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THE PAST IN THE PRESENT: TRAUMATIC EXPERIENCES AND TRANSFERENCE IN PSYCHOANALYTIC FAMILY THERAPY

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At teaching hospitals, therapists are usually exchanged after they graduate. It is a delicate moment for patients due to the uncertainty surrounding the treatment, the yet to be elaborated grieving over the exchange of therapists, and the experience of powerlessness, for they have no say in the matter. The assisted population is usually very needy in many senses: sick (often gravely), living from hand to mouth, coping with the lack of an education that could allow them to advance socially, and deprived of sufficient social assistance due to government disregard. Under such circumstances, the exchange of therapists causes a great deal of suffering for the patients, who already want for so much. In psychotherapeutic assistance, as they

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move from a known state to another – unknown – one, they fear that change will be catastrophic, especially because of the threat of swapping a situation in which the experience is being thought of and shared, for another one, ignored.

A family with a weekly appointment of family psychoanalytical therapy (PFT) at the psychiatric ward of a public university hospital asks their family therapist if she was about to leave at the beginning of that year, as had the therapist in charge of treating one of its members. Just a straightforward question asked at the end of a session – "Are you leaving as well?" – that, if actually answered, may prevent the discussion of a broader situation. The answer was "no"; nonetheless, saying it meant driving away the possibility of approaching what turned out to be the most affection-full focus of the session.

How do we start approaching a family?

We start approaching a family from what we are, with the theories that support us and with the special approach derived from specific training, based on personal analysis, theoretical studies and supervised practice.

At the beginning of the treatment, the family history is brought in pieces. It starts with the reason that motivated the appointment, the complaint - usually centered in the symptoms of one of its members, the spokesperson of the family system. Depending on the course of the treatment, afflictions and diversified accounts, current and past, can be altered. There are stories that take longer to be approached, because the family group requires the establishment of trusting relationships in order to mention them. This is particularly evident in terms of traumatic situations.

Emotions are what articulate our psychic experience, and trauma – due to its violence and unpredictability – causes an excitement afflux that overwhelms defense mechanisms, trumping their usual efficiency, disorganizing thus the psychic economy in the long run. Over excitement is what characterizes the trauma, be it caused by a brutal event or by a series of overlapping facts, reinforcing the feeling of want of power, protection and help.

Treating traumatic situations involves building something psychic where there is a void, using the emotional experience lived through therapy, particularly in the transference relation. It also involves, on the side of the therapist, creatively supporting the angst, restlessness, and discomfort. Forced therapist exchanges, as the ones that commonly happen at teaching hospitals, imply altering the setting and

transference dynamics that may revive traumatic family experiences, precisely due to the powerlessness of the family members: they have no choice. On the other hand, countertransference experiences are also relevant, related to both the leaving and the substitute therapist.

A beltway approach

Thinking about the family therapist approach, at first we conceived a two-way situation; nevertheless, due to its transference-countertransference complexity, the image of a beltway, with all of its ways in and out, seemed more appropriate. In PFT, there are numerous – past and present – voices, in synchronic and diachronic directions, with their transgenerational registries.

Although some authors (to whom this text will reference further on) are not family therapists, we regard their approach as relevant collaborations to understanding the very complex aspects related to the transference-countertransference dynamics in PFT.

Ogden (1996), considering patients under analysis, notes that the matrix of transference "can be thought of as the intersubjective correlate (created in the analytic setting) of the psychic space within which the patient lives" (p. 158). This matrix reflects the inter-relation between the essential forms of organizing experience, presented by the author as derived from the autistic-contiguous, paranoid-schizoid, and depressive positions. Such forms, together, configure the singular quality of the experiential context within which psychic contents are created, that is, they determine states of being that promote the nature of how thoughts, feelings, sensations and behaviors are created, lived, and interpreted by the patient. Therefore, there is a subjective construction at the analytic setting, in which the therapist unconsciously takes part, and to which he has access, partly, through his countertransference.

To us, Ogden's observations seem very appropriate for thinking over PFT transference, which, however, has its own peculiarities. We are talking about group transference, but of a special group – the familial one – whose psychic apparatus is considered by Ruffiot (1981) as matrix of all other group psychic apparatuses, including thus the family group in treatment, which comprehends the therapist(s).

