The Group of Multifamily Psychoanalysis

Andrea Narracci

Abstract
The Group of Multifamily Psychoanalysis is a flywheel of the therapeutic and rehabilitative activities promoted by a Mental Health Department (DSM), in the field of the serious mental illness, which involves patients and their relatives.
It does not substitute but it integrates the other forms of psychotherapeutic intervention, making also possible within it, the collaboration between professionals with different qualifications and psychotherapeutic trainings.

Key words: pathological and pathogenic interdependences, mirroring, multiple transferences, capacity to metaphorize, healthy virtuality.

The history
The group of multifamily psychoanalysis takes its origins from the experience of Jorge Garcia Badaracco that during '60, when he became Director of a Male Ward in the Psychiatric Hospital of Buenos Aires, he began to conceptualize it, after he had concluded his psychoanalytical training in Europe.
In a first phase, J. G. Badaracco gave back to the patients those spaces of the Hospital which initially should be designed for them. In relation to this orientation, he invited patients to return in living in the peripheral rooms of the ward which until that moment were occupied by the members of the staff, and he invited them to clean the central hall from the beds.
Afterwards he invited them to take part in a group that took place in the ward everyday at 12 o'clock in the morning, and to which they began to participate numerous, after a kind of hesitation, till it started to appear possible at a that moment, the idea that they could be discharged from the same ward.
Then J. G. Badaracco called their relatives and told to them that some of the patients could be discharged and come back home. The relatives showed to him their opposition but they began to take part in the group, discussing thus the difficulties of today and those of yesterday.
Professionals were very surprised in the group constituted by patients, their parents or anyway their relatives, by the great similarity that seemed to them it could be found between the patient, and one or both his parents. Badaracco also talked about the fact that sons looked as *"caricatures"* of the parent to whom they were more bonded.
The observation of the interactions between sons and parents of the same family or of different families, and between parents and parents, and between sons and sons, and of the exchanges with the professionals, seemed confirming the veracity of the central nucleus of the psychoanalytical explicative theory regarding psychosis: the lacked

development of the separation-individuation's process between a psychotic son and his parent; and the stabile persistence during time, of the original symbiosis.
In the consequence of the coming determination of an order in which the parent can't recognize his son as an entity separated from him, able during life, hand to hand and always more, of deciding what concerns him with his head, some pathological processes of identification, for which the son can't acquired a real identity but tends to live in a riverbed in which the parent's personality continues to guide him in each his movement, are developed.
Due to this, the ties that are apparently inseparable between the son and his parent come to be determined, and J. G. Badaracco called them *the pathological and pathogenic interdependences*, in other words real cages in which sons and parents rest imprisoned.
It has to be underlined that if we focus according to this perspective, the events which conduct to psychosis, it appears clear that patients begin to feel bad since practically the first year of life even if none generally realizes it, and their first crisis that generally happens when they are 18- 20 years old, it is a painful and an awkward attempt to break the organization of the relationships in force until that moment. As said by J. G. Badaracco, it is not only present in it the illness but there are present at the same time, the illness and the health.

The functioning of the group

In a group composed by parents, sons and professionals, it is possible to use "tools" rather specific of this particular typology of group, as mirroring and multiple transferences which together make practicable the recovery of the capacity to metaphorize the situation lived.
The metaphoric and the not real mirroring consists in the opportunity that each member of the group has to observe what happens in a family contest that is similar to that to which he belongs, whether in that moment he is taking part in a pathological family nucleus or he was a part of it during the past.
This observation can help him to realize the type of tie which exists although with some inescapable difference but also with many similarities, in his own family nucleus.
The establishment of the so called *multiple transferences*, constitutes one of the first observations which happens in a group and surprises the professionals: it becomes very soon evident that a son becomes able to talk with the father of another family et vice versa, and that sons and parents are talking between them, comparing notes but also judgements.
It results soon evident that it is not true that a woman can't never know how to do in absolute the mother but she can find it not practicable just with his son, because she discovers of being able to do it with another son or daughter, while sons and parents talking between them can be able of saying one to another, some focused and often, "hardest" things, which professionals maybe should have need still more other groups before understanding and finding the courage of saying.

