

# **Multifamily psychoanalysis: a story on a theory of mental illness and cure**

**Domingo Boari**

Buenos Aires, Argentina

*Ten minutes later, I stopped feeling like a strange and was astonished. People was talking with such a level of honesty and commitment that I was moved. I cannot remember what they said, I just know that they were speaking with their souls.*

*It was my first attendance to a multifamily meeting and I took part in it in absolute silence. It was held on August 2003 in the Argentine Psychoanalytic Association, and was coordinated by Dr. Jorge García Badaracco. When it concluded, I decided to return home on foot, walking in the solitary winter night of Buenos Aires. The many blocks I walked along were not enough to leave my astonishment behind.*

*Every Tuesday, during the following six months, the same scene, the same experience, the same shock and, of course, the same silence repeated themselves. The living experience of multifamily psychoanalysis pervaded my mind as a gentle rain on a cultivated soil.*

*What came after that is a long story.*

## **1. Mutual interdependencies: a theory on becoming mentally ill**

Jorge García Badaracco (1923-2010) was an Argentine psychiatrist and psychoanalyst with deep roots in Freudian thought. He was trained in Paris in the 1950s and then returned to Buenos Aires, where his clinical practice—both in public hospitals and in private consultation—was oriented mainly to the treatment of psychoses.

The well-known limitations of psychoanalysis to treat psychotic cases drove him eventually to the development of an original approach under the name of “multifamily psychoanalysis.” It is a new conception in the line of complex thinking in which the theoretical, therapeutic and research interests are united, as they were in Freud’s. As a method for the treatment of mental patients, it integrates a number of resources and gives the chance to work simultaneously on the individual, familial and social dimensions of the mind.

García Badaracco’s basic concept, the one which amalgamates his theoretical and technical approaches and is the key to his theory of mental illness and cure, is that of “mutual interdependencies.”

The human world is a world of intercommunication. It is increasingly seen that what we are is largely based on the interdependencies we engage in. Each and everyone of us is constituted as a person through interdependent relationships.

Identifications that will eventually build an individual’s identity are created in relational bonds. That which is lived in creative interdependencies remains within oneself as

an experience contributing to the development and enrichment of the ego under the guise of a set of potential or effective abilities forming what García Badaracco called “genuine ego resources.” Instead, those experiences coming from pathogenic or traumatic interdependencies keep their power to cause an illness and generate identifications leading to madness.

Bonds likely to lead to psychosis prevent the development of genuine resources. Thus, within the weft of sick interdependencies fixed relationships come to live while new bonds are obstructed and discouraged at any price. In other words, these mutual interdependencies are vicious circles generating increasing dependence. It is not that dependence is bad in itself, what is bad is the *fixedness and exclusiveness* of those bonds, which for that same reason become perverse.<sup>1</sup>

Many times, there is at the core of these wefts a fixed dyad, where a master-slave relationship or a sadomasochistic bond prevails. García Badaracco described a specific object quite prominent in some typical situations, which he called *maddening object*.<sup>2</sup>

According to this view, mental illness is largely the result of the existence in our lives of maddening presences that have not allowed the development of genuine ego resources to cope with life, prevent the deployment of the *real self*, and actually result in a relative disability.

For García Badaracco, these interdependencies were so relevant in the generation of a psychosis that he even said that *without these interdependencies psychosis cannot exist*. That is to say, it cannot exist as something autonomous or ontologically recognizable. Psychosis exists as it is created and recreated once and again by a sick, maddening weft that gives rise to mental illness as a way to get some benefit —usually more imagined than real.

Madness is, then, a collective creation *in which both the maddening object as the so-called mad person are involved*. Of course, the reason why these bonds are created and maintained (sometimes throughout the whole life) is that through them the individual tries to avoid *a number of very painful emotional experiences, such as helplessness, insecurity, vulnerability, defenselessness*.

---

<sup>1</sup> The reader will perhaps remember that Freud (1905d) considered fixedness and exclusiveness as determinant elements in perversions.