The family group has its unconscious organizers, approached by different authors with some variations (Anzieu, 1975, 1984; Ruffiot, 1981; Caillot and Decherf, 1982, 1989). However, for the purposes of this text, we focus on the ones proposed by Eiguer (1983):

1) the choice of object as love emerges which is influenced by each partner's Oedipus;
2) the family self with its three aspects: the inner habitat, the feeling of belonging and the ego's ideal; and lastly;
3) interfantasizing, that is, the shared fantasies that may be either a source of conflict or creativity.

When approaching the specificity of familial transference, Eiguer (1983, 1987) considers that the passage of affective energy is common in both individual and family approach. The author proposes that, instead of borrowing the notion of individual transference, familial transference should have an identity of its own, based on its original aspects. Thus, he defines it as the common denominator of fantasies and affections related with the common psyche and with a past familial object, referred to the therapist through displacement or projection. For the author, familial transference is a product of the group phantasmagoria and the singular activity of the family, reproduced in the specific bond with the therapist(s), with its prototypes, imagoes, ideals, traumatic experiences, etc. Eiguer distinguishes three types of transference – the central one to the therapist(s), to the setting and to the process – distinctions which we see as useful only in pedagogical terms because, in the end, all of them will recoil upon the person of the therapist(s). He proposes a restricted conception of transference, commenting that, the more transference we acknowledge everywhere, the more it loses in terms of strength, and mutative and interpretable specificity. Is this what happens in a familial process? We understand that working with families implies broadening the concept of transference, appreciating it in all of its complexity, through the flows and routes in different directions, as in a beltway.

Joseph (1988), on the other hand, emphasizes the idea of transference as a structure where something is always going on, where there is always movement and activity. The author leads us back to Klein (1952), to whom, in order to clarify transference-related details, it was vital to think in terms of *total situations*, transferred from the past to the present, as well as in terms of emotions, defenses and object relations. Therefore, everyday life accounts, as well as silences and even non-verbal communication are indications for understanding unconscious anxieties mobilized by the therapeutic setting and the situation of transference.

Countertransference, seen at first as an obstacle to the analytical work, gained a broader meaning, being seen as an essential tool for the development of the process. Joseph (1988) comments that the

notion of being used and have things constantly going on around us, if we are able to perceive it, brings to surface many other aspects of transference. Besides, countertransference also bears causes and effects onto the patient, so it is also an indication of something that should be analyzed (Money-Kyrle, 1978).

In light of what has been said about familial transference, we may consider the complexity of PFT countertransference. Family therapists have themselves a history related to their original and constituted families, as well as life choices and professional development, which involves embracing a technical-theoretical line, hence an affiliation. In a consult, with objects circulating though the intersubjective relations established, they are mobilized in different ways and at diverse points of their life trajectories. Paraphrasing Klein, can we consider countertransference in terms of total situations? We believe so, especially because those are living situations.

Family therapists communicate to family members their understanding of the relations under discussion so as to facilitate psychic transformations. The familial transference dynamics is, in principle, the center of interventions and is connected to the presently lived emotional relation of family members with the therapist(s), within the "here and now" of the session. In this way, past expresses itself in its multiple angles, as well as its elaborations and transformations.

However, dark periods of misunderstanding are unavoidable, when the train of thought is lost, particularly in paradoxical injunctions. The loss itself generates tension, both in the therapist(s) and family members, and it is reasonable to consider how much the latter may have contributed for such situation. When dealing with this matter, with individual patients nevertheless, Money-Kyrle (1978) states that there are three factors to be considered: (1) the analyst's own disturbance, who will have to deal with it within him/herself before he/she is disentangled enough to deal with the other two, which are (2) the patient's share in causing it, and (3) the effect of such disturbance over the patient. The author thus presents a movement that must receive special care at moments when fluidity in the transference-countertransference relation is lost. Such disturbances are particularly mobilizing when there are paradoxical injunctions in the transference, typical of a higher compromising of the thinking and the person, as seems to be the case of those exposed to traumatic experiences. Those propitiate a representational void and powerful defenses are engendered to avoid the confusion, pain and humiliation.

