Multifamily Psychoanalysis

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Abstract

In this short article, the author proposes a reflection about the essence of Multifamily Psychoanalysis: examining what happens between people, in particular between two or more people that experience a symbiotic bound, to see if it is possible to introduce changes. Through a clinical example, an hypothesis is formulated about the way serious mental pathology originates and is structured.

Keywords: symbiosis, confusion, identity, feelings.

Jorge Garcia Badaracco (JGB) proposed that the simultaneous presence of many families, including patients and many operators, even of different training levels and work experience, would be the most natural place to see pathological and health mechanisms, that is to say the whole human being.

Accustomed to consider the pathology at individual, groupal, couple and family level, this statement may be dissonant.

In fact, Multifamily Psychoanalysis rotates the observational-interactive field of 180 degrees and proposes to take into consideration the way inter- and intra-subjective communication occurs, from a point of view of which one cannot get an idea if not by regularly participating in many meetings of such a group.

After all, this kind of meeting is not very different from the one that could have been held in a village, where many families, who had a sufferance problem expressed by one of their members, had taken the initiative to confront and to help each other.

The small community of families, which began to meet at the Borda Psychiatric Hospital in Buenos Aires at the end of the 1960s, following the invitation of the head of the department (JGB), to assess whether any of the patients of the Psychiatric Hospital could be discharged and return home, was very perplexed about the invitation they had received. On the other hand, the group began to be interested in the idea that someone considered insane and irrecoverable might have been improved; maybe not enough to go home, but still better than before.

The members of the gathered families began to constitute a place of particular importance for the study of interhuman relations. That context offered the opportunity of a participated observation to the unfolding of a series of events that gave rise to a way of thinking "not only of mental pathology but of the mental" (JGB, an interview released to myself, in May 2005 in Rome), from which Multifamily Psychoanalysis gradually originated.

The first and most important of these events was the observation that the pathological children, considered until then completely different from themselves by their parents, appeared instead to be very similar to at least one of the two parents, if not both.

When it was possible to observe together many symbiotic couples, it became clear that the symbiosis was not a theoretical hypothesis but something very concrete which, once it started manifesting went on, inexorably, for the whole life (Freud's famous "compulsion to repeat").
The symbiotic couples, present in each of the participating families, since they were the families of patients mostly diagnosed as schizophrenic and hospitalized for many years, clearly showed how they were made up: there was an adult member, a parent and one of the next generation, a son, who appeared to be a "caricature" of that father or mother who, until then, had thought and described him as completely different from himself, inexplicably different from himself. Now, instead, he suddenly appeared very similar to one of the two parents, as if he had tried to resemble him without succeeding.
This observation changes the way of thinking about serious mental illness: it is no longer an inexplicable fact that happens, for some reason, to a person, but it is a process that is built between two people: the older one, who should be able to progressively separate himself from his son, at a particular moment of his life, is unable to do so and the younger one is unable to grow up and identify himself. Consequently, they both remain prisoners of a bond that possesses them and that will not let them leave each other for the rest of their lives. Schizophrenia and, more generally, psychosis, becomes a problem that affects two people at least and not one. We can cure it only if we can "see" the symbiosis in action, if we learn to deal with it; above all, we have to build a situation where the actors who compose the symbiosis can gradually become aware of the situation in which they find themselves and, finally, if they are convinced that it is not said that what they had experienced, until that moment, is the only way they can live, as they had always thought until they met Multifamily Psychoanalysis.
Putting a person in the condition to think for himself, without the thought being constantly preceded by thinking about how the other will take it, which is not another person but a part of themselves.
The mystery of the symbiosis, and how important it is to learn how to deal with, is the most delicate issue to focus on. It is a form of relationship so different from that to which an average neurotic person is accustomed to that the automatic reaction to which operators are subjected, beyond their awareness, is to stop taking into account that there is a link between two people and to go back thinking that they are dealing with two different persons.
Vice versa, we must learn to respect the existence of the symbiosis and to wait until two people, due to different but common problems, are able to separate from each other and to start thinking with their head.
For a long time, this event cannot happen and we must learn to live with it, even if it is frustrating to admit that it was not enough to make it clear, on our part and, above all, on the part of the group as a whole, how two people who have renounced their individuality are living, how much this makes them not being themselves.

In reality, living in symbiosis is very reassuring both for those who are used to live in symbiosis since they were born and, therefore, do not even know how to live differently, and for those who are the bearer of a mourning or an unprocessed trauma, from which they had to "defend themselves" by deploying unconscious defense mechanisms of such an intensity that they turn out to be self-mutilating: both cannot even hypothesize that life could be lived in a form of relationship different from the one they have experienced since that child was born. These almost indissoluble bonds are formed based on dramatic experiences, which bring into play the same psychic survival as those involved.

