# *Chapter 6. Interfamily Therapy: from "Family Therapy" to "Therapy among families" - Analysis and diffusion of a more integrative model of therapy*

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**Abstra**
A forum of training and supervision among professionals from sanitary, educative and social areas was developed in Elche more than five years ago. One of its goals was to define and to spread a therapy model applicable to the institutions of its area. The bases of these proposals are collected in this article, which tried to encounter a model of reference, finally finding in "multifamily psychoanalysis", developed by García Badaracco, its fountain of inspiration, with some differential nuances though. Here we describe some of the current experiences in multifamily groups which are run not only in institutions specialized in mental health but also in other sanitary and educative areas of the provinces of Alicante, Albacete and Murcia, places where this model is starting to be remarkably spread. Finally, the main reflections of the professionals working with the multifamily model are stated.

**Key Words**
Family therapy, multifamily therapy, multifamily psychoanalysis, multifamily group therapy, multifamily groups, García Badaracco, psychotherapy in institutions, family and group.

## Introduction

In 2005 the Center of Interfamily Therapy (CTI) was started in Elche (Alicante). This private center, specialized on mental health, gives priority to psychotherapy activities and continuous training for professionals. Later on, in 2008, the Mental Health Association was created - sharing headquarters with CTI – in order to make easier for patients and families their access to therapy and promote research and professional training on mental health. Professionals from sanitary, educative and social disciplines were interested in finding a therapeutic model that, integrating different theoretical contributions, would facilitate the understanding and intervention on psychic processes and that could be introduced in a practice way into the institutions of the area. This model, that finally was named "Interfamily Therapy", should be able to reunite the following aspects:

1. An open and spontaneous setting that makes possible that a bigger number of people have access to therapy.
2. Intervention on the intra-psychic aspects of the patient, so it could include the characteristics of an individual therapy.
3. Intervention on the underlying family dynamics, so it could include the characteristics of a family therapy.
4. Intervention on factors related to the social environment.
5. The power of group therapy.

6. The integration of diverse therapeutic techniques and professionals from different backgrounds.
7. A clear and straightforward methodology.
8. Compatibility with therapeutic, social and educative interventions being done simultaneously.
9. Economy of means, both for patients and institutions.
10. Efficacy.

## Analysis of the Interfamily Therapy Model

### 1. *Theoretical basis*

The interfamily therapy has its main base on the Multifamily Psychoanalytic Model by Jorge García Badaracco (2000), who widened the focus of psychoanalytic treatment to all the family system through a therapeutic context that gathered several family and professionals simultaneously. The open and spontaneous context of Multifamily Group Therapy broke up with all the traditional psychoanalytical settings and it meant a revolution regarding mainstream models of the time, universalizing and democratizing psychotherapy and making it accessible to everybody. Even though García Badaracco always defined himself as a psychoanalyst, its way of working integrated all technique, professional and human resources to make them reachable for the patient, avoiding this way the so-called "false problem of controversy among schools" (2000: 54), bringing together within his model the "systemic approach with the psychoanalytic one" (2000: 265) and integrating the "different approaches and different theories in one wide virtual unity, comprehensive of all the individual psychoanalytic dimension, of groupal dynamic and of pathology of family (…) without falling in an impoverished eclecticism". (2000: 31, 49, 50).

Other authors worked in multifamily therapy contexts, among who Henri Laqueur is considered as the founder of Multifamily Therapy because he brought together several families with the goal of improving the communication between families and hospitalized patients (Bertrando P & Toffanetti D, 2004). Other experiences has been documented, such as Bowen (1991) and Asen (2001) based on multifamily therapy, and McFarlane, (1996) who follows a assertive-psycho-educative approach.

The Forum of Elche redefined the theoretical base of Psychoanalytic Multifamily Therapy with a more straightforward and universal vocabulary, going to a greater depths in the integration of different models, specially dynamic and systemic ones. It also preferred to name this model "Interfamily Therapy" because this open, spontaneous and agglutinative context of numerous theoretical approaches represents a new metapsychology that goes beyond psychoanalysis. And also because the significant aspect of this model is not the simultaneous participation of several families (multi) but the interaction and therapeutic work among them (inter). For the safe of the clarity of this article though, we will keep calling it Multifamily Group Therapy (MGT from now on).

