

The emotional climate: the process of building it and contribution to change

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Abstract

The authors present clinical considerations rooted on their experiences in multi-family groups. They address the issue of the construction of an emotional climate and environment promoting the work of the group. The emotional climate also supports the functions of the co-therapists and of therapy itself, it maintains attention to emotional experiences and to the climate of respect and solidarity, as well as to the relationship between the internal and shared external reality.

Keywords: multi-family groups, emotional climate, co-therapy, violence, psychoanalysis

Introduction

Multifamily groups represent the most sophisticated therapeutic tool to promote and accompany a therapeutic process. Patients with severe mental disorders (as well as those not so seriously ill) must develop a therapeutic process through which implementing a number of changes, not just mere modifications, to abandon a state of intense mental suffering and acquire and develop the True Self in order to reach a human condition. In severe patients the construction of the self is very complex and depends on many factors. The Self of these patients is diluted within a framework of identity organized by pathogenic addictions, physical and emotional, with their familiar environment. These "pathogenic" dependencies foster a Self as structured as "an object of another" that patients need for their emotional survival. With this basic structure of the self, these patients "expect" a ransom to come through emotional encounters with others, which could structure and develop their self. Spitz (...) suggested that the first organizer in the mental life of a child is the emotional encounter. These dependencies give rise to pathogenic states of interdependence blocking the growth not only of the people involved in these bonds of mutual emotional need, but they also damage the relationship and its structure, making it toxic and harmful. Healthy emotional dependencies are those that allow the healthy development of individual and relational people. The construction and maintenance of healthy emotional relationships will serve the needs of both members of the dyadic exchange, constituting a key for the organising of relations and for the growth of the self, and the development of the relationship.

For this reason, the core of the therapeutic process for these patients will be to address the "type of harmful emotional relationships", expression of pathogenic interdependencies among family members. In fact, these maladaptive bonds may impede the development of the self of the patient.

The multifamily group

The resource best suiting this central core of the therapeutic process is the Multifamily Group. It is a gathering of families and patients whose premise is to share and deal with the difficulties that exist in the family when one or more members suffer from a mental illness. The presence of several families, together with the therapeutic equipe, constructs a very large relational field in which it is possible to distribute, live, re-live and above all to think, a whole range of emotional experiences that are the basis of pathogenic relationships and that keep members in self-perpetuating states of dependence and intense suffering.

The large relational field in Multifamily Groups is linked to the many types of identification and possible ties between members. The possibility of multiple identifications allows exiting from the former identification of closed subgroups that every damaged family build among its members in facing the environment. Thus, different family members can identify with other people of other families with whom they create immediate empathy because of the similarity of emotional moments and experiences, but especially for the roles that they play in the group. We will here deal with a series of "losses" and in different sessions participants would "separate" from their family to meet with other members of other families, in order to acquire new relational experiences. That is, the process through which, an opportunity is created to observe the members of one's own family from a distance, and feel and think about what is going on.

So the members of the group can verify that they are capable of thinking, find solutions to the pathological dependence on their family but without abandoning it, also because they can observe other members of their family finding other people in the group with whom to identify and find support. This new possibility creates an opportunity for the development of a network of security and open subsets (so that every family will not remain trapped in itself) to a psychological field of unusual size that allows new forms of thinking and understanding the pathogenic phenomena linked to the relational sufferings of the family and the psychological effects that these latter produce in everyone.

The families with seriously mental ill members, who sustained traumatic events, are characterized by a climate of distrust that can lead to shame and build family secrets. It is necessary that secrets, traumatic situations and faults caused by all this have a space in which to express themselves, to turn off the destructive and pathogenic potential.

These families can open to others through a shared emotional climate generating in the group, where they can observe in other families the same pathogenic phenomena that characterize theirs.

We think that the emotional climate is the most important aspect that allows all patients of the session to feel "recognized".

Emotional Climate

The emotional climate can be defined as a shared environmental state, built with the cooperation of all the participants from a sincere willingness, facilitating a sense of belonging and understanding, of emotional closeness to the events in that specific moment.

The emotional environment is essential throughout the maturation process that a patient must traverse from the phase of maximum dependence up to the achievement of degrees of independence that allow him to come to a constructive life for himself and with others. This emotional environment must be facilitative, as Winnicott conceptualizes (...), in order for this development to be achieved.

The emotional environment is built by the mother, in the early stages of life. It really depends on her and on the environment that she is able to maintain to respond appropriately to different relational needs that the child will request her.

