Lecture Lisbon

24 February 2023

We will shortly outline the context in which our MFG takes place. Our multi family group is embedded in the psychosis care programme of the Psychiatric Hospital UPC KULeuven, formerly known as the Sint-Jozef Clinic.

The first episode ward, Sint-Joris, offers a quiet, predictable and structured environment for young people between 18 and 35 years. We are inspired by the psychoanalytical thinking of Bion, Winnicot and Klein.

Although our ward has a long history of working with families, it remains a daily, pertinent question: what do we need to do with the family?

My interest as a nurse in working with families has grown significantly over my 30 years of working on the ward. Partly by following the family conversations on the ward and feeling, on the one hand, the rupture caused by a crisis, the impact on the family and, at the same time, touched by the strength of a family to reconnect together.

Because admission to our ward often means that distance must or can be taken abruptly. All too often, this happens in a traumatic way for both parties. This separation by admission can feel like an emptiness or lack, like a breathing space or like an anxious nightmare. Each family member feels that distance in a very own, personal way.

In the space created by an admission, many questions often arise. What is going on with our child? How did it come to be like this? What is our role as father, mother, brother, sister, partner. What and who can we still rely on? Will it still be all right again?

At our ward, we first try to let the young adult 'arrive'. Once the young person has found some peace and quiet, we invite him or her to participate in daily life, which is organized like a therapeutic community. Our patients live in small groups, and participate to a programme of different therapies and activities. The most valuable experience of the admission to our ward lies in the contacts with their fellow patients. At the same time, this life in group is not obvious and easy for many. There are many risks, difficulties and pitfalls involved.

Yet we believe in the power of the group, because when a group is 'good enough' it can be a play ground in which personal potential takes shape.

How to translate this to the families? Often the families stay on their own. Often engulfed in their child's crisis, isolated by shame and stigma, they are left alone with many unspoken, unthought questions. Our MFG wants to create a special, unique space for the families to meet fellow suffering families, to gain support, to get examples from other parents or children, to be challenged by the differences they see and feel.

Parallel to the group experience for their children, we started thinking about a group experience for the families. A family group where families can meet other families, other parents, young adults, siblings. A meeting place different from any other, where participants can feel support from others, and be challenged by the differences that they see and feel.

The admission at a ward means that parents suddenly have to rely on a team of experts for the care for their child. Our main purpose is to restore the connexion between parents and their child. We do not want to put family aside (and hide behind the argument the patient is an adult). Nor do we want to neglect the need of the patient to develop a kind of 'mental' skin, to feel a kind of 'I' in relation with others. Where we strive at is not necessarily a harmonious solution.

We want to facilitate the expression and co-existence of often very idiosyncratic meanings and experiences, in the hope that both parties can find a new way of understanding and connecting with each other. As care givers, we play a serving role in this quest of a new balance between proximity and distance.

How do we work?

In our search for inspiration and guidance to organise a meeting place for patients and families, we saw a video of the multi-family work done in Rome by Dr Andrea Naracci and Catherina Tabasso at a ISPS congress in New York in 2015. Deeply touched, we were immediately convinced about the powerful potential of bringing families together in this way, in the healing and understanding of a psychotic crisis. From this lived-in conviction arose the desire to have a MFG of our own, a place where family life is central, and where there is space to find out how each family member, in their own way, seeks a way and place between family and world.

Because you have to 'experience' a family group, went on a city trip/ study visit to Rome. We were warmly welcomed by Catherina and Dr Narracci, met different teams working with MFG, and could participate to a few multi-family groups. The power that emanated from the dialogue, the connection between generations, the authenticity of speaking, surpassed even the language barrier.

For their part, our Italian colleagues were inspired by Badaracco's model. This Argentinian psychiatrist intuitively brought together patients, their families and the attending caregivers around the daily life of the ward. In talking about the little things of everyday life on the ward, parallels were drawn with life at home, between events at home parallels were drawn with experiences from the nest the mother or father had come from.

Badaracco's technique is seemingly simple: you bring together children, parents, family members and caregivers, and from that a conversation emerges. The group as a fertile place with and between generations. Badaracco thereby asked all participants, the young adults, the parents and family members, as well as the caregivers, to speak with your own voice, from your own person - and not just from your so-called 'function' as caregiver, patient or parent.

This triad patient - family - caregiver is now known to everyone, and often these roles are divided between different, concrete persons: the patient, the family, the caregiver. In the family group, we experience that this triad is not necessarily between, but rather IN each of us.

Being a mother of five myself, struggles within a family are no stranger to me. As a ward nurse, I am also a kind of mother, close to the young people. They confide in me difficulties and frustrations that I also experience in my own family, but in the role of mother.

After all, we all have a father and mother, a family, children (who may or may not already be born), we all have fragile pieces, we all offer help to loved ones.

In the family group, these three pieces come up alternately, with each of us. This creates a horizontality between the participants. For instance, a young adult might make a significant 'intervention' towards another's parent, a parent might touch something with a caregiver of which they were unaware. It was, and is every time, quite a quest for us as caregivers too on how to speak in the group. As a nurse but not a therapist, as a mother but not THE mother, from within myself. Where I try to make a connection between the "family"/the living group on the ward and the other family outside that also feels and waits and hopes.

The essence of this horizontal talking is experiencing together that nobody knows it all, but that we all know a little bit about something. By the fact that we, as caregivers, do not necessarily take on the role of 'expert', we invite all group members to take on the 'expert' role together, and from this multiplicity a containing field arises. This field offers enough space for very personal, sometimes idiosyncratic, meanings and experiences to exist simultaneously. The diversity of the participants ensures that each participant can feel supported by the group.

This involves more than what is spoken about. It is also about speaking in a group, being heard by another mother, listening to another brother, differing opinions, recognizing yourself in, being happy to be different from, having virtue from a like-minded person. A lot happens to us in a group of people, often without our knowing it. In a group, dynamics, fields of tension, discussions, even quarrels, but also intimate revelations, or surprising discoveries that move us naturally appear.

And it seems paradoxical, but precisely by bringing families and generations together, we believe we can create a good support framework so that young adults and parents can let go of each other safely and with confidence.

The only 'expertise' on our part consists in organizing and serving this framework within which this search for a new balance between distance and closeness can take place.

This framework is minimal.

Every fortnight, the group continues on Tuesdays in the late afternoon. It should be clear that behind this concrete scheduling, a lot of thinking went into it: What is the right place of a family group on a ward for young adults? How to take into account the often working parents? What place is given to the family group during briefings, team meetings? How many, and who from the team participates in the family group?

Everyone is welcome in the family group, parents without their children, children without the parents, siblings, grandparents and partners, and from our side: all disciplines, students, interested parties. One can join freely, once or faithfully every time.

We start our group with a short two-line explanation, firstly the invitation to speak from and about yourself, giving you the freedom and time to develop your thought. There is no predetermined theme or topic. If anyone else wants to speak in the meantime, just raise your hand - that's the second rule. We keep the order so that everyone gets their turn. By working with turns, people also have to wait a turn, and what is said is not immediately addressed. This creates a certain delay, there is no back-and-forth dialogue, but a wider field of speech unfolds. This requires a lot from the participants: being able to wait, being able to keep track of what you want to say, being able to tolerate that there is no immediate response to your contribution. It is a kind of speaking that each participant often has to get used to at first, but gradually it becomes clear that this is precisely what makes this meeting place so special.