<sup>2</sup> Perhaps it is pertinent here to examine the metapsychological condition of this object. In my view, it should be left ambiguous in order to admit different interpretations according to each context or circumstance. Sometimes, one speaks of a “maddening object” actually referring to a real-life object, that is, a specific person having a great influence on another, which gives rise to a pathogenic dependence. In other cases, the phrase relates to an internalized object, so that the maddening effects are caused regardless of the presence of someone in the flesh. In the latter case, the maddening object may operate in two clearly different ways: (1) as a superego identification, so that the person keeps behaving, let us say, obediently and fearfully, as if the object were actually present; and (2) as a partial or total ego identification, in which case the person goes behaves as the object did. García Badaracco called these different forms of internalization of the object as the “presence” of those personae in our lives, or as their “being within us.”

Once more, the truth that psychoanalysis revealed from its very beginnings becomes apparent: human pathologies have a profound meaning; they are inefficient, wrongheaded, failed ways of obtaining some benefits that the individual deems vital and essential.

If the warp of pathogenic interdependencies is unwoven, ipso facto madness ceases to exist. It is as if a number of different lights having a complex and artistic structure were projected unto a stage creating the illusion that there is an actual, real, spatial material. The mad person is, then, the product of a weft or relationships in which he or she is trapped.

In case that the imaginary lights of our analogy were turned off, the object that is the result of those projections would disappear. In the same way, if we are able to undo the maddening threads of the weft, madness would disappear and the so-called “mad person” would have the opportunity to develop his or her real self, his or her healthy potential.<sup>3</sup>

The warps of interdependencies giving origin to psychosis are so fixedly and exclusively woven that they can be rightly called “Mafia nets.” Indeed, they have been threaded through pacts that are difficult to dissolve, and those who attempt to do it—from the outside, as in the case of the therapist, or from the inside, as in the case of the patient—are the target of all kinds of accusations, threats and aggressions.

What happens is that the weft is at the service of very primary needs, and in the attempt to unweave it very intense pains and fears are revealed; to avoid these feelings the individual acts with such a violence that, even when one “knew” beforehand that this was a logical consequence, is nevertheless taken by surprise once and again.

Those who take part in pathogenic or Mafia nets do not do so as a result of a voluntary decision: they are the victims of a system that involved them without asking their permission and that will not let them out. But it is also true that once within the system, it is believed that leaving it is the same as dying. Not even the “mad persons”, who ultimately are rather the victims of all the situation, dare to free themselves from their subjection. For *to un-identify themselves* and leave madness behind, they must go through a painful feeling of void that often gives rise to what is known in psychoanalysis as a negative therapeutic reaction.

It may be said that madness is, ultimately, the undesired result of the attempt to escape from the basic traumatic situation described by Freud in *Inhibition, symptom and anxiety*. Freud thought that the early experience of helplessness is universal and a determinant factor in the human condition, but also in the fate of every particular person. The more intense the original helplessness, the greater the anguish that anticipates its repetition and the most extreme the means to be used to avoid a new state of helplessness.

---

<sup>3</sup> This categorical statement may give rise to a misunderstanding: that to unweave the maddening weft is very easy. When then one realizes that it is not, one may be led to believe that the core of García Badaracco’s essential assertions is not true. If this happens, it is because the extraordinary difficulty of undoing the pathogenic nets is not correctly appreciated. In many cases, these nets have consolidated along many generations and left almost irreversible damages, which last even when the person who “embodied” the maddening object is not physically present any longer.

In García Badaracco's work we can see the consequences, on the players in this drama, of the trauma produced by the experience of helplessness and by the anguish felt when it threatens to repeat itself. In this case, this anxiety is lived more as a catastrophe than as a signal.

The psychotic patients are subjected to a permanent, constant trauma. They accepted to submit themselves to interdependence as a way to avoid the experience of helplessness. In this sense, these patients are victims since their early childhood of an object that, instead of helping them to overcome the experience of their frailty, threatens to abandon them and leave them exposed to the helplessness that they so much fear. The ill persons stay fixed to the terror that the possibility of total helplessness causes them, or subjected to the whims of the maddening object, which only offers them a precarious and illusory protection.

