

The emergence of Hope in the Multifamily Psychoanalysis Groups

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I Introduction

Although it is difficult to explain what Multifamily Psychoanalysis is to those who have not been through the experiencing of the group meetings, we wish to explain that it is a therapeutic method based on a specific reference schema and serves, as well, as a social laboratory, a field for research, and a possibility for the development of further thinking on the psychoanalytic potential not developed by Freud or other authors.

We refer to two-hour encounters, very great in number of attendees, followed by a wrap-up meeting to process what went on. The latter are open and optional for all the participants.

There is a free and open movement of attendees and most of the coordination team tend to become involved personally in this shared therapeutic adventure. We share what Lilla Watson (an Australian native) once said to a missionary: "If you come here to do something for us, you are wasting your time. But if you wish to include yourself with us and make some transformation within yourself, then, let's get started! This is the basis of an empathy by likeliness and the way to change our way of thinking.

As coordinators of Multifamily Psychoanalysis groups we wish to share how we see the rising of hope within the therapeutic processes of those who participate in these meetings.

We shall conceptualize *deadlock* as a failure to the demand of an adequate response. This state arises from the difficulty to decipher the encrypted code of a specific unconscious relational bond of pathogenic reciprocal interdependencies. The repetition of this vicious circle generates the feeling and experiencing of finding oneself in a world both unlivable and with no solution. This atmosphere of being in a revolving door is a

consequence of living in a stereotyped environment full of dilemmatic situations.

The work involved in dealing and solving these unconscious interdependencies is achieved with the construction of new ego resources. These resources provide greater security and enable one to see other possible approaches. The capacity to observe the evident changes taking place amongst the other participants produces a spiral of hope to reach new possibilities and re-installs hope, as well.

II Hope within Psychoanalysis

Throughout our research and the different papers we consulted regarding hope, we have seen it considered as a feeling, as an affection, as a way of thinking and as a form of memory.

We have found a difference in futile hope versus resentment (which persists when there is no problem-solving in the process of mourning), fragile hope and the absence of a future due to the traumatic, split situations which struggle between repetition and the hope of what is possible, that is to say, the tackling and solving of mourning and an insertion in temporality.(K)

From both the Freudian perspective, and from the post Freudian psychoanalytic schools, the origin of the affective state of hope lies within the unconscious world.

From the metapsychological point of view, it means a definite superiority of Eros over Thanatos: it is a hunger for creation, bonding and combining. It is a latent search for the object. (L).

We can begin to step out of the individual mental apparatus and look into the field of relational bonds when Winnicott says, for example, in 'The Antisocial Tendency' (W): "After the original deprivation ... at the moment of hope, the child ... perceives a new environment, provided with some reliable elements. The child undergoes an impulse which we can call: the search of the object". The child must put to the test over and over again the capacity of the environment closest to him/her, to see whether it can stand aggression, prevent or repair destruction, bear irritation and annoyance, recognize the positive element in the antisocial tendency, and supply and preserve the object which must be looked for and found.

We can observe the putting to the test to which our patients subject us to – even though they have not been considered people with an antisocial tendency. Therefore, there is a statement which we often remember: love me more, when I less deserve it, because it is when I most need it”.

Hope recognizes real dangers and relies they can be overcome. Although hope emerges in the inner world through identification with figures which soaked in as a result of the relationship which a child has with his corresponding parents, it can also include an editing of the infantile traumatic experiences which are reissued under new circumstances, that is: prospects which never bore a name nor a figurative representation within the psychic apparatus.

Hope looks towards the future.

To have hope and to lose hope (despair) are two ways of considering the reality of the times to come, ways of thinking which are interwoven in each individual history, in a continuous and natural flow through life. We must not forget that one of the natural tasks of a psychoanalyst is to establish a therapeutic alliance with those vital forces of hope which our patients have, as a sign of our basic trust in the real therapeutic potential of psychoanalysis.

III The viewpoint of the Multifamily Psychoanalysis

The trust we have in our therapeutic method is summarized in what we often express: “believe to see (results)” (the Spanish saying is usually see to believe) in what we call “healthy virtuality”. The complexity in the concept of “broadened mind” and the force of Eros, which is provided for by the combination of many in an attitude of mutual respect and willingness to listen, encourages the emergence of hope.

Hope, as Winnicott sustains, connected to perceiving a new atmosphere, endowed with reliable elements, before hopelessness becomes definite and irreversible.

We move from the bonds to the individual and back, in a continuous questioning attitude.

The ties of the present can predominantly either reproduce traumatic situations, such as occurred in a child’s history (without any rescue), or, on the contrary, rescue the individual from such.

