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Thinking in groups and teams: Surfacing new thoughts
edited by *Martin Ringer*

Authors: *Rob Gordon, Martin Ringer, Robert D. Hinshelwood, Rosaleen Tamaki, Richard Morgan-Jones, Barry Jones, Robert French, Peter Simpson Mario Perini, Francesco Comelli, Silvia Corbella, Simone Schirinzi*

Presentazione di
Thinking in groups and teams: Surfacing new thoughts

Questa raccolta di pubblicazioni ci pare molto interessante e ci sembra valga la pena condividerla con i lettori. Ci ha fatto piacere che autori di lingua inglese abbiano partecipato con validi articoli, ci dispiace che sia il curatore che gli autori anglofoni non siano ancora riusciti   a tradurre i loro lavori in italiano, malgrado le nostre sollecitazioni congruenti con lo spirito della nostra rivista. Ma sappiamo che: Spes ultima dea, e siamo disponibili a dare ancora una ultima chance, perché insomma l'inglese non è ancora stato proclamato "nuovo esperanto" e non ci sembra corretto usare due pesi e due misure, quando gli autori italiani scrivono per una rivista inglese e quando autori inglesi scrivono per una rivista italiana!

Il collega e amico Martin Ringer ha curato questa edizione speciale di Gruppo: Omogeneità e differenze. *Ricordiamo che anni fa aveva curato una edizione sui gruppi "out of doors" (Individuo Gruppo e Natura, Individual Group and Nature, n.7, www.funzionegamma.it), che creò suggestioni e interesse nell'ambito della rivista di gruppo* Funzione Gamma. *Il gruppo della redazione era nei suoi primi anni di lavoro, nel 2001; e da allora altre collaborazioni anche a distanza sono continuate e molti cambiamenti di vario ordine hanno contribuito ad arricchire le prospettive con cui oggi vediamo i gruppi, il loro funzionamento e la loro importanza.*

La nostra associazione di ricerca sui gruppi omogenei Argo ha avuto scambi nel tempo con vari autori che hanno partecipato al numero tematico che stiamo presentando, centrata sul pensare in gruppo, e sul pensiero di gruppo. Insieme all'amico Martin che ringraziamo per il suo grande lavoro, ringraziamo gli autori per i loro contributi che riteniamo preziosi.

In fondo i processi di pensiero sono particolarmente interessanti proprio perché prima forse erano stati omogenei e poi si erano evoluti e differenziati, e abbordano di continuo momenti di similarità, da esplorare e discriminare.

Con questa edizione speciale *solo in inglese, a parte i tre articoli italiani di Mario Perini, di Francesco Comelli e l'intervista a Silvia Corbella a cura di Simone Schirinzi (eventualmente annunceremo la versione tradotta quando gli autori avranno la possibilità di recapitarcela) la rivista di Argo riafferma il suo interesse a esplorare la dialettica fra simile e diverso, fra individuo e gruppo e fra gruppo e istituzione, in vista di meglio apprendere dall'esperienza delle differenze, a enucleare e distinguere quegli elementi dialettici che possano contribuire alla maturazione di un pensiero sociale condiviso, sufficientemente individuato e individuante. Ecco il numero speciale.*

Silvia Corbella, Stefania Marinelli

Thinking in groups and teams: Surfacing new thoughts

The purpose of this special issue

Most people around the world spend some time every day thinking together with others. Yet there is relatively little published material that directly addresses how people think *together*. This special issue on thinking in groups and teams is intended as a contribution towards addressing that shortfall.

Editorial

The papers in this issue provide some theoretical and philosophical background to thinking in teams and collectives, some insights into thinking in organizational contexts and contributions to knowledge about thinking in groups in clinical settings. The contents of this special issue are intended to have relevance to theorists and practitioners in organizational, community and clinical settings. The richness of the texts means that it has not been possible to separate them into categories or a clearly logical sequence. Nonetheless their order of appearance in this journal is intended to follow a rough progression from philosophy to practice.