But if we examine all the dimensions of the weft, the maddening object—that is, the manifest victimizer—is also helpless and fragile. Precisely, he or she actively builds the warp so as to avoid these feelings. Apparently, he or she does this with the aim of giving protection or security to their dependent subject; however, the maddening object evidently resists any change in the interdependencies he or she has generated so as not to be flooded by the painful feelings of his/her own that have been previously projected.

## **2. Multifamily psychoanalysis groups: a theory of cure**

García Badaracco said that many years of clinical experience had led him to the conviction that, regardless of how ill a person may be, there is always in him or her a potential *healthy virtuality*, from which a re-development leading to health can start. And he considered that the best context to unweave, undo or dismantle the pathogenic wefts is what he called “therapeutic community with a multifamily structure.”

It consists in open psychotherapy groups in which both the patient and his/her family participate, within a broad and loose setting (according to the patterns we are used to). It might be that the sessions are not attended by the family as a whole or even that only one of the patient's relatives does it. It might also happen that the “sick person” refuses to attend but then, after seeing the changes produced in the rest of the family members as the weft that made them prisoners is dismantled, decides to come and generates new stimuli, giving rise to new changes in its turn.

Sessions are usually once a week; the number of participants may be quite large. The presence of some other therapists or co-therapists besides the main coordinator of the meeting is advisable, though not indispensable. The advantage of their presence is that very intense transferences—such as those existing in serious cases—may be distributed among different people, thus diminishing the risk of massive counter-identifications that may hinder the work.

The *technical principles* leading to success in this kind of psychoanalytic psychotherapy are many: a respectful listening; the legitimacy of the symptom as a way of

saying something inexpressible in any other way; the search for honesty (enhanced by the presence of the group, always ready to detect insincerity and deceitfulness); the relevance of understanding lived experiences avoiding any kind of intellectualization, and so on.

However, what I most want to emphasize here on this theory of mental illness and of cure is that once the maddening weft binding together the different parts begins to undo, *the cure happens as a consequence*.

Several reasons explain why these large meetings help to make conscious and unweave the pathogenic interdependencies. Some of them are the following:

- the presence of other people with the same or different problems, more or less severe than one's own, who spontaneously play out their pathogenic interdependencies;
- the observation as outsiders of maddening wefts in which each individual may see their own pathogenic interdependencies wholly or partially reflected;
- the fact that either the coordinator or some other participant may interpose as a third party when symbiotically sealed dyads are staged;
- to witness in other people the incredibly strong resistance sometimes put up by individuals to changes that are beneficial to them;
- the observation in other family groups of changes that seemed unattainable, and the hopefulness emerging thereupon.

These and other elements—or rather the whole setting of the multifamily technique—make for *an enlarged way of thinking*: it is then possible to think together what was impossible to be thought by oneself.

While to be in individual therapy is not a requisite to attend the multifamily meetings, the most convenient arrangement is that in which individual psychoanalytic therapy and multifamily psychoanalysis complement each other. In this case, each kind of therapy enriches the other and the best results are obtained.

It is worth mentioning that, as in most psychoanalytic treatments, clinical work is also here the best research field. The environment generated by multifamily psychoanalysis groups is one of the most fruitful as regards observation and research of interdependencies.

### **3. Yesterday: the beginnings of an experience**

On June 2004 a group of colleagues and I established the Psychoanalytic Center for Research and Assistance (Centro Psicoanalítico de Estudio y Asistencia, CPSEA). Some time later, we were required by a local school to treat in several opportunities patients with the Down syndrome. With the deliberate purpose of doing a pilot study, on April 2005 two female pupils of our Training Institute for Graduates began to treat two of those patients. The

need to include the parents was immediately felt. We thought that the method proposed by Dr. García Badaracco for the treatment of psychoses was the best approach in this case, and by the end of April multifamily psychoanalysis meetings began. They were coordinated by me with the help of Lic. Olga Inés Pon, Lic. Andrea Di Bella and some other colleagues.