The capacity to rely on another person, goes hand in hand with Hope and has been much studied by different psychoanalytic authors (Erik Erikson, Donald Winnicott and many others).

Jorge García Badaracco says:

“in what is called “mental disorder” in a person there appears a ‘type of mental behavior’ which is being “conditioned”, to a great extent, by other people. These ‘people’ have the ‘power to trigger’ and produce ‘unsettling effects’ which do not allow the “ill” person to function autonomously. These ‘other’ people can act from the real world, or can ‘act’ from a “presence” within the inner world of each of us. ...”.

“... the presence of the others within the self, specially of the parental figures, alienates instead of giving elements to the child to be more him/herself. Actually he/she was invaded, parasited, inhabited. His/her very own self was taken over by these ‘presences’. They did not allow one to be owner of one’s very own life and conditioned one to live in someone else’s fashion, with reference to another person, attentive of another person, that is, either in reality, in in intrapsychic terms, or in reciprocal interdependence” .

We seek that the pathogenic interdependencies can be replaced with time by more healthy, normogenic interdependencies, by new relationships where “counting on others” can develop a relying (out)look of the therapeutic team towards the healthy virtuality within each person, where the capacity of the therapists is not to encourage repetitions, but to show the possibility of a different response, and work with the members of the families. The families, in turn, thanks to listening and to the words of the others, manage, sometimes, to modify their stereotypes due to surprising discoveries they carry out, and by a movement of the split aspects.

If instead of a healthy normogenic surrounding which serves to grow and build an Ego from the Self, the person only managed a precarious development of his Self and a poor sense of identity, this forces him/her to fall back to pathogenic introjected bonds, as a way to soothe the anguish coming from self-destruction or disintegration, by which the person feels threatened. This identification serves as a life-boat. However, it is an invasive presence, compelling a restructuration and submission of the other mental functions, in accordance to that “presence”.

IV Selected extracts from one meeting of multifamily psychoanalysis

with more than 80 participants present.

The first person who raises his hand is Oscar, a cardiologist, whose son has juvenile diabetes and who lives in the United States. Oscar also has a daughter who became a nun when Oscar started to come to the multifamilies, 5 or 6 years ago. This daughter is no longer a nun.

Oscar: Good evening! I, actually, wanted to say good-bye because I am going away on holidays. I am quite scared because of my retirement issue, too, and the expenses a holiday means, all make me feel quite afraid. I wanted to share something: Last week, I had a very special week. A lot of things happened that I've always wanted and, evidently, I was not prepared for that. They all came in one go. First of all, my daughter said: "I'm going to live with... I'm getting married! The other thing is that she graduated, she sat for her last exam and did well.

Team: *graduated as...?*

Oscar: As a PhD in Education Sciences. She is already working...but well, all the things I always wanted... and they all came together, and ... well... they were not easy to get. I was able to enjoy them quite a bit, not as much as I would have liked, but well, it's a lot... a lot in one go... but nice... to be honest, when I think of it all: ten years ago, my daughter was wanting to be a nun. My son, was off to US and my wife, Diana, got unwell, and I had to cope with cancer. We are OK now, I wanted to share this because, for those of you who know me and all I've been through... all this which is too, too nice.

Team: *I have a vague idea, but I would like you to tell us a bit more, when you say that this well-being is felt as being too, too much... there seems to be a certain logic, but there must be something else which could be quite useful here... .*

Oscar: It's as if it were too much. As if suddenly, there were too many nice things, too many nice things... I feel them as if.. I'll tell you what I feel: as if it is more than I deserve. I suppose this is not so, but it's the first thing that comes into my head. ...

Team: *...one could say that instead of feeling it as too much, you would be happy, that it is more than you expected. But, the too much has some sort of rejection feeling, doesn't it?*

Team: *What Doctor G says reminded me of when your mother said on her death-bed: "what will be of you when I die?"*

Oscar: ... when I am no longer here.

Team: *... when I am no longer here. A total loser.*

Oscar: and which seemed to have come true when ten years ago, my children left, I got cancer. All that my mother said, became true.

Team: *well, ...you recovered the relation with your son ... your daughter is managing to get what she wants ... You yourself are going away happily on holiday. So, then, let's see if we understand the "too much". ¿Who, within you, would be saying: this should not be so?*

Oscar: well ... my mother's mandates.

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The next person to raise her hand is Maria. She is around sixty, single, pensioned-off as vice-principal of a primary school. Her parents passed away and her brother emigrated to Canada when she was eighteen.