We begin with the question of why thinking in collectives is so seldom directly addressed whereas the topic of thinking in individuals has attracted much more attention. Rob Gordon's PhD thesis and subsequent paper in this issue (*Nous and the social fabric of the human mind)* addresses this question head on. Gordon's (1) view is that relatively recent changes in the unconscious substrate of western society deny the existence of the socially embedded nature of human mental life. In this society collectivity is viewed with suspicion and evokes fantasies of loss of 'freedom' and autonomy. Furthermore the visceral nature of the 'somatic self' means that we live trapped within the illusion that the felt-sense of our physical selves defines our individuality and separateness from the 'other'. Gordon eloquently explains how this very insistence on individuality blinds us to essential elements of 'nous' or collectivity and hence diminishes our capacity to think together. It appears that *nous* in groups and teams is an essential pre-requisite to our capacity to function effectively in collectives.

Gordon also reminds us that focusing on rationality and conscious processes denies the collectivity that is implicit in unconscious processes. It seems then that two of the icons of post-industrial society, those of rationality and autonomy, are serious detractors from our capacity to think effectively together.

The paper *Nous and the social fabric of the human mind* is long and complex but because of the richness and the depth of Gordon's thinking, provides an excellent philosophical introduction to the remainder of this issue.

At some point in the process of editing this issue I remembered that my interest in thinking in groups and teams was first piqued by reading Robert Hinshelwood's chapter "Attacks on the reflective space" (Hinshelwood 1994) and so I was delighted that he was willing to contribute to this special issue. His paper *Are two heads better than one? Or worse?* traces the way that Wilfred Bion's work on thinking evolved to integrate ideas about thinking in individuals with the influence created by the presence of other minds. Bion linked an individual's capacity to think with the nature of the context in which that individual was functioning, and in particular the social and emotional context. Hinshelwood builds a compelling argument, on foundations built by Bion's work, that leadership of teams needs to consciously take into account the need to create an unconsciously experienced 'contained' context for thinking. Leadership of *thinking* then, is not just about prompting the team to get the job done.

Rosealeen Tamaki's paper in this issue *(Psychotic processes in the individual and the effects of this in group situations)* nicely complements Hinshelwood's as she too builds on the work of Bion and introduces the post-Bion thinking of Ferro to build the notion that thinking is not an 'individual' activity at all, but rather requires two minds. She explores the ubiquitous presence of fragments of un-thought material and how they resemble psychotic elements even thought they exist in all of us who are not psychotic in the diagnostic sense. Tamaki builds on Bion's work to develop the notion that one mind alone is not capable of dealing with the raw thought-material that inevitably exists in our daily lives. It is not just babies that require the reverie of their mothers to contain their thoughts. We all need at least one other available mind in order to think. A further key elements of the Tamaki's work is the close interdependence between thinking and the substrate of background feelings. The requirements for two minds is not just to enable thinking to occur but also to provide place in which primitive feelings can be held and tolerated. Bion's notion of 'container-contained' is developed in both Hinshelwood's paper and Tamaki's paper, and is further extended by Richard Morgan Jones.

His paper (*The language of the group skin: What gets under the skin, attacking the capacity of teams to think*) draws predominantly on French and Italian psychoanalytic thinkers, extending Anzieu's idea of 'a skin for thought'. That is, the social context in which thinking occurs – such as a team – provides an external membrane that contains the emotional and psychological elements of

the collective. In effect this extends Tamaki's thesis to widen the thinking/containing field from two minds to many minds. Morgan Jones emphasizes the embodied nature of thinking and extends the metaphor of embodiment from the individual to the group, hence the notion of a collective skin for thought. He also explores the way in which different characteristics of the external membrane around a group change the way in which thinking can occur in groups.