The emotional environment that the mother is capable of building, allows the child to consolidate the achievement of the depressive position. This process (in all its phases until the child reaches this position) allows the baby to pass from the primary narcissism, treating the mother as an undifferentiated object of possession, to a state in which he will use the mother as a separated object. The achievement of this position will allow the child to destroy the mother and prove that the mother survives to his destructive attacks. Thus, the destructive omnipotence will get a response from the environment and that will establish limits. This will allow the child continue using the mother and her resources, accompanying him in the management of the different emotional impulses that he will have to experiment in order to use them as constitutive of his true self. In serious mental illness, the transition from the mother-environment to the mother used for the discovery of external reality, stops at some stage, producing as a result various mental disorders. This transition must also occur together with other child's emotional maturations, necessary to participate in this external reality.

So the patients with the most narcissistic personalities components (psychotic, schizoid, obsessive, borderline, etc.) are still in a stage where the environment of the relationship between mother and child was not built to facilitate the exit from an objective non-differentiation and interdependence, being trapped in a pathological symbiosis and interdependence. In this way, the mother cannot be used rooting on a healthy symbiosis.

The therapeutic process should be based on the development of the emotional climate that allows the creation of new relationships between the parties involved in the pathological symbiosis.

The emotional climate is the basis for any therapeutic relationship, but it is much more complex and critical when it is built rooting on the therapeutic experiences of the group, and especially when in large groups as in multifamily groups.

The climate build depends on the development of trust (both damaged in the seriously mentally ill and priority for a good therapeutic process) and the opening of the relational world among the members of the families to be able to do some work on those interdependencies that affect the mental and relational life.

The emotions constitute the core of human relationships and allow us understand the individual and collective behaviours.

We can define emotions as relational bonds, not only as individual feelings, giving rise to the existence of collective emotions that are reflected as atmosphere and emotional climate in the group.

The emotions root on personal experiences of one's own self and these go beyond the perceptions of the emotions that are captured by the environment, composed by his family group and social group.

Construction Of Emotional Climate

The construction of the emotional climate must be directed towards the creation of a space for experiences that allow relieve those painful events that generate the main obstacle to change. The emotional climate must be built starting from the beliefs, i.e. the way in which mental pathology is intended and the processes of change that must occur to exit the pathogenic processes.

This belief will lead us to the development of a therapeutic attitude that will allow us to think about the relational events that occur in the group, taking into account the whole range of fundamental principles such as listening, perception and involvement developed towards emotions and their expressions in the context of the session.

Co-therapy is fundamental for the realization of this attitude between two or more people who form part of a therapeutic team. In order for the co-therapy to have the desired effects it would be essential that the members share beliefs with respect to health and mental illness and have the same understanding of the relational phenomena that occur. They should also demonstrate attention to complementarity.

Co-therapy is a mental relationship among its members, a space in which to think and feel accompanied to be able to put things in doubt; it is not only a working relationship.

In this mental relation, the other co-therapist must be trusted, credible and safe, to allow the function of the co-therapy generate the necessary climate among the participants.

A good understanding among the team members with respect to their emotional situations helps the exercise of co-therapy. All this is important because both the family and the patients seek the limits and the strength of the members involved in the process, and they need to appreciate the consistency of the environment to start using it. The emotional situations in multifamily Groups have great power and they can crack and split the co-therapeutic relationship, if it is not solid.

Both the therapeutic attitude and the co-therapy allow us to develop the fundamental aspect of Interpretation Capacity. We mean that the answers come from the therapist's empathic understanding of the emotional moment that he is experimenting with a particular patient. In general, responses are non-verbal, and this lead us to put a hand on the shoulder of the patient or lead us to take his hand participating in what they say about other people, knowing that somehow that topic is addressing them or asking them to sit at our side when feeling that helplessness that they are living. A look, a smile, an accomplice gesture will constitute responses to those members of the group who are most vulnerable.

From the way we act it is possible to interpret that the person is in need of resources to get out of situations that would be regressive.

It will be necessary to develop a respect for the TIME AND THE RHYTHM OF EVERY PERSON to carry out his job. In the process you have to get to the internal timing, at the time of the unconscious where they remained in the silence of the traumatic events that have not been redeemed and that are revived rather than being remembered in every traumatic moment.

This time is timeless so it is unlikely that the chronological time would be a reference to follow. Therefore it is very important to be able to give ourselves the time and the internal confidence sufficient to remain in silence, sometimes.