The theoretical pillars of MGT go beyond the biological predeterminism by considering mental illness as attachment pathology. On this concern, we have thought the following points:

1. Mental illness is a result of pathogenic com-municational interaction between 2 or more human beings. García Badaracco (2006) describes mental illness in terms of an inappropriate human communication which is crystallized into pathological relationships and bonds of pathogenic interdependence.

2. The trans-generational history of each patient and its combination with their particular circumstances play a decisive role in the arise and lingering of mental illness.
3. The clinic expression will depend on the characteristics of the pathogenic bond and of the family communication pattern. Usually, if the dynamics of pathogenic interactions are maintained along time and they affect the upbringing of children, they can give rise to a poor individuation and autonomy that may be perpetuated until nowadays. Whereas, if these dynamics take place in subsequent ages of upbringing, they can lead to emotional blockage and evolutionary crises.

With these basic axioms we understood and simplified the legacy of authors who from different epistemologies have pointed out the reality of certain dynamics and interactions that stimulate mental illness. Following, we mention the main ones:

García Badaracco states that the mental patient lives "inhabited by others and manipulated by others due to his necessity of being accepted and loved by important figures, particularly by the parents, and living disabled of developing his self" (2000: 250). This idea of being "inhabited" by multiple "characters" is similar to the thinking of other psychoanalysts such as Lacan, who states that the 'self' is the result of different identifications of the subject along his life, in a way that we insist in being what we are not, in function of others, and we construct 'characters' wishing to please the other (1988); Sullivan refers to the self system as reflected representations of others and he point out the special sensitivity of children for grasping the state of mind of people around them, sensitivity that he defined as 'empathic linkage' (1953); Jung uses the term 'person' or 'mask' to define the necessity of people to give a 'good impression' and satisfy the roles that society demand, getting away from the 'self' (1991). Freud states in the case of the little Hans (1990) a father of family relationship as the cause of mental pathology; Levy describes the 'pathogenic power of overprotection (Eisenberg, 2006); Frieda From-Reichmann uses the term of 'schizophrenogenic mother' (1994); Mahler analyses the 'symbiotic relationship' between mother and child (1984); Klein metaphorizes the frustrations in the mother-child relationship in the figure of 'bad breast' (1988); and Winnicott defines the 'not good enough mother' as the one being unable of promoting the child's spontaneity (2006). The terms 'spontaneity' and 'true self' appear constantly in the work of García Badaracco, who refers to the severe mental patient as the one 'who has not being able to grow and structure himself on the base of spontaneity and who has not being able to develop his true self because he was not recognized by his parents in his most authentic expressions' (Mitre, 1998: 31). Kohut's thinking is quite similar, inasmuch he refers to the 'true self' as a stable structure that emerges from a fragile and fragmented state during infancy, state that extremely needs empathy from the others (1990). The 'attachment theory' correlates the origin of mental illness with the quality of the child-patents bond (Bowlby, 1986). Miller and Ferenzcy (1996) relate the rise of mental illness to a non-respectful treatment towards the child (1988). Linares mentions 'lack of love' shaped in psychological or physical mistreatment as base to psychopathology (1996). Maturana, with his theory of 'Biology of love' (1996) and Balint, with his theory of 'basic fault' (1993) emphasize the fact that mental illness appears as an answer to the 'lack of love'. Diverse therapy schools formulate hypothesis that connect to the Badaracco concept of 'pathogenic interdependences' (also referred by Badaracco as 'the presence of others within us'). Ackerman states the difficulty of individuation and personal growth in mental patients as a result of pathological 'meddling' among the members of a family (García

