

Parents and therapists as co-authors of children's mental health in the Gin-Gap groupal technique

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Abstract

For its members the family is a mixture of both health and illness and children are the carriers of this either at a manifest or at a latent level.

In this paper we are going to resume one of the developments we had in the psychotherapeutic Gin-Gap method's theory and technique. Method in which the children's and the parents' therapeutic and groupal work took place in parallel. We are going to report about our participation as staff experts and supervisors in a Clinic that takes care of the community which depends from the Autonomous University De Quertaro that is in the suburbs. Our work mainly used the Gin-Gap method with community's children and parents.

Keywords: parents, mental health, group, children, adolescents

The abbreviations Gin-Gap are for "Grupo Infantil Natural" and "Grupo Analitico de Padres" (Infantile Natural Group and Analytic Group of Parents).

The Gin theoretical-technical structure is based on the assumption that in a therapeutic setting where there are no toys and in which there is a certain isolation, the only presence of a group of children in the company of two co-therapists -a man and a woman- will stimulate each child to reproduce his original circumstances of development and conflict. The therapeutic process gains its meaning from the moment in which the two therapists can distinguish, from the children's behaviour set down on the groupal screen, their conflictual object bonds and their characteristics.

The Gin method's development materialized by optimizing its procedure and its results.¹ At the beginning it has been programmed as an experimental method used in private consultations. (Gin 0). In the therapeutic cycle we built up experiences that permitted the construction of a technical structure which was appropriate for clinical discoveries that came out from the original theoretical assumption. It has then been possible to plan a methodological hypothesis of groupal interaction because these groupal dynamics came up one after the other during the year: conflict realization, capacity of reflecting and reparation. These three dimensions were visible in each session.

These criteria set the Gin technical base that permitted to introduce it in psychotherapeutic institutions that served the community and permitted its teaching. In this way, trying to improve this model we built four models. We called the last one Gin 4 and it appeared the most operational one.

In Gin 4 we included directions for the patients' selection, for the best grouping, for the age and for the group's diagnostic profile. Gin 4 also contains procedures that

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assure the children's security and other aspects which are specific of our work. An example is the kind of interpretation that we will call "marginal", which tries to solve the infantile group's resistance coalitions. We then clarified the interpretative intentions during three different times of the session's work which, even if in a counter-transference context, have different goals both in the individual that in the group.

The "Gin- effect" has so well been defined that it consists in a progressive and spontaneous dominance of the session's phase in which it is possible thinking and reflecting.

With some changes Gin 4 becomes a method which is applicable not only for latency children but also for pre-school and puberal age. This method is actually applied in different areas of the Mexican Republic, particularly in zones with low income.

The therapeutic work with parents, and with children, transformed from Gin 0 to Gin 4 where it gained its definitive shape.

At the beginning we experimented individual therapy or a group with parents, to whom was suggested a therapy for taking their children on their selves. Afterwards we worked with parents in an enormous group called "Mamut"² in which the whole family was involved. The Gap "Grupo Analitico de Padres"³ (Analytical Group of Parents) was also organized. In its procedures the Gap method contains an integration of a genogram for each child, so that it is possible determining the family's general organization and its generation vectors of health and illness.

Our base assumption is that the object scenario that composes each family member's mental life influences and is influenced by the other members, furthermore children and teenagers are influenced with such strength that their mental structures in formation are oriented.

We consider that the rational and emotional communication in between family members is realized through projective identifications, that are constantly assimilated from children and become part of their mental structures. This procedure produces experiential guide lines, behaviour vectors, which are conflictual or healthy and that are specular to the adult ones.

The psychopathological vectors are at the beginning defined as projective identifications that, for their power, or for the subject's weak constitution, maintain themselves not elaborated because they don't pass by a reflecting process, influencing the subject's identity and his structuring of a false development.

These patients are prisoners of their own childhood, and they are usually depositaries of pathologic projective identifications that could not be worked- through and with which they are identified. Other members of the same family could have considered the projective identification's message as introjected which then they project on the signaled family member, contributing to transform him in a patient.

This psycho-dynamic hypothesis permits the comprehension of the frequency with which patients that concluded their therapeutic process in positive way come back

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and ask treatment for their- usually smaller- brother that becomes a signaled patient. It often happens that the cured child, going back in the original pathological nucleus, makes the previous symptomatic picture reappear. The strength gained during the therapeutic process can or cannot be enough to resist the communicational system difficulties of the family's environment and of its surroundings. If the strength is not adequate the child gets ill again, if instead it is adequate the new choice of the family falls on another member sensible to the group's projective identifications.

