Multifamily sessions and the psychoanalysts

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Abstract
Classical psychoanalytical training was based on a paradigm in which both the etiology and the cure were centered on the subject. New clinical demands forced to revise that "ideal model." Using a language of his own and an extended metapsychology, the Argentine psychoanalyst Jorge García Badaracco devised a new way of seeing mental illness and a novel therapeutic framework he called "multifamily psychoanalysis," focused on the structure and fabric of the family and the interactions taking place within it. Multifamily sessions came to be a training school for those therapists who had to intervene in families with seriously ill, seemingly "intractable" members, who showed a true lack of ego resources. This paper endeavors to differentiate the analyst's "persona" from his or her "actual presence" in the therapy, and emphasizes the incidence the latter has on each kind of intervention. This approach and the way it has remodeled traditional psychoanalytic work are very much in line with some of Freud's ideas such as stated in his article "New Ways of Psychoanalytic Therapy" (1918).

Keywords: multifamily psychoanalysis groups, "ideal model" of the psychoanalyst, psychoanalytic training, extended metapsychology, intractable patients, the analyst's real presence, emotional resonance

Those of us who have been trained as psychoanalysts have received a very specific education on how to be and act in our work. I mean not only the "analytical attitude" we are supposed to adopt, but a theoretical framework: a paradigm focused on the etiology and a healing process centered in the subject.

In his cultural writings, Freud tended to take into account the social issues and a psychic structure centered instead on the subject´s dependence on others.

The widespread clinical demands made to psychoanalysis forced us to revise the "ideal model" of the psychoanalyst. Faced with this problem, Enrique Núñez Jasso (2008, p. 34) says that according to Bateman the error of following only one theory prevents psychoanalysis to be helpful in cases with "different symptoms, character types and levels of organization" and that this error "is to be blamed to training analysis."

Some psychoanalytic institutions have adopted the view that in transmitting the teachings they must act as guardians of the "pure gold," that is, the interpretive analysis of the unconscious formations in so-called "transference neuroses." In other words, turning to Freud's well-known metaphor, they follow "la via de levare."

The expensive requirements of psychoanalytic training forced us to work within the limits of a bourgeois, capitalistic world in order to afford our professional education.

In Argentina, those psychoanalysts who have social concerns must work merely "for the fun of it," since they are not included in publicly paid systems. Their theoretical-clinical inquiries are limited to private consultation, and any participation in more social activities has to be postponed.

Those who had daily contact with Dr. Jorge García Badaracco as part of their clinical work when he was still alive could see that after the 1991 IPA Congress in Buenos Aires he began to use a different language than that which was common at his time and an extended metapsychology, involving a new way of looking at mental illnesses and their prognosis and cure.

Between 1960 and 1992, in the "Therapeutic Community on Multifamily Structures" (DITEM private clinic) multiple approaches were applied to psychoses and to the so-called "intractable patients." At that time, different varieties of family therapy spread widely in or near Buenos Aires city. García Badaracco supported the idea of including the whole family in therapy because, he said, it had been the environment in which the patient's illness occurred in the first place and was then a necessary element for it to be healed.

García Badaracco's view of patients radically changed psychoanalytic clinical work. The interchanges and interdependence of family members made it difficult to work with a patient without taking into account other members, seen not only as mere "objects" but as acting, living and alienating subjects. It was impossible to think in one "self" without considering the reciprocal action of human bonds in pathogenesis.

Those "others" who were present in ourselves taught us to think on the power of family fabric and on the fate of unresolved conflicts between generations.

From 1991 on, mutifamily psychoanalytic groups—or the "multis", as we used to call them—became open to a wider variety of therapeutic indications. Many professionals took interest in them and came to visit us so as to pry into what was done there. For psychoanalysts who had hospitalized patients, taking part in these sessions awoke complex emotional feelings.

I was able to verify that within the "multis", the same contents which had been split and disavowed by many patients in their bonding therapies were given a new meaning, thus corroborating García Badaracco's idea that the "multis" were an apt method to recapture the emotional life of a human being that had been split during his or her primitive development.