Badaracco, 2000); Boszormeny-Nagy and Spark introduce the concept of 'invisible loyalties' within family, which consist of structural expectations that family members feel responsible for (1983); Bowen names 'triangulation' the inappropriate differentiation of family members that may lead a couple to include third persons as a way to stabilize their tensions (1991); Haley describes a 'perverse triangle' (1967); Selvini describes the 'relational plays' within family where the mental patient remains trapped (1988); Minuchin mentions the 'meddling' or its opposite, 'uninterest', as generators of mental pathology in dysfunctional families (1984); the existential family therapy models, represented by Whitaker and Bumberry state that behind mental illness there is a lack of individuation and stimulation of creativity in family members (1991). Boscolo and Cecchin introduce the mental patient as someone who needs to solve a family problem through their symptoms; Jackson points out how the rigid homeostasis in certain families avoid its adaptation to the life cycles. Among the types of family communication described in these relational dynamics stands out the 'Theory of double bind' and the phenomenon of 'disconforming', created by the School of Palo Alto, who defines a particular pattern of communication as a necessary factor, but not enough, for the origin of psychosis Watzlawick, 1987). Also Searles related certain types of family communication to the rise of schizophrenia (1959). Laing describes several interpersonal mechanisms that distort affective and pragmatic reality inducing to psychosis. The word 'alienation' describes better than any other the pathogenic effects that others can cause us through pathological relationships. According to the Spanish Academic Dictionary, 'alienate' means 'to take away or to cause the loss of personality, identity or someone's own ideas or to alter the reason and senses temporally or permanently' (2001). This concept connects to the work of Badaracco, who points out the processes of 'alienation' within mental illness produced by a 'maddening object' (2000: 41), but it also connects to the 'alienation syndrome' in divorce processes described by Gardner (1999) and to the 'instigation' concept that Selvini defined as a ambivalent processes of communication between parents and children of psychotic families (1998). Finally, this concept also connects to the phenomena of 'mobbing' and 'bullying' referred to alienation processes happening at work and school, respectively.

## 2. *Therapeutic context*

MGT, in virtue of being a therapeutic group, becomes the 'matrix' (Foulkes, 2006) where is possible to bring together therapeutic factors derived from the collection of interpersonal interactions of its participants (Vinogradov y Yalom, 1996). The distinctive feature of MGT, however, is its openness to all possible therapeutic agents, both family, social and professional, within an 'open and spontaneous setting' (García Badaracco, 2000: 37). That turns it into the most clear and universal therapeutic mean, and into the ideal place to detect the relationships of each participant with his familiar and social surrounding and to intervened on them. The simultaneous presence of several families facilitates the processes of identification among different familiar dynamics, helping the therapeutic group work on the familiar bonds.

The MGT setting is somehow similar to the socio-community therapeutic contexts, such as Open Dialogue, a model that has been applied in the Nordic Countries during the last years and which proposes, in the same way that MGT does, that de group of therapeutic interventions is done in a socially open context (Seikkula y Olson, 2003).

## 3. *Techniques of intervention*

The MGT brings together the power of family therapy with the power of group intervention. In order to achieve this, the coordinators of the Multifamily Group 'appeal to multiple models of intervention, not being necessary to embrace one particular school, since it is much more effective to work creatively each specific situation' (García Badaraco, 2000: 54). García Badaracco referred to the therapeutic process as 'multitherapy' (2000: 259) or 'widen mind' (2000: 271) because of the intervention of so many therapeutic agents and their power of integration. The final goal of the therapeutic work is to detect the pathogenic interactions to which the participants are subjugated and to help them to get rid of them. Consequently, the coordinator of the MGT promoted the dialogue within an 'atmosphere of confidence' within the group, where each participant has his own voice and expresses himself and from himself without feeling judged.

Once again, we find a great similarity to 'Open Dialogue' proposal, which consists of promoting 'a polyphonic dialogue that gives voice to all members and where nobody is prejudged' (Seikkula y Olson, 2003).

Besides, we understand that 'any psychic change must pass through emotions before going to awareness' (García Badaracco, 2000: 98), process that is called 'corrective emotional experience' (Vinadradov and Yalom, 1996), within a therapeutic approach based on the genuine interest for knowing the person and his familiar and social context, beyond his status as a patient; this bring us closer to the humanist and existential streams in psychotherapy, which under the motto of 'therapy person-centered' (Rogers, 1989) states that the potential of change lies in the patient and that the 'relationship' is the most important thing that a therapist can offer to a patient (Borja, 1995, Yalom, 1984; Frankl, 1999; Hubble, 1999). The final goal of therapy is to lead the patient towards mental health, the latter being understood as the ability to live according with its genuine nature, free of the control and subjugation of others, and proud of being himself within the social context.

The flexibility of this setting makes possible for the coordinators to include different activities within the groups, with the aim of promoting new dynamics of interaction. For example, the revision of audiovisual records of previous sessions, watching a scene from some films that may shed some light on certain topics, psychodrama techniques or to divide the group during part of the sessions (for example, in multifamily groups attended by children and adolescents).