Let us recall that, according to the logic of the paradox (Anzieu, 1975), two antagonistic propositions operate successively and not simultaneously; they do not belong to the same system, since they do not have the same level of abstraction. They are also neither true nor false and, as antagonistic injunctions, cannot be satisfied. The three possible ways of escaping from the paradoxical situation – resentment, intellectual effort or inertia – seem imprisoning; besides, the reactions of the addressee to the paradoxical injunction turn against himself, who will see himself accused of having paradoxical reactions. However, Anzieu (1975) notes that paradoxical experiences have positive consequences as well. After all, people are inevitably subjected to them throughout their lives. They become pathogenic when tending to be exclusive and repeated, enabling thought disturbances and serious personal compromising. Evidently, paradoxical injunctions produce disorganizing effects on the analyst's mind, who will have his capability of thinking and understanding disturbed.

When Faimberg (2001) addresses the *approach of the approach*, she states that the patient speaks and hears based on unconscious identifications that constitute part of the patient's psyche. Thus, he hears the silences and interpretations of the analyst and reinterprets them according to such identifications. The meaning that interpretation gains after the patient's reinterpretation enables a retroactive meaning that depends upon how the patient has heard. The analyst's approach must then include what the patient has done with the interpretation received and the meaning it has acquired in the process. Faimberg considers that misunderstandings constitute an indispensable tool in the exploration of the patient's psyche. The author states that, in session, it is in the analyst's best interest to explore how to approach the paradoxical dependence, which is unapproachable itself, but that the patient activates and unconsciously maintains so.

Approaching the Castro family

The Castro family is constituted by a couple, Marcelo and Ivete, and their three children, Jr., Sandro and Flávio, all adults and holding college degrees at the time of the consult. They had been referred to PFT through the pain clinic and medical psychology service where the mother, Ivete (46) was receiving care due to fibromyalgia. The attending psychotherapist, considering the accounts involving one son in particular, Sandro, diagnosed with panic syndrome, thought it best to refer the whole family for treatment. The family was receptive and,

at first, Sandro and his parents attended the sessions. Flávio, the youngest, was already living in another town, as part of his professional training, but Jr. concerned his parents due to his trouble passing public jobs examinations. Sandro soon requested individual sessions, and PFT went on with the couple only.

During their first sessions alone, they both seemed distressed, remaining in silence for long periods. Marcelo, who saw himself as a healthy man, even asked if Ivete should not be coming on her own, since *she was the one in pain*, a curious remark, as we shall see. By working on the bonds and distrust, bit by bit it was possible to know their family history: Ivete and Marcelo married young and soon had their children, all at close ages. They lived together, except for Flávio, who used to spend weekends over. Both Marcelo and Ivete were the youngest of large families, she was from Rio de Janeiro and he, from Minas Gerais. Ivete's parents broke up and she, in her teen years, moved to the capital of the state. Marcelo said there were many gaps in his family's history, mentioning lost children, uncles/aunts, cousins and siblings who got estranged, and a grandfather (on his father's side) who came to Brazil on a ship, aged 5, and completely alone. His origins are unknown, except for the fact that he was adopted, bearing his adoptive family name, which Marcelo bears as well.

Gaps and separations in their histories accentuated a sense of distrust in relation to those out of their family circle, thus in relation to the therapist, and also the difficulties related to the separation from their children, reinforced by violent and traumatic experiences. One of them, repeatedly addressed at sessions, left a profound mark on their fate, carrying effects that had been reverberating over 20 years.

Marcelo had worked for a long time as a jeweler's manager. In spite of the good pay, he decided to leave the store after going through a robbery and because his job involved illicit acts (selling one type of gold as another one, tampering with the weight, little things that represented higher profits). A year after taking that decision, he was approached by a young man who had worked with him and needed help with a gold necklace. Marcelo introduced him to a neighbor that worked as a goldsmith. At the very first deal, there already was a misunderstanding over the gold weight. Marcelo suggested they should not do business again, but the young man, accompanied by his brother, went back to the goldsmith with a request for a jewel ordered by a drug dealer. The goldsmith set up a meeting with the boys at his house; when the first one arrived, he was received by five men and the goldsmith, who ended up killing him. The brother, realizing what

had happened when he arrived, managed to run away, but was chased through the streets and killed near a river, where his body was dumped.