And whilst on the topic of Italian authors it would have been fitting to include Claudio Neri's innovative ideas on 'group thought' but the timing was not right for Claudio to contribute to this publication. Part four of his book cryptically entitled " *Group*" (Neri 1998) consists of six chapters that provide thought provoking material on the way in which thinking occurs in groups. I strongly recommend readers also access this material.

Morgan Jones explores some of the consequences arising out of the existence of the unconscious envelope for thought and further consequences are proposed in my paper with the provocative title of *"It is often unhelpful to be completely open-minded: The role of 'opinion blocks' in thinking in groups and teams"*. In this paper I propose that whilst the 'group skin' or envelope it is necessary, it also limits the capacity for a collective to take in thoughts from outside the envelope. Collectives are seen to cohere around 'signature' opinions and those opinions are transmitted and maintained in the matrix of relationships, values, beliefs and the narratives by which they are transmitted. Thus, a bounded space is created for thinking 'allowed' thoughts, but that as a consequence there are many 'disallowed' thoughts that are excluded. My thesis is that 'opinion blocks' inevitably emerge in collectives and that they both protect the capacity of collectives to think some thoughts and simultaneously exclude other thoughts.

Some themes emerging from the above-mentioned papers are (1) that the activity of thinking exists as a 'felt sense' of being an individual process (so collective elements are unconscious), (2) that thinking is in fact socially embedded and (3) that thinking in collectives necessarily exists within a rich soup of feelings, unconscious processes and influences. Furthermore (4) the 'thinking space' is enveloped by some form of boundary, container or skin that is necessary to enable the persons involved to manage the unconscious fragments of un-thought thoughts to create a coherent thoughts that can be consciously experienced and shared with others and (5) the nature of the boundary around the group has a significant impact on the way in which thoughts can enter a group and can be processed in a group.

Further nuances are added by Robert French and Peter Simpson in their paper *Attention as a basis for thinking in groups* (2). French and Simpson draw our attention to the way in which flooding with emotion can cause both individuals and groups to lose their capacity for attending to what is actually occurring. The authors draw the distinction between focused attention and evenly suspended attention. The former is 'sharp' and focused and the latter is broad and not focused on any particular phenomenon – resembling the Freudian notion of free floating attention. The authors cohere their paper around the theme that attention is a key element in the capacity for thinking in groups and teams and that to pay attention "...depends on the capacity to stay with the experience of the unknown as well as the known." Dealing with the resultant anxiety created by being in contact with the unknown requires a capacity for 'negative capability' that is described by French and Simpson as well as Perini (in this issue) and other authors in the field of psychoanalysis. It seems also that it requires negative capability to stay with psychotic elements (Tamaki) and unsettled states (Jones in this issue – see below). So despite describing the risk of being flooded with emotion, French and Simpson also share the view that one's capacity for noticing and dealing with subtle nuances of emotion is a core element in the capacity to think together in groups and teams.

It is important to understand how thinking occurs in groups and teams but often the purpose of thinking is to enable some action to be taken. How then do thinking and action coexist? In his paper *Action and thought in the work group* Mario Peroni challenges the notion that there is necessarily opposition between action and thought. He proposes that Bion's original conception of the work group includes the capacity to act and that post-Bion psychoanalytic thinking has largely neglected action element of the work group. Thus, action need not always be acting out, and some forms of thinking constitute action. Re-connecting acting and thinking enriches the application of ideas about thinking in organizational settings. As Perini explains there has been a long-standing tension between clinical psychoanalytic thinking and organizational theory. The inclusion of action is an essential pre-requisite to ensuring that systems psychoanalytic ideas have practical application in organizational settings. Thus Perini's work helps to provide ideas on how the philosophical material on thinking in groups and teams is directly relevant to organizational settings.