Giuseppina, the so-called designated patient, i.e. the one who appeared to be the only bearer of the problem, during a session of a group of multifamily psychoanalysis, held once every fortnight at the Italian Laboratory of Multifamily Psychoanalysis (Lipsim), told how her paternal grandfather, when she met him, when she was little, communicated her, in the sense that he gave her the feeling that he did not want her to be there.

A clear, unequivocal communication, as if to say that her presence, her existence was a problem for him. Perhaps, one would think, that the existence of his father, of whom she was the clearest expression, was not well recognized as evident. The patient, after this dramatic statement, adds, as if it were the most obvious thing, that she had spent her whole life trying to "build" her father.

I think that these two passages can be taken as an example of how we can hypothesize the "pathological and pathogenic interdependencies between a parent and a child, in this case, a daughter: a parent has not been recognized as worthy to live his own life by his parent, the grandfather; the daughter perceives this problem of the parent, in this case the father, as if it was her own, i.e. within a symbiotic bond, in which she cannot know what is hers and what is of the other, because what happens is common and she organizes her life so to help the parent from whom she could not differentiate herself, the father. ("I have always thought about building my father"). After that, she cannot think about herself and doesn't stop thinking about herself, because she doesn't even know what it means to think about herself separately from the father and spends her life doing so.

This example can help us to reorient the kind of research we can have in mind when we are faced with situations of this kind.

The question could be: to what emotional-affective emergency of the parent did the patient feel the need to devote all of himself, to the point of forgetting the need to take care of the development of his or her own life or not being able to identify this as the most pressing problem to deal with? That is, he was not able to distinguish himself from the other on that occasion and he continued to do so from then on?

This suggests that we should take it for granted that the problem arises in the parent. It can be a grief that cannot be processed or a trauma that cannot be approached in any way, of which the parent can rarely be aware or completely unaware, as is generally the case because these are splitted and dissociated experiences. The facts

have been rendered unlived by denial and there is no trace of them in the parent's mind.
The child, the future patient, in fact, never knows why he or she is ill, he or she cannot know something about his or her parent, which he or she discarded to make his or her mind survive.
During the aforesaid session, Giuseppina's father continued: "But it is not true that my father did not love Giuseppina. When we visited him, she helped her grandmother to cook for fifty people. He had eleven children and a lot of grandchildren and he loved everyone".
Summing up, the question we should ask ourselves is: in relation to what, which the patient does not know, but which concerns the parent, to whom he is inextricably linked and of which the latter is even less aware, has the patient gave up differentiating himself from the parent and remained linked to him for the rest of his life? The answer cannot come from someone, for example from the parent, i.e. it cannot be the result of conscious research, but it can emerge suddenly from some group dynamics, if the latter can proceed by free association, through the use of the primary process, as well as through the use of the secondary one, rational and more usual functioning of the participants' minds.
It is a bit as if we had to be aware that our task is to create a situation in which something can emerge, that is something that is not there, that is not perceptible, except through hallucinations and/or delusions, but that can be "retrieved" from the drawer of a closet that, both, closet and drawer, we had forgotten we had.
I think that the group of multifamily psychoanalysis has in itself this extraordinary possibility: to make pieces of someone's life re-emerge, usually, a parent, who hidden them to himself because they were so painful to live, to have forced him to this maneuver, but whose emotional-affective intensity had made the child feel them as his own as well as others or, perhaps, his own and others' together, in an indistinguishable form.
So the work of the multi-family psychoanalyst consists in the creation of a potential space in which from each of the participants, suddenly, without any logical connection or with a logical connection to the topics and/or issues under discussion, painful and disconcerting aspects of their lives can emerge, in a very similar way to what can happen in a bi-personal, groupal, couple and family psychotherapeutic analysis or treatment.
Let us say that, perhaps, in the beginning, especially in serious situations, the group is the most natural place where suffering and non-suffering, in short, human nature, can manifest itself. Perhaps we should think of mental suffering as something ungrateful among people who particularly love each other, who feel the other as necessary to survive. Probably, contrarily to what one thinks, this is felt more by the older one of the couple than by the younger one, even if it is not easy to admit to oneself that this is the case.

Once again, the question re-emerges: what comes first in psychosis? Transference of countertransference? Who is more motivated? The therapist or the patient, the parent or the child? Who feels the other person more necessary to himself?
We must be aware that we have very strong needs within us to participate in groups, for our problems, that we must have the strength to recognize and deal with, both in the group and with a specific, personal treatment.
And here the group is configured as an extraordinary instrument of perennial personal transformation. You can participate in groups for many years in a row.
I have entered my twenty-third year of working with the group and, through the group, of working with me. For many years I did not realize that the group acted on me and, above all, how much it acted. Then, with time, I realized it and that feeling of deep humility that always manifests itself, within me, before starting any group, has turned into the constant figure of my attitude towards the group, which made me better understand what JGB meant when, before the group, he said: "Vamos ad apprendnder".

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