By November that same year, almost twenty persons, belonging to about six different families, were attending the sessions. Almost all of them had a child with some sort of intellectual disability,<sup>4</sup> having disorders of diverse level or intensity and various etiologies (genetic, toxic, neurological, etc.).

The demand of help led us to work in something which was not in our plans; but at the same time it is impossible to engage in any clinical task without a hypothesis suggesting that the task may be successful.

The treatment of patients with Down syndrome had as its starting point this idea: psychoanalysis has taught us that in order to avoid painful feelings people build defenses. It was apparent to us that even people with some sort of intellectual disability are liable to resort to some sort of defense, hiding to themselves painful feelings such as jealousy, anger or fear, so as not to suffer. Our work would be based on the conviction that they are able to acknowledge their hidden feelings and also the fact of their having hidden them.

Our work with families, instead, is founded on the following hypothesis: *it is possible to discover specific family wefts favoring the fixation of several forms of intellectual disability, which give origin to a permanent childish dependence, greater than what is usually needed.*

With this hypothesis, we embarked on the experience of applying multifamily psychoanalysis to families in which the most evident pathology was the presence of a member with an intellectual disability. It is conceivable that, beyond causes that may be strictly demonstrable (such as genetic ones,) the disability itself might be induced and maintained by a weft of mutually pathogenic interdependencies.<sup>5</sup> We assumed that, regardless of the original limitations —since many intellectual disabilities have an organic base— there is in every case an intellectual and affective potential that could not be aptly developed because of the disabling family wefts.

If madness manifests itself as a thinking disorder taking the mentally ill person away from reality, an intellectual disability may be described as a thinking deficit making the exchange with reality more difficult. In both instances the person depends in variable degree

---

<sup>4</sup> After reading the moving *Montreal Declaration on Intellectual Disability* (OPS/OMS, October 6<sup>th</sup>, 2004), we chose to adopt this term rather than the older “mental retardation,” “mental weakness” or “mental deficiency.” The international conference that wrote this declaration deserves to be respected and trusted. Being integrated, among others, by some intellectual disabled members or by persons with some other disability, it cannot be suspected of any sort of discrimination; perhaps for this same reason it has been completely free to rightly call human limitations by its real name, without fear or the need to resort to denials and euphemisms.

<sup>5</sup> They could be named “disabling”, “retarding” or “stultifying” interdependencies.

of third persons, usually his or her closest relatives. In the various forms of intellectual disability, dependence emerges from the gap, that must be filled, between the small amount of what the ill persons know and that what they need to cope satisfactorily with life. Thus, intellectual disability *is a cause of lifelong dependence* —and the more severe the disability, the more evident the dependence.

We began our work based on these ideas. To recount it, there is nothing better than an example.

*Estela: a way of being acknowledged as a human person*

Estela, 15 years old, has a Down syndrome; she was our first patient in the beginnings of this experience. Her mother came alone to the admission interview showing her willingness to help, and this encouraged us. It was decided that the individual sessions were going to be conducted by Lic. Constanza Bonelli and that Estela's nuclear family as a whole —her parents and her two brothers— should attend the multifamily psychoanalysis sessions.

In the first interviews, Estela's mother said that the girl had overcome her toilet training at two years and a half but that “even today sometimes she forgets perhaps to go to the bathroom and still messes in her pants. Some days ago, she was near the school when she suddenly had her period and made a mess of herself. These things happen to her from time to time...”

We later came to know that this lack of control did not happen at random. In one of the first sessions, the incontinence happened just in front of the consulting room building, while Estela, unwilling to enter, was arguing with her mother. Facing the relentless insistence of the latter, Estela made a mess of herself, so both of them were forced to return home.

An approach that did not take into account mutual interdependencies would probably describe this symptom as a bizarre behavior, caused by the girl's genetic pathology. Perhaps this is the way the mother would rather understand it. It could also be thought of as the consequence of the girl's whimsicality, her stubbornness, her rigid obstinacy, and then assume that being so frequent in patients with Down syndrome, these symptoms are to be attributed to that condition. However, the symptom disappeared very soon and what happened later in one session gave us a clue to understand its meaning.