The preceding papers have focused on the nature of thinking in and teams with some reference to both clinical and organizational settings. Barry Jones takes us into the clinical setting with his paper *Managing unsettled states: From entanglement to relating* in which he focuses on working in therapeutic situations with personality disordered clients and the 'unsettled states' that are

evoked in the practitioner. He proposes that these states of uncertainty are the basis for learning and adaptation to external reality. He also addresses how what he describes as the 'spooky, unheimlich' elements in relationships also pervade the organizational settings in which therapeutic interventions occur. Jones suggests that practitioners and managers need to have the capacity to notice, stay in contact with and manage these disturbances if they are to be effective. This paper provides a refreshing reminder that the affective substrate of our experience underpins our capacity to think 'individually' and collectively. As does Tamaki, Jones reminds us that the capacity to think is derived from a high level of attunement to subtle and disturbing emotional undertones and the capacity to sit with unsettled states so that these uncomfortable experiences can be mobilized in the support of thinking.

Francesco Comelli's contribution to this special issue on thinking in groups and teams is also set in a clinical context. His paper *Intersubjectivity between groups and research on the setting: An experience of concentric groups with varying therapeutic gradients in the experience of Basti-Menti APS* is a monumental description of the way in which thinking in multiple teams within a psychiatric institution impacts on the capacity of the system to deal with resistant ailments such as personality disorders. In a hospital in Milan, the teams of staff have collaborated to engage with each other, with their patients and with family members of patients in a way that challenges many of the concepts of boundaries in psychiatric treatment. Comelli describes how the combination of instrumental methods of treatment and a society that carries the collective illusion that everything is treatable creates a special difficulty in working with clients whose psyches have been 'invaded' by dysfunctional family dynamics.
Comelli's paper is based on "The idea of treatment beyond psychotherapeutic groups, through a connection with so-called cultural groups…" where patients are involved in multiple therapeutic 'containers'. This multiplicity makes necessary "…intersubjective commuting between different spaces…" so that the core elements of thinking and feeling that are involved in psychological healing are distributed over multiple groups and settings. The overall treatment milieu described by Comelli is complex, innovative and unconventional in psychiatric terms. The implications for the theory of thinking in groups and teams are illuminating and manifold.

In the final paper of this issue, Simone Schirinz interviews Silvia Corbella. The conversation draws out what Corbella believes to be central to the capacity for collective though. She describes how the group's creativity and the foundation for the group's thinking lies in the pre-conscious and not at the traditionally

understood level of conscious rationality. Corbella explores the functioning of the 'conductor' of the group and emphasizes the need for the conductor to manage and his or her own grandiosity and anxiety so as to remain curious and fully engage with the client in an exploration of the unknown. Schirinzi leads Corbella to explore how psychoanalytically informed practice can be useful in organizations that are not involved in psychotherapy or psychiatry. Key elements that emerge are the conductor's ability to use language that resonates with the client group and "…to use also the ability to smile, the irony, that I believe to be deeply creative, the lightness area, deep lightness." This counters the common malaises of scapegoating and 'the unsaid' that Corbella commonly encounters. As practitioner "The conductor has to take on himself the sense of feebleness and of fear that transformations involve." A fitting thought on which to end this editorial.

A note about referencing

In the text of this editorial I have not repeated references to authors when these sources are already cited in the papers that follow in this issue.

Selected bibliography

Hinshelwood, R. D. (1994). *Attacks on the reflective space: containing primitive emotional states. Ring of fire; primitive affects and object relations in group psychotherapy*. V. L. Schermer and M. Pines. London, Routledge**: 86 - 106.**
Neri, C. (1998). *Group*. London, Jessica Kingsley Publishers.

Notes

1. I am co-author of the paper but core ideas on *nous* originate from Rob Gordon's thinking and his PhD study.

2. The French and Simpson article was originally published as chapter 1 of *Attention, Cooperation, Purpose: An Approach to Working in Groups Using Insights from Wilfred Bion,* by Robert French and Peter Simpson (published by Karnac Books in 2014), and is reprinted with kind permission of Karnac Books.