Marcelo said the only reason he had not had a greater role in this situation was because he was not at home when the goldsmith came over to invite him for the meeting, as he could have worked as a mediator. He reported that, as he was getting home, he saw the goldsmith's son helping him put the boy's corpse into the car and clean out the blood.

This whole situation had a great impact and with ensuing consequences. The boys were friends with drug dealers, who started looking for those involved in the killing. Marcelo found out that the five accomplices were from another town, to which they had returned. However, since he was the one who had introduced the boys to the goldsmith, he was also being hunted. A few friends of his, police officers, advised that he should leave town, or maybe the country.

Filled with fear, the family left their home and dispersed: each one moved in with relatives at different locations, while Marcelo left to a faraway state, where he could not stay for long because of angst and loneliness. He went back to Rio de Janeiro on the occasion of an international tournament, considering that his return would go unnoticed for all the attention would be directed onto the event. He lived on the alert for years, afraid of being killed, feeling watched or followed on the streets, situations that he mentioned several times through the course of the treatment.

He thought the only reason he was alive was because he was very religious. He said that, little by little those five men were reported murdered. The last one was apparently killed by the police, an institution where Marcelo kept friends who vouched for his protection.

Marcelo said he knew well both worlds: illegality, with its drugs dealers, and legality, with its enforcement agents. According to him, he got directly involved with neither and, as he saw it, he was well respected by everyone. He also said that, besides himself, the goldsmith was probably the only man involved who was still alive, and that was only because he had a CVA right after the incident and posed no threat.

Those relations alien to the circle family were regarded suspiciously by its members, as a potential threat they had better shield against. Moreover, any situation slightly off-plans, or involving unexpected changes, like therapist exchange, was seen as a menacing.

All these threatening and scary situations affected the possibility of the children leaving home. Grown up men were treated – and behaved – like boys. Both Marcelo and Ivete suffered because they were unable to know everything about their sons and protect them from any harm. They were so interconnected that when one of them fell ill, the other literally felt the pain. All said, a question comes to mind: were Ivete's the only pains that drove them to therapy?

Let us get back to the question asked at the end of a session, two weeks before carnival: "Are you leaving as well?" The therapist discussed the fear of abandonment, of helplessness, and non-assistance, topped with the difficulty of knowing who they were with and who they could trust. She then reassured them that she would remain at the institution.

At the following session, they returned pretty mobilized. Ivete commented, with a hurtful expression, that she had been going through a period of considerable improvement, both in term of pain and mood, but that in a week 'everything' had come back and she was able to neither relativize things nor consider that they could improve. She felt dejected and with no purpose in life. She attributed such a state to a delay situation at her job, but mostly to Jr's situation.

They mentioned receiving a suspicious phone call, related to a change on Jr's work shift, a change that led to a misunderstanding among his colleagues. So the family saw that situation as a possible 'set-up', with risks of retaliation. They discussed their fear of losing their son, as if he could be killed. Marcelo referred to his fear of persecution, fear of 'set-up', fear of imminent death. He even went to his son's workplace to make sure that he was alright, once he could not get through to his son on the phone. He thought that he was being stalked himself and that his life was at risk.

Those were associations filled with affection, distorted as to the understanding of how serious the facts actually were. Ivete then started to feel sick, Marcelo went out for water, Ivete sobbed, drank the water, calmed down and asked to leave. She displayed great discomfort during the whole session and, expressing a lot of pain, said that she could not bear thinking about 'that', that the *idea* of thinking about everything that caused her so much pain was insufferable, because she feared the pain that her thoughts would bring, so she had to block them. Nevertheless, in moments like that, she realized that nothing was in fact resolved, that everything remained present and came back, always.

Countertransference experiences caused by the situation were particularly intense: the therapist felt very sick and was very apprehensive as to Ivete's clinical condition, getting to the point of fearing for the patient's life. She was very relieved when Marcelo brought her water too, feeling that she was also being 'assisted'.

At the session following carnival, they returned with milder spirits, bringing in topics that they claimed were never discussed with anyone except themselves and, now, the therapist. They talked about church as a means to get closer to people. Marcelo mentioned that, 20 years ago, he was the one who did not feel well, but he had lived with 'that' ever since. He reported feeling as two people, one religious, 'Godly', and another bloodthirsty, impulsive, who woke up tasting blood, 'killer-like'. He stated fearing the violence within himself, which made his wife scared and fearful as well. Such splitting made him fear he might kill someone. Ivete said she felt abandoned without a doctor.