These events teach that even if parents apply themselves in the therapeutic process, considerable changes are not always synchronic with the ones of the children and don't necessarily match in their experiential intentionality. These circumstances interfere with the goal of transforming parents in co-authors of their ill child's mental health, together with the therapists. The study of children's history, extended to the one of the whole family, can discover that the father, the mother or some other important relative is a carrier of what we call "psychopathological vectors", which are parasitic introjections that deposit themselves as projective identifications in the descendents. They constitute themselves as identities and when they are brought out in the environment the child-patient internalizes these identities as syntonic. The discovery of similar psycho-dynamic generational phenomena in the child-patients clinic histories, both in the manifest and in the latent, offered the basis for a technical procedure design, the Gap, that in synchrony with the Gin offers the opportunity, to parents and children, to face in parallel a problematic area originally focused on the child's psychopathology. Both groups - Gin and Gap - get together for one hour a week. Sessions of parallel groups take place in the same institution, at the same time and in different rooms. The therapy's length is of one year and groups are maintained closed. As already said the children are accepted at the condition that their parents, or their care-takers, take part at the Gap. For what concerns the parents, it frequently happens that they both decide to accept, but then one of them, usually the father, doesn't come giving the most wide-ranging excuses. The mother, instead, usually persists in the groupal work in the beginning with an apparent subjection towards her husband then she soon gets interested and thrilled for the therapeutic process and tries to cooperate.

When the group of parents stabilizes the therapeutic work getting through resistances, the Gap's co-therapists task addresses towards the communication's facilitation between group members, so that it becomes possible to clearly express difficulties that each member has with his children. This theme has to remain the focus of the whole therapeutic process by exploring it with each family, together with the group's participation. The secondary problematic area that exists in each family should be traced on the relationship and on the effects of the primary problematic area, both as cause and as effect, without forgetting the impact of these secondary situations on the primary one.

Among the Gin - Gap procedures, we have the children's co- therapists meeting, the one of parents, of supervisors and of the observers, that take place before the work with patients. Another meeting takes place at the end of the therapeutic sessions.

The preliminary meeting has the purpose of organizing the each group's work and also organize a discussion on specific situations that come up and that need different strategies. The meeting is then useful to attest among the therapeutic group's members a sense of solidarity and of support that this kind of work requests.

The meeting after the therapeutic work is useful to discuss and supervise group events that happened at its conclusion. Besides it represents the opportunity to work-through emotional experiences sampled by the co-therapists during their work. In this second meeting the exchange of information is important in regard to events that took place both in Gin and in Gap, related to each parent and child both in the transference's dynamics and from the genetic point of view.

The therapeutic work's basis with parents is based on the discovery of the ancestor's conflicts in circumstances which are similar to the one's of their children, or on provoking events. It isn't strange discovering these phenomena which are foregoing the infantile conflict even among grandparents. For Gap therapists, working with parents having as focus this area of the infantile conflict - which is present in the adult world- is unavoidable.

We can consider that the parent which remains at the Gap, usually the mother, is representative of the health vectors that circulate in the family. We can also consider that therapeutic work can be extended to everyone and to each family member, directly involving the child which participates at the Gin.

The solidarity that develops among Gap participants is impressing when, each member presents a change of point of view and a behavioural one. Behaviour, which has been usual, now becomes different as an effect of the problems and conflict's comprehension and also because of the major contact each one has with his proper problems and conflicts. These changes appear more or less half way trough the Gap and the subsequent time shows the effort realized by the mother or the father in order to change the intra-family communication net in a considerable way. The influence of the health vector inside the family makes parents become co-authors of their children's mental health, together with the therapists.

Notes

- 1) For a detailed description it is possibile consulting the text "Psicoterapia Grupale para Ninos" by the same authors Uni. De Guadajaira. 1993. Messico.
- 2) The Mamut grupo has been created by Josè Luis Gonzalez Chagoyan. See Antropologia Psioanalitica a la luz de los Grupos Mamut. In Analisis Grupale Organo de AMPAG. May, 1997, Mexico.
- 3) Los Dres. Alberto Siniego e Silvia Benenati are co-authors of the project.