Transference. New perspectives in Multifamily Psychoanalysis Group clinical practice

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Abstract
According to the author in the Group of Psychoanalysis Multifamiliare, the encounter with the other can occur, finally, in the free form and mutual between therapist and patient: there is no longer any need to find the theoretical box in which to fit the patient. The GPMF is able to prevent the onset of pathological interdependencies and pathogenic between patients and therapists.

Keywords: transfers, counter-transference, bipersonal relationship, therapist's transfert, antidote

> "We have never pretended to have reached the summit of our knowledge or of our power, and now as before, we are willing to recognise the flaws in our knowledge, adding new elements to it and introducing into our methods any modifications which may lead to progress". S. Freud, "The Way of the Psychoanalytic Therapy" (1918). Complete Works, London 1966.
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> "Multifamily psychoanalysis is a new way of thinking and working in the field of mental health. Both theoretical and clinical psychoanalysis forms part of the foundations of this development. This particular "clinical presentation" does however offer a new vision of the nature of the aspects of the mind's functioning which are hard to observe in the field of bi-personal experience". J. García Badaracco, "Potencial del psicoanálisis multifamiliar" (2009). Interview with Norte de Salud Mental, Revista de Salud Mental y Psiquiatría Comunitaria. Vol. VIII, Nº 34, June 2009. Bilbao.

The purpose of this work is to present a series of considerations about transference based on the clinical experience in the MFPG (Multifamily Psychoanalysis Group). This approach includes theoretical and practical aspects which constitute a particular working method in this type of groups. Many contemporary psychoanalytic authors agree that all of the therapies which come within this field, whether individual, group, couples or family, are characterised by transference becoming the central issue of the clinical activity. Experience with the MFPG shows that this group is the natural and most suitable context for this work with all types of patients, and in particular with those with structural deficit, i.e. those patients characterised by J. García Badaracco as lacking egoic resources.

S. Freud ("Epilogue to Dora's case", 1895) considered that transference was a general, universal and spontaneous phenomena, i.e. a social phenomena, so much so that daily life gives a very clear picture of the transference processes in which we are immersed,

and the MFPG as a piece of this social reality (mini-society), allows us to observe how the transference process structures a multifamily psychological field.

As we know, psychoanalysis used transference as an instrument for researching and treating neurosis in the field of the bi-personal relationship. All recommendations on the rules which supported the framework, as well as neutrality and abstinence, pointed in favour of the appearance of the transference, but these imposed conditions in reality denaturalised it. Partial aspects appeared, to the detriment of others which remained hidden, and in turn weakened the complexity of the phenomena.

It was considered that every relationship was transferencial and that the psychoanalyst was a non-participating observer. This approach was based on the metaphor of the mirror. Some dared to differentiate the transferencial relationship from a more objective relationship. R. Sterba (1934) stressed that there was a dissociation of the ego which allowed for part of it, which was focused on reality, to reach an agreement with the analyst to observe and understand the other part, the instinctive and defensive. Later E. Zetzel (1956), who coined the phrase "therapeutic alliance", distinguished the neurosis of transfer, product of regression, from a part free from conflict, the healthy part which allowed the treatment to be carried out.

Since the beginning of psychoanalytic activity, many psychoanalysts were unsatisfied with the limitations of the theory and the method, in particular S. Ferenczi, R. Fairbairn, M. Balint, J. Bowlby and D. Winnicott in Europe; H. Sullivan, F. Fromm Reichman, H. Hartmann, H. Searles, T. French, F. Alexander and H. Kohut in the United States and E. Pichon Rivière and J. García Badaracco in Argentina, who all contributed towards enriched the theory and the practice. The aim was not to replace the psychoanalytic paradigm created by S. Freud, but rather to expand it, enrich it and to go deeper with new contributions in order to be able to report the challenges produced by the un-analysable pathologies in the theory and in the technique. As such psychoanalytical thought grew and was transformed, opening new paths and incorporating knowledge from other disciplines. The contributions from modern science, especially from Thomas Kuhn, Edgar Morín and Axel Honneth, helped to modify the established paradigm. The first of these, changed the notions of "objectivity" and of "fixed and neutral experience", showing that the neutral observer does not exist as he/she participates in the observation with his/her own values, premises and beliefs. The second opened the way for "complexity" and hyper-complexity" in the knowledge of that which is human, and the third looking at the way for the "recognition" of the other from the capitalist structures, including the family and arriving at the mother's intimate relationship with her baby.