In a relaxed moment of that session, the mother began telling a story whose protagonist had been Estela, who was absent-minded at that moment but when hearing that the talk was about her became suddenly tense. Realizing her tension, the coordinator told the mother to ask Estela if she wanted that she went on telling us the episode. Estela definitely answered that she did not want, but the mother continued the narration *as if Estela had not spoken*. This attitude of the mother took by surprise the whole group, who naturally intervened to stop the narration. Even then, the mother attempted to continue with the argument that “anyhow,

Estela says no to everything.” Then the coordinator firmly stopped her and told her to respect her daughter’s wish.

Following this, the coordinator explained that when Estela said no to everything, it was not out of a whim but as a way to demonstrate that she was different to the rest and had a right to tell her own opinion. He added that “to say no” is a kind of normal self-assertion in all children having a good development.

The changes we witnessed after this made of that event a privileged moment in the treatment. Estela began to sit differently in her chair, and also her gesture and smile looked different. The mother realized, *experientially*, how she usually acted regarding her daughter. Her mix of shame and blame was the expression of her purpose of trying to avoid being overwhelming and disrespectful with her child in the future.

Other parents participating in the session felt “touched” too, and understood in some way why their children tended to say “no”. They felt relief in discovering that their children’s stubbornness was a consequence of their being intellectually disabled. They had a glimpse on the meaning of their children’s behavior when defending their own spaces, objects and possessions. They began to value those attitudes as a way of standing out in the world, of being themselves and of getting some acknowledgement and respect for their selves.

#### **4. Today: the task has not been discontinued**

Almost ten years have elapsed since this group met for the first time. Lic. Andrea Di Bella and I went on with its coordination through all this period. Though meetings take place now at the same institution, CPSEA, it has been moved to a larger and more comfortable building. In the last four years, meetings *have not been fortnightly but weekly*.

Through this decade we had the company of many colleagues as permanent assistants, as pupils training in multifamily psychoanalysis or as mere observers interested in the phenomenon.

Ours is an open group and, as stated in García Badaracco’s theoretical proposal, also heterogeneous. Within this setting, patients have renewed a lot. In the last five years, we treated only a few families with intellectually disabled members. Attending patients and family groups are now common people with personal and/or family conflicts of diverse degree of severity. In average, each meeting is attended by fifteen people.

Some of them are definitely committed with the treatment, feel that they belong to the group and that it clearly helps them, and even say that it changed their life. In the opposite pole, some come, take a look and go away. Between the former and the latter, there are those who stay a time, solve some of their problems and do not come back; there also some who return when a new painful situation appears in their life.



Our goals and way of working are the same, insofar as we may be the same after ten years of practice. It could be said that our goal is to understand interdependencies in order to act upon them. Our belief, increasingly corroborated by experience, is that the only really effective thing someone can do if wanting that people change is to change himself or herself.

However, what most impacted us lately is to realize how useful this space has become to confront what is different.

*Santiago, one Monday after being on the brink of abyss*

Santiago comes to the sessions neatly dressed. It is apparent that he carefully chooses what clothes or sneakers to put on when coming here. His neat and dignified self-presentation is in contrast with his discourse on himself. He says his mother did not want him, that he is the child of a prostitute who recognized some of his siblings, but abandoned him.

He does not say it to be sympathized with, he rather does it to convince himself that there is no remedy for his afflictions and that to be hopeful is useless. He seems to think that the reason why things go wrong to him and he is not the good person he would like to be lies in his origin.

He is not coming because he is concerned for himself, but because he is worried about his responsibilities as a father. He has two daughters: Valentina, 8, and Morena, 3. He has not been successful as regards his love affairs: his daughters come from two different couples and at present he is also estranged from the little one's mother. He says he has never received love from other people and does not want that the same happens to his daughters, so he will do whatever is possible to give them love. They will thus know how to love.