## 4. *Experiences of interfamily therapy in the surroundings*

The first multifamily groups in Elche and surroundings started at the end of 2005 and since then this model has spread exponentially. These experiences are periodically shared through training and supervision groups where bibliography and audiovisual material are revised, inviting the trainees to participate of the ongoing multifamily groups.

These experiences in multifamily groups are carried out both in public and private institutions and they are not limited to only mental health services. Following we mention some of them, describing also their distinctive features:

### *4.1 Child and adolescent mental health Unit (Orihuela, Alicante)*

In 2005 the first multifamily group was established at the mental health outpatient department. It consists in a weekly group open to all patients and families following treatment at the psychology department and child and adolescent mental health unit

(Sempere, 2011). This group functions as a space of psychological control and stability and as a space to approach family conflicts, emphasizing the goal of achieving to a better understanding of the child and adolescents' behavior.

Its application meant a significative unload of professional engaging book and the possibility to offer a regular and stable for patients with severe mental health problems and their families. Later on, more multifamily groups were incorporated into the same department, the majority of them aimed to children with a certain age and specific mental health conflicts and to their families. A part of these groups is dedicated to create two subgroups, one group with children and one group with parents. This is a useful way for not only observing and intervening into the inner-family dynamic but also to get to know the interaction among children and observing parental and conjugal's dynamics. Also a great percentage of receptions or first visits are done in multifamily group contexts were around 10 to 12 families are welcomed simultaneously. Recently a multifamily group was created aimed to patients suffering a first psychotic outbreak and to their families.

At the Psychiatric Admission Unit for child and adolescents in the Hospital of Vega Baja (a unit with 8 beds and which also has outpatient activities) there is one weekly multifamily group with the participation of all the patients and their families as well as the participations of all professionals of the Unit. Besides, everyday there is one group therapy with the inpatients and usually with their families, so we can say that there is a daily multifamily therapy at the Unit.

The numerous multifamily therapy groups carried out at this mental health department (more than 10 groups weekly) make it a therapeutical center where all patients and their families have the right to accede to therapy at least weekly thanks to multifamily group therapy. This feature make this department a privileged center for training and studying multifamily therapy, reason why it receives continuously professionals interested in this model.

### *4.2 Mental Health Association, Elche, Alicante*

Since 2008 a multifamily group is run weekly in this association, which is free and open to all the community, without admission criteria regarding age or pathology. This group is also attended by the professionals under training at the association's courses. Besides, a Day Hospital started one year ago, whose patients and their families also attend diverse multifamily groups.

### *4.3 Center of Interfamily Therapy, Elche, Alicante*

The Mental Health Association shares headquarters with this Center, whose professionals continuously invite their patients and their families to attend the multifamily groups run there. Concurrently, the Center of Interfamily Therapy runs smaller multifamily groups, which are aimed for patients and families with specific problems, such as patients with borderline intellectual functioning or adolescents with behavior disorders and their families. These groups approach difficulties derived from their specific disorder, family dynamics that may underlie these symptomatic expressions and difficulties arisen from the specific features of each patient.

### *4.4 Other mental health institutions*

The interest in multifamily therapy shown by professional of the area has led to the establishment of several multifamily groups, which are supervised by the team of Elche. Mental Health Centers, Day Hospitals, Hospital admission departments and associations

around Spain start to build their activities around multifamily therapy. At the moment of writing this article, there were already more than 25 multifamily experiences running in different institutions.

*4.5 MGT in non-specialized in mental health institutions*

MGT has also been introduced into the education system and into public health system not related to mental health. The school Mariano Benlliure of Elche is a pioneer in the application of a weekly MGT, whose aim is to give an answer to the continuous demand from parents who ask for support and contention. These MGT sessions stimulate the exchange between families having children with shared difficulties, approach family relationships and interaction family-school. This group embraces functions of both parenting school and therapeutic intervention. In the same way, the Unit of Pediatrics of the General Hospital of Alicante runs since a year ago a MGT open to both hospitalized children and outpatients as well as to their families. This children affected by diverse illnesses and their families find in MGT a space to share their experiences and to find mutual support, but also a space to work on attachment and emotional bonds that may interfere on the child evolution.

*4.6 Projects for establishing new MGT*

Several teams are preparing the establishment of new MGT in a wide range of institutions, both in Spain and Europe. Special emphasis must be placed on the Leonardo da Vinci Project 2012-2014, coordinated by the Mental Health Association, Elche, Spain. Under the title of "Family: its role in empowering of the patient" this project aims to create a network on mental health issues and to establish MGT on mental health institutions in several European countries : France, Belgium, Island, Spain.