The creation of a climate of solidarity in which there are all ways of thinking will be critical to get the emotional climate.

We create the climate of solidarity with our own actions, and these reveal what we think about what we want to accomplish. For this reason our SINCERITY and AUTHENTICITY are important and an emotional commitment is fundamental to talk with the patients and not to them. This attitude of attentive dialogue contains the sense that each one can create an environment where all come in the same way, cutting away the sick-healthy, healthy-crazy, cute-dumb quarreller.

This solidarity will make participants' communication easier in a greatly constructive and creative dialogue.

Another important issue for the construction of the emotional climate is CREATIVITY and we can use it while experiencing our clinical interventions. It contributes to the

creation of the climate, right from the start of the session. It is very important to start with a personal spontaneous intervention, welcoming new participants, as an introduction.

In this presentation, the sense that interfamily meetings have for the therapeutic process is progressively included.

We should tell, in an understandable way, what is our understanding of their suffering according to relational problems they live. The rules governing the group will be explained, and the sense of the meetings, but always in a different way, letting us take what arise from the basic themes that are necessary to know as a way to belong.

Thus, the climate of persecution would be lighter. This heavy climate is usual when a group starts and above all when the group is composed of many members. It also supplies permanent members of the group a review of their moment in comparison with when they started.

In this introduction we must define the group in the cultural context in which we are creating the clinical experience. For example, the moment of year (Christmas, Easter, Summer) and social events, for example, of a political and cultural climate that are forming part of the emotional relationships.

The use of the social context and the effects they cause on the community will help us to reframe, or enrich and revise the phenomena that occur in different contexts, such as the Multifamily group, to think them over, in order to translate this context to "yesterday" when patients have experienced traumatic situations that have left damage and destruction to those who have participated in these traumatic experiences.

This reframing is a technical aspect that will allow us to REPRESENT members the lived experiences by removing the identities of the characters in which they take shelter, including their parents. BE A PARENT may be considered as a CHARACTER when this role is dissociated from the personal issues, in stereotypical roles.

The parental role, thus exerted, generates levels of obligation and guilt that lead to harmful and compulsive repetitions.

One of the best contributions to the construction of the emotional climate will be the work that we carry out with their parents rooting on our empathy for their difficulties (insecurity, helplessness, loneliness, etc.) for which the parents passed and still pass the accompaniment during the emotional growth of children.

This empathic proximity aims to absolve and reassure parents. So that they can feel accompanied and not criticized, contained in their persecutory anxieties.

When guilt is removed from the framework, parents will be able to start a desalinating dialogue with their children, and vice versa, something that until then neither one nor the other could acquire.

The required presence (internal and external) of children for their parents and parents for their children prevents them from listening and thinking. One of the fundamental aspects of thinking is the ability of listening; listening, in these relationships laden with guilt and blame, is not possible.

Taking away guilt contributes to the creation of an emotional climate, creating a new form of communication that allows this interaction to be achieved between human beings and taking into account the difficulties they experience when they stop being themselves to fulfil the FUNCTION OF CHILDREN and THE FUNCTION OF PARENTS.

When we can help them understand that WE ARE ALL CHILDREN, the process of removing guilt is easier, contributing to equality and solidarity.

Another important aspect in the construction of the emotional climate is UNDERSTANDING THE SENSE THAT WE GIVE TO VIOLENCE. We can define violence as the expression of abandonment, loneliness, helplessness and vulnerability in facing significant losses during life.

This way of understanding violence, not in terms of bad and evil people but as people who have been hurt and therefore badly damaged, will contribute to the human understanding toward the aspects that most influence the relationship with severe mental patients, that is violence and insanity.

The theme of violence is a complex topic, but it is the aspect that most crashes relationships and therapeutic relationships, and that is most (consciously or subconsciously) avoided. As therapists, we too suffer this fear, and this will be misleading of other topics such as envy, resentment, primitive hatred fostering intellectualization, jokes, trivialization of the object in order to prevent the emergence of violent contents.

The damage will be expressed through the construction of a climate of security and protection based on the need to express, through violence, conflicts and experiences. The violence expressed, however, is not intended to destruct but to express the damage.

The large group context generates the climate of security that permits to deal with the violence, the presence in the group of people who have had experiences of violence and who have redeemed or are in the process of doing so, and basically the work of the co-therapy, safety and support that allows reciprocal support in co-therapy, reducing rigidity, fear and insecurity of the therapeutic team.