How these processes affect us, psychoanalysts, when touched directly by them? Is our ability for self-analysis enough to advance in working-through them? Wouldn't it be necessary to have a "multi" composed only of therapists?

The clinical workshops we often have after the "multis" are quite beneficial in theoretical-clinical terms. The atmosphere of harmony and emotional wellbeing, added to the enthusiasm provoked by theoretical advances and clinical improvements, are very important elements for the therapists' mental health, worthy to be considered when dealing with the scope of our aptitude to help patients.

All this made me value teamwork a lot. When working out together the patients' situations, there is ample space for creativity and discovery, which results in therapeutic effectiveness.

In his theoretical work, García Badaracco has dealt abundantly with the "open mind" phenomenon. Collective thinking allows to discover new mental spaces and resources which go beyond the limits of the individual.

I would like to refer here to two special phenomena. The first is the "emotional resonance." In his Introductory Lectures to Psychoanalysis, Freud (1915-167) describes it as the patient's response which, more than any other, confirms the effectiveness of our therapeutic interventions. It is the patient's affective reactions after any interpretation what validates the latter. The second phenomenon is less well known; I would call it "the emergence of thinking processes," meaning those processes evoked within the individual's mind by all that happens in the "multis." These processes are sometimes startling even to the subjects themselves. They are like meaningful insights, though seemingly not produced by any particular therapeutic intervention. Sometimes, we witness the passage from a concrete to a symbolic way of thinking. The subjects are astonished to have thought what they have thought.

I have seen these same processes at work in Abbas Kiarostami's films, especially the last one I saw, entitled Certified Copy (2010) (Copia certificada in Spanish). Some critics pointed out that Kiarostami's images often give rise to thoughts which are not contained in them, thoughts that are not suggested by the images but that trigger new mental processes which are completely unknown to the subject.

What is the contribution of mutifamily psychoanalytic groups to colleagues who have already finished their training? When psychoanalysts attend a "multi" for the first time, it is very likely that they reject and discredit what they witness there. However, when they may change their attitude and "give credit" to the emotional experience that may affect them, their involvement usually goes through some common stages. I will describe the latter, while admitting at the same time that these processes are always uniquely individual and opened to personal circumstances.

In their first group session many therapists feel compelled to talk. Probably, they need it as a psychical corroboration that they belong to a well-known environment. It is vital for them to reaffirm that their psychoanalytic resources are valid. If they choose to keep silent, they feel the typical awkwardness of people who are in a new place unknown to

them. If they may work over their silence, they will discover that their listening triggers many new inner processes, since to listen carefully means to let one be affected and emotionally resonate with that which is listened.

It also happens that newcomers state that they "don´t understand or feel anything," and wonder what they are doing there and if there was any need fot them to attend. They will go on coming to the sessions only if they may leave this personal storm behind and resolve this depersonalization crisis. Otherwise, it is quite possible that they will not.

In the week following a session, some fragments of it are often remembered associated to single unconnected occurrences. The newcomer's involvement in some person's suffering seems to have as an effect a deep unblocking of some aspects of his or her characteropathy. An apparently meaningless sensitiveness and emotionality emerge and the individual must learn to tolerate it. He or she is afraid to talk, as if his or her psychoanalytic neutrality and abstinence would have suffered a crisis. What in fact is happening is that the "analytical attitude" has enriched.

García Badaracco underlined the importance of what he called the analyst's "actual presence." Racamier (1983), in his work on schizophrenia, had already emphasized the psychotic patient's need of an actual presence. And before him, Sacha Nacht (1967) had stressed how essential was the analyst's actual presence in establishing a transference process able to carry on the analytical process to a good end.

In this same line, Isidoro Berenstein (2008) has rightly differentiated the analysts' "persona" from their "presence." For him, both patient and analyst—though more frequently the latter—take a role which is close to fiction, to the "mask," to the dramatis personae in that kind of theatrical representation that is the transference-countertransference. On that face one intends to find aspects of the projected objet. The patient's and the analyst's personae link one with another, and in this "person to person" relationshipthe analyst makes his or her classical interpretation.