The presence of the therapist and his/her subjectivity became increasingly relevant, as well as the inter-subjective space, given that psychological phenomena cannot be understood outside of this space and the psychical processes essentially take place not only inside the mind but are also inseparable from the social context from which they

emerge. On the other hand, the inter-subjective relationship requires recognition of the other as subject, i.e. as an independent and autonomous being as regards their thoughts, fantasies and necessities. Jessica Benjamín, basing herself on some thinkers from the Frankfurt School, argued that the other must be recognised as subject so that its self can experience its own subjectivity and thereby become therefore a person. Thomas Ogden (1998) considers that what differentiates the analytical experience from other inter-subjective relations, is the fact that both participants can create a new relationship based on the recognition of their own subjectivities, and as such he introduces the dimension of a "third analytic", a special inter-subjective space which makes the mutual experience radically new. Projective identification, due to its interpersonal nature, produces a transformation of the subjectivity of the receiver and of the projector, making every moment different and special, and this concept helps to explain the "third analytic" mentioned by this author. Alberto Eiguer, continuing with this development, indicated that many American psychoanalysts who adopt the inter-subjective trend (S. Mitchell, J. Benjamin, D. Stein, O. Renik and others) advocate within the scope of the analytic treatment a "bi-personal psychology", of which M. Balint (1964) was one of the precursors. On the other hand, some radical inter-subjectivists (R. Stolorow, G. Atwood and D. Orange), exclude the intra-psychical and only recognise in the psychotherapeutic work the inter-subjective product built by the patient and the therapist, and as such the transference loses the sense of the historic and the therapeutic relationship is limited to the interplay of the subjectivities.

In my opinion, the patient-therapist meeting produces a particular experiential field, made up of the mutual interaction. This relationship includes the historic nature of the transfer and makes it more complex with the introduction of the subjectivity of the therapist, who participates with his/her own history, i.e. his/her own transference. The intra-psychical and the interpersonal, although recognised as separate, are intimately related and are difficult to separate in the therapeutic work. We see therefore, how the participation of the therapist-person becomes increasingly more important. The metaphor of the mirror which helped to simplify the therapeutic relationship, disappears. J. García Badaracco noted in the therapeutic community and in the multifamily groups the intrinsic relationship between the internal and the external world, which leads to some of his meta-psychological proposals. He was also able to observe how the therapists participated and what type of responses was given to their interventions. The shared work allowed him to investigate this relational dimension.

The idea which has to be stressed is that every relationship is transferencial, not only because everything is transferencial in the patient, but rather because I also include the transference from the therapist. In other words, that the transferencial relationship is therefore bi-directional. In this way, the concept of counter-transfer is questioned, not because it is useless, but because it reduces the complexity of the transferencial field, as it only takes into account the transferencial impact of the patient on the therapist, excluding his/her transferencial reactions, related to his/her own history and way of

being. It is undeniable that the concept of counter-transfer was devised as the way of introducing the feelings aroused in the therapist in relation to the patient, in order to put them in the service of the treatment. The aim was to keep the uni-directional nature of the transference in order to maintain neutrality and abstinence and thereby avoid a more personal relationship which would contaminate the patient's transferencial process.

As mentioned above, by considering a field determined by both transfers, we increase the complexity of a phenomenon which was simplified with the presence of a non-participating observer. Here we all participate in a therapeutic experience, and we actively formulate its multifamily psychological field. On the other hand, following some authors who apply relational psychoanalysis, we say that the transfer is not only the repetition of the past, but is also a way of organising the experience in the present. We are talking about a past which is constantly updated and about a present which is permanently conditioning it. This leads us to think that the context of the experience also determines the characteristics of the transference which will be organised depending on what the person is experiencing at that time. This is why the therapeutic situation is important as it allows for the past to the recalled to a greater or lesser extent and at the same time organise the present in an unprecedented or repetitive manner. How do we deal with the complication of participating as people, i.e. with our own thoughts and feelings, which translates into acts and on the other hand, maintaining an emotional distance which allows us to apply our life knowledge in a suitable manner. Accepting an equal relationship, i.e. recognising the other in their subjectivity and in turn accepting that our own attitude is conditional on the other, would clarify the therapeutic relationship. J. García Badaracco said that listening and learning from the patient was better than applying knowledge. This is the best way to help and to help ourselves. Listening with respect, "not wanting to be right", allowing the other person to "take their time" in order to participate and tolerate the uncertainty of "not understanding", would allow for everyone to find their own responses to the situation which they are suffering. This does not mean interpreting from preconceived knowledge, but rather encouraging a sharing and extensive conversation which allows for investigation into "the best that everyone has to offer", which will lead to a non-transferable existential experience. This situation covers all of the participants including the therapists. Accepting that our transference also determines the therapeutic field makes us more humble and cautious, favouring the relationship with the patient and creating a trusting and more secure emotional atmosphere.