Still at the same session, Marcelo reported, twice, a situation in which he was riding his motorcycle when he was intentionally (in his opinion, at least) cut by a car whose driver he identified as a fellow he had met at the age of 17 and who he had never seen again. At the occasion, he was over 50 and had a helmet on.

They talked about their son Sandro, who was looking at traveling to be with Flávio, as they both worked in the same field. They were afraid Sandro would feel sick and, in case that happened, they were the only ones capable of looking after him.

At a session attended by Ivete alone, she stated how hard it is for her to express herself in public: she stops, freezes, and feels pain. She associated the pain with anger, which she is afraid of, because, for her, this anger is enough to kill. She recalled situations in which she felt angry at boys and they died, she had been angry at her brother-in-law and he later had an accident. Her anger, quite idealized, was seen as almighty and any kind of reaction was too dangerous to be expressed. Her mother used to tell her that she was very bad – "just because". Badness, guilt, and pain were also associated with her mother's death: Ivete did not visit while she was in the hospital; Flávio was a newborn, it was raining, she was scared for the baby, and her mother died. She said she felt pain for being angry and for being unable to share what she felt with anyone.

She referred to Sandro's difficulties and the guilt she felt in relation to him, who, likewise, blamed her as well. She remembered how hard it was to give birth to him, how he was born with over 4 kilos and purple. Depressed, she could not look at him. She was angry and

disgusted at him, a huge baby, sucking non-stop at her already hurt breasts. She was in pain. After she was told that she had post-partum depression, she was able to take better care of him. She remembered another situation: she had left for work, the nanny bathed him and left him on the cold floor, which led to a case of otitis; the doctor warned that the baby could not cry, or else he might get deaf. As a result, he ended up being very spoiled, and remained so until *the time of therapy.* Ivete felt responsible for everything that had happened.

History recaptured, perspectives reviewed

Families have identifying projects that precede the birth of children and that are based on the first organizer, the election of partners (Eiguer, 1983).

Such projects are articulated with the intersubjective narcissistic structure of the parenting couple, and will serve as boundaries for the other – unknown – ones: the children, to whom roles will be assigned, and a legacy, left. Therefore, the parents-children relationship is an intricate situation, one which allows us to consider the reciprocal relations between generations and the dynamic field of unconscious forces that unfold in their synchronic and diachronic directions. Trauma, with its excesses, will interfere with these projects, forcefully altering them. Yet, whatever unfolds will depend not only on how traumatic situations are later dealt with, but also on the prior history, personal and familial, with all of its ramifications, that constitute those people's lives.

In familial transference, many voices and silences, past and present, synchronic and diachronic, sometimes marked by traumatic experiences, are updated with the common approach of the session's here/now, allowing another meaning to set in. There may be repetitions in the transference, but it is also the pathway leading to something new, built out of the different analytical interventions and their elaborations.

When Ivete and Marcelo acknowledged their fear of abandonment and helplessness, and having confirmed the therapy's continuance, they found a sufficiently safe basis that allowed them to recapture stories of great impact, with all the emotional baggage attached, which they feared to be unbearable, therefore, deadly as well.

When their own vulnerability in face of extreme violence was acknowledged, the fear of death and helplessness prompted associations from the transgenerational perspective. Other situations of suffering and loneliness were recollected, related to the feelings of a

5-year-old boy arriving completely alone at the Rio de Janeiro harbor in the beginning of the last century.

We pictured a little Jewish boy, coming from a war-stricken country, who was put on a ship so that he could be saved… He was arriving all alone, without speaking the local language, and having no one to care for him. He was adopted, given a last name, but then the story changed: his first name was kept – Stanislau – and he came from Poland. He had boarded with his father, who passed away on the journey and was thrown into the sea. The family restored their history, which was thus given certain continuity.

Curiously, Sandro had chosen a naval career, but was afraid of the sea and water. He was annually submitted to a series of tests, including physical ones, among which figured swimming. It was at one of these occasions that his angst crises intensified and he gradually became unable to leave home. This whole situation seemed to correspond to a transgenerational fragment that presented itself as piece of history that needed to be known and redeemed so that it could go away, as Steiner (1993) put it.