He was well-received in the group from the very beginning and everybody likes him. From time to time, he does not come for one or two months, but when he is back everyone is happy. His interventions are remarkably sensible and pertinent, even when referring to people whose life is quite different from his. Liliana, for instance, a solitary professional woman who is more than sixty five years old and is also member of the group, says that she feels quite understood by Santiago, in whom "she has found a brother".

One Monday like many others, Santiago kept silence during the meeting. He did not seem to be anguished, but when he had a chance he began to tell us the following:

*Yesterday was a very bad day for me. Valentina's mother had an attack and she did not want that the girl stayed all day with me. Sundays are the only days in which I can be a good time with Valentina, the best day both for her and for me. Her mother knows it and does what she did yesterday on purport. I felt very bad, I was angered, anguished, I do not know how I felt. I drank a beer, then another, and all my promises went to pot. I went to the River Plate stadium, I was crazy, I wanted to fight with somebody. I saw the soccer match in the middle of the gang of River fans. It has been a long time since I last did a thing like this, I had promised not to go there anymore. We*

*began fighting the police with sticks and I got nuts. It was a great mess, I think it was seen by TV because several people were arrested.*

*When I get mad in this way I do not recognize myself. I just want to fight with anybody, be it someone of the other gang, of the police or even of my own gang. I get crazy, am another person...*

*When I got back I was destroyed and today I could not go to work, I did not get up until three p.m. I was not in the mood for coming here, but well, here I am. I am a disaster.*

There was silence. All of us were shocked. Everyone had seen by TV the uncontrollable violence among the gangs the day before.

As coordinator, I thought we had to take some time to re-accommodate our perspective about the event. The time each needed had to be respected. We were not any longer in front of the TV, looking with horror from the outside those riotous wild people, but just next to one of them, listening to his miseries. We were witnessing how he let himself be overwhelmed by untamed devils who have seduced him with the promise of frightening off his anguish on a Sunday afternoon without his daughters and with no company.

Someone asked how Valentina had lived that day and why the mother had those attacks; the timely question alleviated a bit the tense atmosphere. Only then I decided to speak about anguish and about what anyone may do to avoid it: before the abyss, we may pact with any devil in the hope of saving ourselves from falling into a precipice of a bleak and gloom distress.

The working through continued in the group by remembering how, through the stories of different patients, we had witnessed other frequent methods to escape anguish, such as drugs or alcohol, gambling addiction, family violence, self-inflicted cuts on the wrists or arms.

A participant remarked later the importance of the multifamily sessions *as a place where one may count on others*, and said this was evident in the fact that though Santiago had not been able to go to work, managed anyhow to come to the meeting.

I was very moved, but did not say anything.

## **5. A place to encounter differences**

In our usual gathering after each session, what had happened to Santiago made us recollect some other *dialogues between opposite parties* that had already taken place in the group.

Not very long ago, a young woman called Yésica, who was not even 15 years old, left everybody dumbfounded. At that time, her only manifest interest was to collect enough money to buy the expensive ticket to attend the Buenos Aires recital by the Canadian singer

Justin Bieber. Knowing that her father had left home and her mother had real economic difficulties, the group members, attached to the girl for her kindness, were divided between those who encouraged her and considered that hers was a logical adolescent desire, and those who wanted to deter her from spending so much money in a show that was rather superficial.

One day, after she had spent all night in the theater queue, we asked her how the experience had been and whether she had got the longed-for ticket. Quite moved, she explained to us that Justin Bieber “came from below” and, to her, he represented values which are not very common in today’s society. She added that nowadays she admired, even more than Bieber, the young American singer Lady Gaga because, while representing the same values than him, she had kept them “in a purest state.” She spoke with such an intensity of emotion and conviction that I cannot reproduce her words without the feeling that I am betraying her spirit.

After the initial surprise, there remained in all adults gathered there a more lasting sentiment of astonishment: we had had the unique opportunity of catching a glimpse of the inner world of an adolescent whose richness we had not even imagined.