Another important aspect for the construction of the emotional climate is the feeling of being able to help patients and their families. This sentiment must be for us a creative and experiential gesture that allows us discover new aspects of what is going on, enriching our ability to think, understand and relate to the inner world of each patient.

Emotional Climate: A Contribution To Change

The psychoanalytic treatment has taught us that the patient can make conscious the unconscious through our interpretations. Thus, the patient can take charge of his unconscious and his defenses, being real owner of his mind at last.

However, we have seen that for severe patients this is not only very difficult to do but being aware of one's own mind is not enough to stop obeying others and not be at the disposal of their evolutionary needs.

First of all, it is important to prepare the mind and the Ego of the person to receive the contents of the unconscious, which are there, and this content will have a series of transformations in order to liberate from pathogenic power.

The pathogenic power lies in being helpless when patients' traumatic situations occur. The combination of "traumatic experiences" – of "feeling mentally helpless" (without mental resources) and their repetition over time are the reason why the experiences acquire a pathogenic power.

These experiences are always "primitive emotional experiences", lived in relationship with people from whom we emotionally depend. This sort of relation hurts us, because others are not able to accompany our moment of helplessness.

Many times the primitive faults leave the mind in a state of lack of defense and reliving these faults, as in the relationship with the family, lead to convert relationships into pathogenic bonds, since these faults will hide in the unconscious and be painful.

In a session of multifamily group, a patient had a violent reaction against his mother because she blamed him stating that he had been killing his grandmother for 4 months.

The unconscious of this boy had many faults to the family with respect to a long history full of crimes subsequent to lack of impulses control. This led him to a residential prison for children from which he had recently come out. Remembering, behind every experience of violence, as his grandmother was disgusted of him, his mother's angry accusation, the disgust that violence caused him, and the grandmother's death caused by a heart attack, all these activated primitive guilt. And this led him to react with violence when he approached the consciousness of his feelings having to bear, helpless, these unbearable feelings.

The power of sin makes the relationship and the constructive dialogue between the members of the family impossible. And it is necessary to build a climate in which the appearance of persecution and guilt annihilating relieves and leave room for the underpinning feelings. This will allow the treatment of them in this environment.

The therapeutic process is not achieved by turning the unconscious into conscious. This knowledge reaches a cognitive and intellectual level but produces no change.

The changes occur when knowledge is at an emotional level, moving the emotional structures to make room for an emotional meeting that will constitute what really redeems and repairs.

The change will be based on emotional encounter of another level, which will dissolve the harmful component of failed emotional meeting experienced when the patient was helpless.

This encounter will be based on a certain emotional climate that will allow its creation through dialogue with the authentic parts of the meeting.

The emotional climate will facilitate the breakdown of toxic dialogues that generate violence and that render the listening impossible. These toxic dialogues use projective identification, and this causes another projective identification as a response.

This was the kind of dialogue held in the history of communication between the patient and his family.

The construction of a good emotional climate will permit families to find support in other members of the group, and to approach past harmful events, that are still pathogenic and actively supporting the emotional interdependences. This process will allow a better access to the unconscious and facilitate its expression.

The emotional climate is critical to redeem the human aspects of the pathological family plots. These human issues have never come to light because there was not an environment that gave room to the authentic features of each person, who is trapped in a defensive way of living.

This allows patient's thinking functioning regain humanity, modifying the pathogenic mode of understanding, which led these people to be labelled as unrecognized and strange, due to a mental condition that, for its complexity, is classified as incurable.

The therapeutic function consists in creating the necessary climate of psychological safety, so that every person or every group has the "moment" to express his truth. The truth lies in the aspects of sincerity and authenticity as a compromise established with topics and people.

The psychological change that occurs in the consequent climate must firstly be emotional and then mental. Multifamily group can powerfully promote the emotional climate, since it opens up more mental spaces and has greater storage capacity.

The change that occurs through an experience of emotional reconciliation (for example, the first sincere embrace with a father or a mother) leads not only to feel loved but also to feel the great need everyone has of being loved.

And this is the more true after assaulting parents (internally or externally), because, starting from being loved, the patient may develop a feeling of loving both present parents and those of his childhood.

Key Issues For The Emotional Climate

Therapeutic attitude. 2 – Theoretical framework of illness and mental health. 3 - Ability to reframe traumatic phenomena. 4 - Work of co-therapy. 5 - Ability to accompany and eliminate the faults we attribute to parents. 6 - Our ability to emotionally compromise us.

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