María: Good evening. What rang a bell in me, was when Oscar talked about his mother's mandates. 'What will become of you when I die?' My parents said exactly that. My mother... well, in a different way. Only after she died, was I able to sell my parents' home, and buy the flat where I live. And, at present, I continue fixing it to my liking. It was a very strong mandate. Before she died, it was very strong, indeed, during all my life. As was another mandate: who will love you, being so small? ...I think that due to this mandate I was unable to marry, have a steady couple, and start a family. The other day, I said: what I mostly miss, is to have started my own family. That is what rang a bell in me: when Oscar talked of the mandates. I have many maternal mandates, inscribed in my brain and on my body. That's all.

Team: *and what can one do with that?*

Maria: get it out from inside, put it into words and perform deeds... the good thing I can get from all this, is to realize that I am fit to do many positive things in my life.

Team: *realizing certain things may give a rather depressing feeling, at the beginning. One says to oneself: and now what will I do with all this? But, in the end, it unblocks if one dares, and opens new possibilities. Of course, I say this for everyone, even for us.*

Maria: ...For many years, the mandates were negative. They stopped me doing many things. Realizing and becoming aware of it, at fifty-five, sixty years of age, allows me, now, to do something for others.

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Ramon raises his hand. He is a man in his fifties, a musician, and single. What strikes you is his untidy look. He once said he had had an ischemic stroke and that since then, he has difficulties to speak. Following a psychiatrist's indication, his siblings administrate his money and give him some, every three or four days.

Ramon: I wrote here... on one hand, the matter of a mother's mandate. My mother before dying, was very proud of my brother and sister. Me, she used to see me, drunk. Her great worry before she died was: What will happen to Ramon? I became alcoholic when I started taking care of Mummy (he coughs) and...

Team: *you took care of her?*

Ramón: and I cleaned her wee-wee...

Team: *Last week you said, that you, being a boy, couldn't bear cleaning your mother.*

Ramon: the wee-wee, the bed-pan...what I said last week was just like a bomb in my family

Team: *...when there is a daughter...you said that your mother would not let another person, other than you, take care of her.*

Ramón: No. I want to finish. When I talk of the 'too much', that happens when I am studying music or doing some literary activity. Something like that. When I have many ideas and so many things come into my mind, I get very anxious, I drink more, I buy too much wine, I get sick. Something happens to me. Things get out of hand, because what I discovered, and should make me happy... finding the notes I was after... ends up by bringing me grief because... that mandate, it is as if what I am achieving, is too much for me. And well, it has got to do with that. Now I think I can end.

End of the Multifamily meeting

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Wrap-up meeting (Ateneo)

Team: We have a concept which is very strong in our way of thinking, which is the *healthy virtuality*. I do not know if you heard us mention this. We rely that, deep down, within every individual, who is apparently ill, there is a potential of health which may still be virtual but has all the potential to develop. Why do I mention this? Because Ramon is a person who came to the multi after an organic illness, a stroke. He couldn't think. His head was not working properly.... Doctor Jones and we coordinators, deep down, have the conviction of this healthy virtuality, which is not even perceived intellectually. It is present when we are with Ramon, it is present when he is with all of us...It is unbelievable how Ramon has changed: the wisdom, the clarity. Besides, he was so overwhelmed by the family ties, which was also an issue taken up by Doctor G. That is to say, the way the family sees him, looks at him (mirada) crushes him, and, on the other hand, if we insist on seeing his healthy virtuality, this will continue to flourish.

IV Conclusion

The evidence of the changes which come about to the other participants - some of it absolutely astonishing for everyone, including for the therapeutic team - returns hope and allows one to insert the notion of a future and reinforce the idea of 'see to believe'.

The emotional atmosphere of the multifamily, as a stable, reliable, holding environment, in the way Winnicott would describe it, allows putting

things into words and leaving the “mandates” (a word used by the participants, whose testimony we have presented) in the mental way of working of the parental objects which we incorporate through identification.

We conceptualize the mandates which were mentioned in this multifamily meeting by some of the participants as a bond of submission to the parental figures, which continue to exert their power over the infantile self within the unconscious reciprocal interdependencies.

As long as we can perceive this, and the person continues coming, we can intervene in that “sick bonding” (even if the parents are no longer alive) and see the consequences on the person, and help to establish healthier ‘reciprocal interdependencies’. This ‘frees’ one from the power of becoming ill which originated from pathogenic interdependencies, and, on the other hand, allows one to discover that one has ‘one’s own resources’, and use and develop the ‘healthy virtuality’ .

Enrique Pichón-Rivière once said: “He who surrenders to sadness and forsakes the fullness of life, has a fixed gaze into what was lost and cannot see the good that is to come, what lives, what grows and what is opposed to that loss. The challenge is therefore to plan hope. That is to say: to acknowledge the subjective value of one’s projects.”

“(More than ever) I never doubt that a small group of thoughtful, committed people can change the world.”

Dr. Margaret Mead

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