Editor of Special Issue:
Martin Ringer martinringer@groupinstitute.com

Pensare in gruppo e nei team:
l'emergere di pensieri nuovi

Gran parte delle persone in tutto il mondo passa ogni giorno parte del tempo a pensare insieme ad altre persone. Tuttavia, è ancora poco il materiale pubblicato che tratta di come le persone pensino *insieme*.

Editoriale

Gli articoli di questa edizione forniscono una base teorica e filosofica al pensiero di gruppo e collettivo, alcune intuizioni riguardano al pensiero in contesti organizzativi e alcuni contributi la conoscenza sul pensiero di gruppo in ambito clinico. I contenuti di questa edizione speciale sono destinati a teorici (a) e professionisti in ambiti organizzativi, comunitari e clinici. Data la ricchezza dei testi non è stato possibile dividerli in categorie o in una sequenza chiaramente logica. Tuttavia l'ordine in cui appaiono nella rivista è volto a seguire una sorta di progressione dalla filosofia alla pratica.

Iniziamo con il domandarci per quale motivo il pensare collettivo sia stato affrontato così raramente in maniera diretta, mentre l'argomento del pensiero individuale abbia attratto molta attenzione in più. La tesi di dottorato di Rob Gordon e il suo successivo articolo in questa edizione (Il nous e il tessuto sociale della mente umana) affronta la questione in maniera esplicita. Secondo Gordon i relativamente recenti cambiamenti nel substrato inconscio della società occidentale negano l'esistenza della natura socialmente integrata della vita mentale umana. In questa società la collettività è vista con sospetto, ed evoca fantasie di perdita di 'libertà' e autonomia. Inoltre, la natura viscerale del 'sé somatico' si concretizza nel vivere intrappolati nell'illusione che il senso-sentito (b) dei nostri sé fisici definisca la nostra individualità e separatezza dall' 'altro'. Sembra che il *nous* nei gruppi sia un prerequisito essenziale della nostra capacità di funzionare efficacemente a livello collettivo.

Gordon ci ricorda anche che concentrarsi sulla razionalità e sui processi consci nega la collettività implicita nei processi inconsci. Ne risulta allora che due delle icone della società post-industriale, la razionalità e l'autonomia, risultino essere seri detrattori della nostra capacità di pensare insieme in maniera efficace.

L'articolo 'Il nous e il tessuto sociale della mente umana' è lungo e complesso ma data la ricchezza e la profondità del pensiero di Gordon, fornisce un'eccellente introduzione filosofica all'edizione.

Ad un certo punto del processo di revisione mi sono ricordato che il mio interesse al pensare in gruppo e nei team fu inizialmente risvegliato quando lessi il capitolo di Robert Hinshelwood 'Attacchi allo spazio riflessivo' (1994), e di conseguenza sono stato molto felice che egli avesse intenzione di collaborare a

questa edizione speciale. Il suo articolo *Due teste sono meglio di una? O peggio?* ripercorre il modo in cui il lavoro di Wilfred Bion sul pensiero si è evoluto al fine di integrare idee sul pensiero nei singoli individui con l'influenza creata dalla presenza della mente degli altri. Bion ha messo in relazione la capacità individuale di pensare con la natura del contesto, in particolare quello sociale ed emotivo, in cui quell'individuo funziona. Hinshelwood ha sviluppato un argomento convincente, partendo dalle basi dell'opera di Bion, secondo cui la leadership dei team deve consciamente tenere conto dell'esigenza di creare un contesto per il pensiero che sia inconsciamente vissuto come 'contenuto'. La leadership del pensiero quindi, non riguarda solo il fare pressione sul team affinché porti il lavoro a compimento.

