible and spontaneous, and it requires "open minds" not only from the patients, but also from mental health workers, who must keep this concept clearly interiorized. We will face the challenge of seeking stability for the results we obtained.

Aiming to an enhanced effectiveness, multifamily psychoanalysis articulates in C.I.P.R.E.S. with other disciplines, and in each and every mental health unit working on rehabilitation.

Moreover, it proposes as an alternative tool to be used in new models of prevention and intervention for mental health.

Development

Given this theoretical and historical summary, I will now describe the development of nowadays Multifamily Psychoanalysis as run in C.I.P.R.E.S. and P.A.NA.C.E.A.-S.M (national and European programs for education and attention to mental health).

1.0 Assistance Activities

1.1 Settings

- Maciel, including sessions for acute psychiatric admissions in general hospital,
- C.I.P.R.E.S., including activities of diurnal service.

1.2 Duration and co-therapy

Two or more operators, working in co-therapy, direct sixty-minutes sessions.

1.3 Configuration

Heterogeneous categorical psychiatric profiles characterize the patients and their relatives' group. The latter is mainly composed of severe psychiatric patients.

The two settings have different users and this account for the fact that rehabilitation can (and must) originate from the first interaction with mental health services, coherently with OMS' recommendations.

Acute or aggravated problems are more frequent in general hospitals, as well as comorbidities with substances abuse, whereas C.I.P.R.E.S. addresses patients who are already attending a rehabilitation process, with a history of chronic psychosis.

These differences foster variations in Multifamily Psychoanalysis framework.

The number of members can vary every day: smaller in Maciel setting, since the room has 8 beds, and greater in C.I.P.R.E.S., with 25-30 beds.

1.4 Frequency

Three-times a week assistance to patients is compulsory in Maciel, although not strictly, as it happens in every other therapeutic practices used in hospitals.

On the contrary, C.I.P.R.E.S. patients and their relatives offer themselves "doses" of sessions whenever it is necessary, according to their level of integration in social texture.

1.5 Framework flexibility

In every session, Maciel setting insists above all on the characteristics of the tool, which allows a greater flexibility in specific situations, given the particular nature of each clinical context. In C.I.P.R.E.S. setting, workers and most patients obviously interiorize the framework, being less necessary to make it explicit every day.

1.6 Coordination

A hour a week has been determined for workers and students, dedicated to clinical strategies coordination and supervision of assistance practices.

A therapeutic companioner, that has been recently created, participates once a week in the hospital's activities simplifying the clinical process from C.I.P.R.E.S. setting to diurnal services.

2.0 Training

Two hours a week of training sessions are deliberated, for professional clinicians, multifamily workers, patients' family members and students coming from different areas in mental health education.

The work of Prof. Garcia Badaracco orientates these sessions. As do other colleagues' studies belonging to International and virtual Institute for Multifamily Psychoanalysis addressing rehabilitation processes. The development of a common thought is favoured in order to build an original contribution, characteristic of Uruguayan culture, which gives importance (and not forecloses) to cultural specificity in these complex technical approaches.

The weekly hour of Coordination and shared Supervision is unquestionable, as it is the direct participation in Multifamily Psychoanalytic sessions.

3.0 Research

The outcomes of the multifamily intervention are empirically and qualitatively assessed in specific seminars that address for example the "psychic shift" in settings shared by C.I.P.R.E.S. and research sets.

4.0 Field range

A primary prevention is mainly made, whereas secondary prevention and health promoting take place in multifamily psychoanalysis sessions. This issue has been communicated to ASSE, Minister for Public Health.

Multifamily Psychoanalysis in C.I.P.R.E.S. has been recently proposed to DI.NA.E as a healthcare resource to organize congresses and foster patients' reintegration in labour market.

A verbal conference has been made with the Portal Amarillo (specialized center for addiction) for the exchange of training practices in Multifamily Psychoanalysis, now produced by the commission for CIPRE.S. human resources of this center. And it is necessary to clarify that more than 90% of technical CIPRE.S. are volunteers.

A network of services works both with the general hospital (Hospital Maciel) and the monovalent psychiatric hospital for acute psychiatry (hospital Vilardebo) as well as with other rehabilitation centers nationwide.

C.I.P.R.E.S., as an institution, does not share ASILARES existing health policies in our country.

But it offered, in informal talks, its resources of Multifamily Psychoanalysis to employees of the public health minister, to work with asylum-seeker people (considered institutionalized people) also to facilitate the closing down of these centres.

It participates in the monthly meetings of the network of Rehabilitation inter-services in Uruguay, as well as in all the academic activities, although congested. The Institute of Multifamily Psychoanalysis “J. Garcia Badaracco” particularly stands out for participating in regular and fruitful interchanges with other members of this institution, being CIPRE.S. the only representative in our country's in this field (Uruguayan). It cooperates with BABELPSI, an organization with international headquarters in Argentina, for the application of the instrument of Multifamily treatment in contexts characterized by integration of members with ex-Hispanic and Anglo cultures – (Hispanic).

It works in the range of Marco Inter-institucional, PANACEA-MS agreement, of the University of the Republic (UdelaR) with the ministries of education and culture (M: E: C) Public Health (MSP), stewardship of Montevideo and civil associations, as the family association and the foundation Manuel Gomez Espinola. This convention aims to social inclusion, especially with regards to those excluded for mental health reasons. Its importance deserves a dedicated presentation.

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