The fear of separation, so intense, seemed to be associated with other dramatic situations, such as the ones involving the grandfather, who had lost all his bonds and family references, sort of recomposed as of the adoption, but whose history was not approached: who were these people and what made them want that boy as a son? Did they relate to his abandonment? It is possible, but we can only conjecture…

Therefore, separations were associated with total estrangement: never again! Sandro's panic syndrome hence presented itself as a familial symptom, once separation, independence and autonomy generated serious angst and the feeling of imminent death: he could not leave home, which met his parents' fears of what could happen to their children if they were apart. Marcelo was afraid that his children would feel abandoned, as did his mother, in his opinion, especially after her husband's death, when he was still a teenager. Children that lose their father, a father who makes his children feel helpless. Anything became extremely dangerous.

Intense feelings could not be expressed because they were seen as very dangerous. Ivete, penalized for her own evil, brought all the pain to herself, she could not think, and saw herself as responsible for whatever went on. Thinking was particularly dangerous, because it triggered violent facts and lead to guilt.

Finding new ways

We may ask ourselves why certain – simple – interventions lead to such extensive unfolding in treatment. A simple question understood in its latent meaning may enable a way into a complex psychic reality silenced for over 20 years and that, in fact, involved many other realities at different times. In the case presented, though only the parenting couple attended the sessions, all family members responded to the treatment, due to the circulation of their histories, with their acknowledged emotional loads.

To us, it seems that a *via regia* to elucidating and elaborating traumatic experiences lies in historicizing the psychic experience from the emotions that articulate it in the familial transference-countertransference situation. This way, we will be able to evidence how the past remains active in the family, entangling the present with repetitions, and compromising the future, with no variance, not only in terms of individual but also familial psyche. Confronting psychic experiences articulated by emotions and traumatic episodes requires that each of the family members goes through ineludible and varied grieving experiences, in their narcissistic, object and transgenerational dimensions.

At the PFT mentioned here, the sessions which at first were heavy and long, gradually became lighter and respectful to the established time limit. Little by little, gains were observed: Ivete was cutting down on her antidepressant medication, her pains were subsiding and her fibromyalgia was more controlled. She was approved for a public position and seemed to be excited about her job, which involved dealing with the public in different situations. She felt autonomous in relation to Marcelo and the children. She started taking decisions on her own. She started to think.

Jr. started working proactively and with responsibility, though still not helping at home. He was going to college, living in a stable relationship that could evolve into marriage, stimulated by his parents. Flávio took a more independent route, having settled down in another town.

While one part of the family was advancing, the other was still in suspense: Sandro had quit his psychotherapy, remained on medical leave, attending therapeutic groups and weekly psychiatric consults. He still had trouble going out alone, doing so only in order to go to the gym, where he trained in martial arts. Sometimes he would switch the day for night. He kept blaming his parents for everything going on in his life.

On the other hand, Marcelo felt upset for not having passed the public examination he took with his wife; she passed, but he did not, because he had not studied enough. He felt paralyzed, as if some force kept holding him back and preventing his progress. He resented the ongoing changes, seeing himself pretty attached to Sandro. They both took gardening classes together, which they enjoyed, and were planning on taking another one, more specific, on flowers. Marcelo expressed how much he enjoyed working the land, which he associated with the fact that his grandfather was a farmer, and his father, from the countryside. Sandro seemed to be discovering the earth, an opposite of the terrifying sea and water.

Feeling trapped made him anxious, and Marcelo cries when remembering his father, who fell ill when he was 13, passing away five years later. He remembers feeling abandoned with his father's illness and all attention focusing on him, who could die any minute. He demonstrated having trouble giving up the place – and time – he lived in, in more than one sense, which could be perceived through his attitudes: he had always lived in the same place since he was born; on the few occasions he left, he always returned to see it. He built his one bedroom house beside his mother's, and had his kids sleep in the living room. As they grew older, they complained about the lack of privacy, but were still referred to as 'the children'.

Time went by. Jr. and Flávio were moving on with their lives, Ivete was going for new tacks, and Marcelo and Sandro, though not as advanced as the others, were following their treatments. They showed evidence of having yet long psychic courses to go through so that they could finally envision other perspectives, with less fear and less pain.

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