On the other hand, the presence refers to "the evidence of the otherness imposed upon us, which is the result of power relations, of what we make each other. It is that unpredictable event that may, or may not, produce a novelty raising a problem that we must solve" (Berenstein, op. cit.) —not only, I would add, a meaning to be interpreted.

In every analitic session there are instances of interpretation of meaning and instances of imposed actions, where a subject imposes his or her presence and another one tries to give him or her a place he/she did not previously had.

In short, within person to person relationships in the analytic field there will be bonds marked by desire corresponding to the representational dimension and bonds marked by power through which the linked members' actions will affect one another.

In the multiperson field of the "multis," while the facilitators may interpret the living experiences that emerge, it is usually the patients themselves who do those interpretations. Therapists contribute their own meanings and constructions, but it is rather through their actual presence that they act.

The attendants to the "multis" quite appreciate and select these therapists' presences. They use to act as a safety net of experts who make us feel our own schotomizations and take notice of our dabbling in idle narcissistic pursuits.

The therapist's actual presence, such as we have described it above, is not only needed in the multifmily sessions. For a long time now, we analysts have been confronting the demand for that presence in clinical work, expressed through events in which the analyst's action is indispensable.

Critical human suffering situations taught us to listen from unconscious to unconscious. This kind of listening demands a particular empathic capacity leading us to make interventions that do not come from consciousness. Shouldn't we make use of this "unconscious tool" based on the experience gathered in working with these levels of the psyche?

Multifanily sessions are a training school for all those who want to assist patients and families who have a true lack of resources. There we are aware of conscious countertransference manifestations in order to understand what is latent, though we know they must be subjected to a deep working-through process.

The clinical work we do has taught us to take into account those regressive states in which "to rely on the other" means that we must be attentive and careful, and must offer a basically safe environment in order to develop a true analytical process.

The so-called "serious illnesses" have trained us to discover those circumstances—which may be present in all patients, even in merely neurotic ones—in which our actual presence and our ability to produce the relevant actions are absolutely necessary. In those moments, the therapist's mental functioning, his or her whole personality, his or her convictions and beliefs on the therapeutic process and the cure are at stake.

But no one of us is perfect: our interventions are sometimes fallible, and we must not only accept that we make mistakes but understand the fabric from which these mistakes derived. With this attitude, we open ourselves to "the novelty of discovery."

Childhood memories, regressive remembrances can appear which we are afraid to transmit such as they are… Will another "silence" prevail, based on the rule of confidentiality, or will we be encouraged to search for a different style of communication that does not make us feel haunted by our complete nakedness?

Psychical materials and occurrences derived from our life will frequently emerge, and we must learn what to do with all that. But not everything is the result of regression.

When we take off the corset of an analytical attitude derived from the principles of neutrality and abstinence that we have obeyed to the letter until then, we discover new possibilities for self-affirmation and for increasing our self-esteem.

I have come to realize that this new analytical attitude of involving myself in the singular and, at the same time, universal character of each personal problem led me to a more frequent use of the plural "we" when I talk.

There is always "an Other" to fulfill the working-through we are trying. Perhaps we will find it in our spouse or a qualified friend, or, such as now, in the reader of these words I felt the necessity to write here. The only possible, and desirable, thing is to begin again the inner dialogue with our "presences," those that take us to our "therapeutic process." This will allow the psychoanalysis to go on living inside us and making discoveries, and permit us to believe again in it because we have ascertained its usefulness for the patients we assist and for ourselves.

I wish I was able to transmit in this paper some changes taking place in a classic psychoanalyst's profile when doing multifamily analysis, specifically in what is called the "analytic superego," which limit the potential approaches psychoanalysis can offer.

Let us remember the social involvement Freud (1918) recommended in "New Ways of Psychoanalytical Therapy." We should adopt these mutations taking place in analytic theory and practice into our "way of being analysts".

The analyst's persona and presence are the result of an equation some of which aspects are difficult to define. They are the consequence of what we can do with our inner family and are reflected in a psychoanalytic technique which should be adapted to each therapist and each particular situation.

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