The set of the exchanges marked from the two elements described above, and from the two fundamental rules which are proposed to be followed- in other words each one has the right to say, while the others have the duty of listening to him, and each one has to abandon the idea of claiming to obtain the reason and has to accept the idea that the point of view about reality expressed by the other, it has to be considered as much valid as the own, even if it is partially or totally divergent-, constitute the fundamental points of reference in the coordinating of the group.
This kind of group it is not based indeed as it happens in the group psychotherapy by tradition, on the action of the coordinator or a co-coordinator.
The idea it is not that the psychotherapist and his help must read what happens in the group, and must report it at the end of the same group.
The coordinators can be more than two e.g. four, and they have almost the duty to monitor that the interventions of all the members included theirs, come in succession on the base of the reservations of the same members, and there are not dispensations most of the times constituted by dialogues that as much as possible, have to be avoided. They have to be avoided because they tend to favour a mind's functioning nearer to the secondary process; on the contrary, it must to be favoured the regular following of the interventions according to the order of reservation, considering that in the consequence of this, the interventions can't recall one to the other and that vice versa, they will result "far" and not apparently connected.
In fact, if it can be more possible to proceed in this way, it is more facilitated the functioning of the minds according to the primary process, through the prevalence of *free associations*.
Thus it will be slowly noticed that the choice of the arguments which will appear during the interventions, it will bring to a situation in which the single interventions will acquired meaning, in the moment in which it will be noticed that put all together, they are realizing the thought of a <<*mente ampliada*>> (Badaracco, 1990), constituted by thoughts of all the persons that are or are not intervened.

A group session

The session starts with the compliments of D.'s father and S., who is being to be discharged from the Therapeutic Community, after he had concluded his treatment.

D. expresses his displeasure for the faith showed by his father to S. rather than to him, and he says of being suddenly aware of it, while he was listening to the externalization of his father towards S.

The father explains that D. is only at the beginning of his journey in the Therapeutic Community.

D. adds that his father talks a few with him, while his mother talks a lot with him and she is able to inspire in him, faith.

The mother of D. intervenes to underline that is very important expressing feelings but we are not all equals from this point of view.

I. is the daughter of E. who lives in the Therapeutic Community, and she says

that the mother too is almost <<cold>> and unable to show her feelings.
E. hides herself behind the front lines because she does not want to risk of being called, confirms that her mother does not hold and kiss her, how much she would have wanted because she is rather reserved.
The professional 1 says that maybe sometimes, a parent takes for granted the existence of his feelings and does not take care of the fact that if a parent does not show them, his son can't also notice that his parent nourishes them into himself, and that the words and the actions are very important as a proof of what is felt.
D.' s father returns to talk and moves the attention on the theme of the expectancies of the one towards the other, and on how it is inescapable that some mutual expectancies come to be continually created.

The theme of the expectancies is more less intense than that of the instinctive expression's register of the feelings, on which the group was becoming to venture, and maybe it is not a case that D's father "preferred" to move on a more cognitive level on which it can be possible theorizing.

Some members of the group intervene on this theme until the professional 2 tries to come back on the initial matter, proposing a second possible motivation regarding why a parent does not say or do what he feels towards his sons, and which should consist in a not sufficient faith and consideration of himself which thus brings him to underestimate the importance of what he says or does towards the son, and finally it is not showed.
It follows a series of parents' interventions who are according to this hypothesis, till the L.' s mother asks to know from the sons who are present there, where parents failed.
The tone appears polemic as to obtain that none of the sons can demonstrate of being able to reply.
Then the V.' s mother intervenes telling about her awareness happened only recently, of not being present to the final displays of the activities made by V. during the year or of having underestimated a lot, some of the V.' s intentions, and that today she regrets of this lacks of attention and of not being able to express a minimum of faith towards an activity that was not important for her, but it was important for V., because she realized that a son can acquired faith in himself, even if a parent shows it towards him.
The L.' sister intervenes to say that the mother's question to the boys, regarding the parents' defaults is indicative of what her parents did not begin to call themselves into question and follow to address all, to the sons' responsibilities.
At this point the L.'s mother intervenes with another more conciliatory and constructive tone as for saying that her question hides a constructive intention.
L. intervenes and says that she preferred of not replying.
The professional 1 says that L. made the better thing being quiet because for

changing, it is requested time and they are only at the beginnings.

Agreements and relapses

If the work of the group permitted to reduce the pathological and pathogenic interdependences, it becomes at that moment possible that from each of the two or three members of that family, wedged since a life one in the other, can emerge aspects of the respective personalities that till that moment, could not have the opportunity to develop: the so called "healthy virtualities".