Some time before we had lived something similar in the group when witnessing how the sixty-year-old Carlos, a passionate leftist, more emotional than rational, accepted and tried to understand why Federico, a young man with no father and very dependent on his mother, enthusiastically adhered to fascist political proposals. Very attentively and somewhat moved, we followed the friendly dialogue between two men whose viewpoints were so opposite that were they to confront each other on the street, they would have likely had a violent clash.

Coming back to Santiago and his encounter with us after hearing his story, we should conclude that it was not an isolated event but one within a series to which Yésica’s and Carlos’ cases belonged too. It is neither usual nor easy for adults to listen to what adolescents have to say. Even more difficult is a dialogue between persons with political positions close to fanaticism. And an exchange between a violent outsider and those who are (or think they are) not on the margins of society but within it, is almost unbelievable.

However, the best lesson from Santiago’s episode was that if an exchange between him and us was possible, it was because before that there had been a painful and brave dialogue between the part of Santiago that went to the stadium and the one that wanted to give love to his daughters. It had been Santiago himself who was able to face and acknowledge these opposite parts of himself.

-----0000000-----

*Ten years have elapsed from my rambling home alone after my first sessions of multifamily psychoanalysis.*

*Today our meetings begin earlier and Buenos Aires streets are not so empty when I return home. I do not walk alone, either. I drive first to the house of Pedro, a young committed colleague.*

*Relaxed after the work done, during the trip we use to talk about the group or any other subject that may emerge. Once I regretted that a patient everybody in the group was fond of had stopped attending the sessions. Pedro remarked that the patient went away feeling much better than when he came, and was even able to begin to work again after being absent due to a painful psychiatric event. “And who knows how many things he took inside with him when he left,” Pedro added. Perhaps Pedro was right, but I still thought that the patient needed much more, and I would have liked to be able to go on helping him.*

*That Monday session in which Santiago told us how madly he had spent his Sunday was, on the contrary, one of those days in which one feels that his work is not in vain. I remember to have thought that day that the group as a whole and all its members were showing signs of being more mature. Santiago’s story led us to experientially verify that both tenderness and violence are within each of us, and that a dialogue between the angels and demons that inhabit us is not impossible.*

*That is why that night, when I left Pedro at his house and turned at the next street to go my way, I was more hopeful than usual. And when I was half a block from my home, stopped at the traffic lights, I remember to have enthusiastically said to myself: “I will have to relate all this.”*

## **Bibliografía**

- BOARI, Domingo y PON, Olga Inés (2011) *En los límites de lo posible*, Ediciones Biebel, Buenos Aires.
- FREUD, 1905d) *Tres ensayos de teoría sexual*, en *Obras completas*, Amorrortu editores, Buenos Aires, 1986. Tomo VII.
- FREUD, 1926d [1925]) *Inhibición, síntoma y angustia*, en *Obras Completas*, Amorrortu editores, Buenos Aires, 1985. Tomo XX.
- GARCÍA BADARACCO, Jorge (1990) *Comunidad terapéutica de estructura multifamiliar*, Tecnicpublicaciones, Madrid.
- GARCÍA BADARACCO, Jorge (2000) *Psicoanálisis multifamiliar*, Paidós, Buenos Aires.
- GARCÍA BADARACCO, Jorge (2005) *Demonios de la mente. Biografía de una esquizofrenia*, Eudeba, Buenos Aires.
- MANNONI, Maud (1964) *El niño retardado y su madre*, Paidós, Buenos Aires, 1990.
- MANNONI, Maud (1967) *El niño, su “enfermedad” y los otros*, Nueva Visión, Buenos Aires, 1987.
- MITRE, María Elisa (1998) *Las voces de la locura*, Emecé, Buenos Aires.
- OPS/OMS (2004) “Conferencia internacional OPS/OMS de Montreal sobre la discapacidad intelectual”. Organización Panamericana de la Salud/Organización Mundial de la Salud.  
[http://www.declarationmontreal.com/docs/declaration\\_espanol.pdf](http://www.declarationmontreal.com/docs/declaration_espanol.pdf)