However, if human beings are essential social beings and our internal world is made up of interdependence internalised over our life time, the MFPG becomes the most suitable method for observing that relational world by deploying transference and also encouraging the experience of more healthy relations in the order of recognition, which allow for aspects to be recovered related to growth and development which were generally hidden by the emotional intensity of the transference expressed through

complaints, reproaches and actions. In his reflection on the so-called "healthy virtuality" J. García Badaracco opened new ground in the research on transferencial complexity. Psychoanalytical authors have characterised transference by indicting its different aspects, the psychopathology: neurotic, delirious, psychotic, narcissist, perverse, psychopathic, etc., the nature of the conflict: early, pre-oedipal, oedipal, etc., the predominant feelings: loving, erotic, aggressive, etc., the structure of the psychic apparatus: idealised, speculative, of the unrepresented, of the negative, etc. Few authors referred to the potentially healthy aspects which also appear in the transference, as stated by J. García Badaracco, "developing the healthy in order to be able to cure that which is sick", here I have the nature of our therapeutic activity. The MFPG is the ideal place where the participants can perform a multi-personal psychoanalytic process and an individual therapeutic process.

The work with the MFPG has made us develop a more natural and flexible framework where the transference comes into its own. Natural because social relations are based on recognising the other, are shown in their authenticity, and flexible because the framework corresponds to an open group where the participants are not subject to the commitment to attend and are governed by minimum rules: place, day and time. It is adapted to the patient's needs, unlike the traditional frameworks where the patient has to adapt to procedures which distort their spontaneous and authentic participation. The capacity of availability, attendance and contention will create an emotional climate of safety and trust which will facilitate "thinking together the unthinkable" and "living together the impossible", paraphrasing André Green. This unprecedented situation will allow for the appearance of the transference in all its plenitude. Multiple transference given that all of the participants make up a psychological field with a multi-family and "disperse transference" structure, which is a description which I used in my 1990 work, basing myself on the optic, to refer to the process how the transference is distributed amongst the members of the group, reducing the intensity of the emotional load and allowing for more a effective process. The MFG would act as a prism which separates the different primary colours from a beam of light, with each one maintaining its particular nature. As such, such reduction of the emotional intensity allows for the emergence of the deepest aspects of the transference, related to the need for personality growth and development.

Having considered the transference in the relational context, we cannot separate it from the action provoked and the response which it provokes. Here the projective identification as interpersonal mechanism again comes into play. Hence in the clinical work, following J. García Badaracco, we use the concept of interdependence because it more precisely expresses the relations between the people. It includes an unconscious dimension of the relationship which is shown through the transference and an interactional dimension which corresponds to the reciprocal action by one on another and which is perpetuated in a cycle of transference-action which generally constitutes the essence of the pathological interdependence. In a previous work (N. Mascaró and

C. Maruottolo) we characterised interdependence by the reciprocal action by some on the others and the real and current socio-cultural circumstances which have a permanent impact on the life of the people. Leaving two-way transference as the unconscious core of the interdependence and action as its expression. We consider that this situation is particularly relevant in the therapeutic relationship, as argued by many authors and in particular Mª Elisa Mitre in her 2003 work, "Las interdependencias recíprocas". In this work the author, following the ideas of J. García Badaracco, tackles narcissistic pathologies from a perspective which coincides with the above premises, where the therapist must offer themselves as a real person in a relationship of equality and reciprocity which includes respect, sincerity, authenticity and above all empathy which will allow them to be identified with the suffering of the other. This will lead to a real relationship which allows the patient to feel that, perhaps for the first time, they can rely on somebody. In this work she also deals with the difficulties encountered in handling psychotic transference and testing the therapist through their counter-transference, which often generates a pathogenic interdependence in which both become trapped.

The transference-transference relationship must be studied within the complexity of the reciprocal interdependences. The ease with which as therapists we fall into this type of pathogenic interdependences, has its antidote in the MFPG, given that the capacity of contention is not only beneficial for the patients and relatives, but also for the therapists, who find in it the way to distance themselves from their own difficulties. We know that the interpretation often arises as a defence against the therapist's own anxieties, the presence of the others, including their colleagues, and will also contribute towards rescuing it from the pathogenic interdependences which occur in the transferencial phase.

The idea which I try to transmit is that the way of dealing with our transference in the therapeutic relationship, is recognising the other as a person who has a particular story which makes them behave in a certain manner and who meets with another person, the therapist, who has his/her own story and that that conjunction will suggest the possibility of a psychical change or not. When the therapist functions empathically, they identify with the suffering of the other and do not need to impose their approaches, i.e. they do not need to be right, and as such a psychological field will be generated which will allow for the transference to be used in its entirety and complexity, leading to the essential need for development which was interfered by pathogenic interdependences and which shows what J. García Badaracco profoundly referred to as "healthy virtuality". "Rescuing the healthy to cure the sick". This is the model of our therapeutic method.

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