I think that the concept of "healthy virtuality" of Jorge Garcia Badaracco (2007) corresponds in a significant way to that of the so called <<*multiple self-states*>> wondered by Philip Bromberg (1998), in other words the idea that the individual's personality is constituted by a set of Self, of which are usually used only a few while most of them which are not usually used, because they were divided or made dissociated, can be recycled and not forever lost, as long as the conditions in which this can happen, will be created.

According to this way of approaching the individual reality, dissociation is a mechanism of defence more used at a general level than what is usually believed, and the real trauma are more present in the patients' history- in those of serious affected patients as of those are less grave-, of what is in general considered.

In the mind of J. G. Badaracco, the patient is conceptualized as someone who appropriately helped- in other words who is released from the occupation of someone else who leaves with the idea of helping him and indeed obstructs him going through the long and painful way of the self seeking-, can be able to take or retake possession of his own life.

It is a conception of the serious affected patient that in my opinion, is very similar to that which subtends the psychiatric movement of the "recovery" and that is, a patient put in the conditions to live an acceptable life- e. g in a own house from which none can never remove him-, demonstrates to be able to do it although there are enduring in his life, the signs of a pathology still present, even if reduced and generally stabilized by the presence of a right therapeutic relationship and by the use of an appropriate pharmacologic therapy.

At last, I remember that the group can be used in all the types of services: territorial services, community organizations or hospitals which are part of a Mental Health Department (DSM).

Regarding this, I would stay on the effects of the group's application in a psychiatric service, for what concerns the relapses on the relationships between professionals; then, I will consider the relapses of the group's use if it is applied in a District, in other words in a territorial unit composed by a territorial service, a community and an hospital, and finally the effects of its application in a whole DSM.

If the professionals of a service regularly take part in a group, they starts to share emotions and feelings that are circulating between several persons who come from situations of a very disturbed transition.

This induces them to know on the one hand, the aspects of the illness and healthy of

the persons who are present and would be otherwise reachable with difficulty, and on the other hand, they can continually compare between them in action, a not usual fact which can help to increase a new and a profound solidarity, between them.
The same thing can happen between professionals of different services within a district, and also between professionals of different districts but all parts of an only Mental Health Department.
If these conditions are given, in other words the professionals of the services which compose a DSM share the tendency to observe phenomena of which they have to take care according to a similar point of view, just for the systematic use of the group within each service, the inevitable interactions between the services of a DSM which must have to take care of the patient since he starts to feel bad in the acute phase, till he feels bad and he becomes regularly able to receive help in a Therapeutic Community (CT) or among the Mental Health Centres (CSM), could be managed with a greater continuity.
After having observed the improvement of the relationships between the professionals of the Therapeutic Community in which I began to apply it, I proposed its application in two Mental Health Centres which were part of the First District of the DSM of the ASL RMA, of which I became the coordinator.
It was thus constituted a first District of the Mental Health Department, with a multifamily structure which gives rise on the one hand to the improvement of the intervention on the patients in its complex, and on the other hand to consider the relationships between professionals of the same service or of different services, on new bases more characterized by solidarity than in the past.
Later, because of my duty of director of the DSM and coordinator of the activities of the Fourth District, I introduced the application of the Multifamily Psychoanalysis Group in two Mental Health Centre (CSM) of that District, while it was already applied in the Therapeutic Community.
Then it was also applied in the CSM of the Second District, while it was already introduced, in that of the Third District. And finally, it was also applied in the Psychiatric Service of Diagnosis and Cure (SPDC) of the S. Andrea's Hospital which admits patients of the Fourth District, and in the Therapeutic Community of Ripa Grande which take care of young patients.
In particular, the introduction of the Multifamily Psychoanalysis Group in these last realities, the SPDC and the Therapeutic Community for young psychotic and borderline patients, permitted the formulation of a homogeneous intervention's program which comprehends the admission of the patient in SPDC when he has a crisis, his transfer in the Therapeutic Community (CT) for young patients which provides with an intervention lasting three or six months (Intensive CT), and the following custody to the territorial services- CSM, Daily Centre and the Widespread Rehabilitation on the territory-, or to the Therapeutic Community (Extensive) which works during two or three years: all is equipped by a taking in care of the patient on an individual level, from the Outpatient Service of Psychotherapy for young adult which is called *Colpo d'Ala*.

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Andrea Narracci, is a psychiatrist and psychoanalyst. He is president of *Lipsim* (Italian Laboratory of Multifamily Psychoanalysis), and director of the Mental Health Department (DSM) of Rome, ASL RMA.

e-mail: andrea_narracci@hotmail.com

Translated by Sabrina Di Cioccio