**Discussion**

The establishment of inter-family therapy groups in the institutions of the south-east provinces of Spain and its later spread to other places in Spain and Europe is a consequence of the raising of awareness of the professionals participating in the forum of Elche concerning this model's validity and usefulness. These professionals relate this successful diffusion to the following factors:

1. An understandable theoretical base.
2. The openness of its setting, which is able to integrate and make compatible several theoretical approaches in psychotherapy.
3. The easiness for acceding to the model's knowledge 'in situ', through the participation in the interfamily therapy groups already operating.
4. The compatibility of this model with the other therapeutic interventions (individual, psychopharmacological, family, group interventions) that benefit the patient.
5. The economy and productivity of interfamily frame, where several patients with their families bring together their therapeutic treatment into the same time, space and with the same professional resources.
6. The universality of its instruction, since it is a therapeutic resource accessible to all patients, whatever their diagnosis is, and to their families. Likewise, the possibility of establishing this model in other contexts than mental health turn it into a valid resource for achieving interaction between families and professionals in different institutions.

7. The possibility of uniting aspects of self-help and therapeutic interventions within a shared space (García Badaracco, 2000). Likewise, it functions as an exceptional place for professional training and supervision.
8. The inclusion of all the professional team within therapy and having interfamily therapy as a vertebral column to the rest of therapeutic activities within the institution (Sempere, 2011).
9. The therapeutic power perceived by the participants (patients, families and professionals).
10. The multifamily frame facilitates an immediate, regular and continuous treatment, which makes possible an easing of congestion of the professional engaging book, as well as keeping lower the number of urgencies and admissions of patients, even though this impact has not been measured statistically.

The establishment of multifamily group therapy, however, has not been exempt of difficulties that have often undermine the moral of professionals and have raised doubts about this model. Among them, we can mention:

1. The surprise and confusion of some professionals for this open and spontaneous setting, usually professionals that are used to more closed and rigid settings (Sempere, 2005).
2. The institutional obstacles to accept this model for considering it "not much orthodox", "transgressor" and "anarchic", as well as the boycott done by some professionals that do not refer their patients or make difficult their access to multifamily group therapy.
3. The lack of a single methodology for the application of a therapeutic intervention in a context so open and spontaneous.
4. Difficulties for co-coordination in such a big group with multiple mental health problems and the risk that conflicts among institutional hierarchies could be acted out in the group.
5. The limited experience and previous training of some professionals in specific aspects of multifamily group therapy may lead to groups that are not really 'psychotherapeutic'.
6. The non-attendance of some families that are surprised by this wide setting so different from their previous ones. This absence could be also due to the way in which professionals qualify this therapeutic setting, showing it as a 'supplementary and incidental activity' compared to the individual therapy.
7. The lack of scientific studies about effectiveness, efficacy and efficiency of this model and the impact of its application within institutions is a big obstacle to achieve its inclusion in mental health and social policy. Several researches that some members of the Forum of Elche have started at the University of Murcia may shed some light on this concern.
8. There is still a long way to run regarding diffusion and application of this model in more institutions, goal that must be preceded by more revision and a wider spread of training forums.

## Conclusions

During the last years, the Multifamily Group Therapy, which is inspired by Multifamiliar Psychoanalysis of García Badaracco, has been established progressively in multiple institutions

both public and private ones, especially in the Spanish provinces of Alicante and Murcia. Its frame of implementation goes beyond mental health institutions, embracing other sanitary, educative and social areas. Nowadays, there are more than 25 MGT working on a regular basis and functioning as the main structure of the rest of therapeutic activities of their institutions, besides of new projects of MGT in other Spanish and European institutions. The fast assimilation of this model by some professionals probably has to do with its power to conjugate family, group and socio-community therapy, the simplification of its theoretical basis, its ability to integrate any theoretical model of therapy, its open and spontaneous context, its therapeutic power and the optimization of economic and professional resources. Besides, the success of its application in other contexts no limited to mental health suggests that the expansion of this model to any type of institution is feasible. It is necessary, however, to keep revising the theoretical basis and methodologies of MGT, as well as promoting scientific research that measures its efficacy in an objective way.

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