L'articolo di Rosealeen Tamaki in questa edizione (I processi psicotici nell'individuo e i suoi effetti nelle situazioni di gruppo) è perfettamente complementare a quello di Hinshelwood, in quanto anch'ella parte dal lavoro di Bion e introduce il pensiero post-bioniano di Ferro al fine di sviluppare l'idea che pensare non è assolutamente un'attività individuale, ma richiede due menti. Tamaki esplora l'ubiquitaria presenza di frammenti di materiale non-pensato e il modo in cui essi somigliano a elementi psicotici, sebbene esistano in tutti noi che non siamo psicotici in senso diagnostico. Tamaki parte dall'opera di Bion per sviluppare l'idea che una mente da sola non è in grado di affrontare il materiale-pensato grezzo che inevitabilmente esiste nelle nostre vite quotidiane. Non sono solo gli infanti che richiedono la rêverie delle madri per contenere i loro pensieri. Noi tutti abbiamo bisogno di almeno un'altra mente disponibile per riuscire a pensare. Un altro elemento chiave dell'opera di Tamaki è la stretta interdipendenza tra il pensiero e il substrato dei sentimenti di base. La necessità di due menti non serve solo a permettere al pensiero di verificarsi, ma fornisce anche un posto in cui sentimenti primitivi possano essere contenuti e tollerati. La nozione di Bion di "contenitore-contenuto" viene sviluppata sia nell'articolo di Hinshelowood che in quello di Tamaki, e viene successivamente ampliata da Richard Morgan Jones.

Il suo articolo (Il linguaggio della pelle del gruppo: cosa si insinua sotto la pelle (c), attaccando la capacità dei gruppi di pensare) attinge prevalentemente al pensiero psicoanalitico francese e italiano, ampliando l'idea di Anzieu di "pelle psichica". Ossia, il contesto sociale in cui il pensiero si verifica - ad esempio nel team - fornisce una membrana esterna che contiene gli elementi emotivi e psicologici del collettivo. Ciò estende la tesi di Tamaki, ampliando il campo pensante/contenitivo da due a molte menti. Morgan Jones enfatizza la natura integrata del pensiero ed espande la metafora dell'incorporamento dall'individuo al gruppo, da qui la nozione di una pelle psichica collettiva. Egli esplora inoltre il modo in cui differenti caratteristiche della membrana esterna

che si trova intorno al gruppo cambiano il modo in cui il pensiero può verificarsi nei gruppi.

Seppure in tema di autori italiani sarebbe stato appropriato includere le idee innovative di Claudio Neri sul "pensiero di gruppo", i tempi non erano maturi affinché Claudio potesse dare un contributo a questa edizione. La quarta parte del suo libro, enigmaticamente intitolata "Gruppo" (Neri, 1998), consiste in sei capitoli, i quali forniscono materiale che stimola la riflessione sul modo in cui il pensiero avviene nei gruppi. Incoraggio vivamente tutti i lettori ad avvicinarsi a questo scritto.

Morgan Jones esplora alcune delle conseguenze che scaturiscono dall'esistenza di un involucro inconscio del pensiero, e ulteriori conseguenze vengono proposte nel mio articolo dal titolo provocatorio "È spesso inutile essere di mentalità aperta: Il ruolo dei 'blocchi di opinioni' nel pensiero dei gruppi e dei team". In questo scritto sostengo che nonostante la 'pelle psichica' o involucro sia necessaria, allo stesso tempo limita la capacità del collettivo di accogliere pensieri provenienti dal di fuori dell'involucro. Nei collettivi si osserva un'aderenza a delle opinioni "distintive", e queste opinioni vengono trasmesse e mantenute nella matrice di relazioni, valori, credenze e narrazioni attraverso le quali esse sono trasmesse. In questo modo, si crea uno spazio delimitato per i pensieri 'permessi', ma di conseguenza vi sono innumerevoli pensieri 'non concessi' che vengono esclusi. La mia tesi è che i 'blocchi di opinioni' emergono inevitabilmente nei collettivi e che proteggono sì la capacità dei collettivi di formulare alcuni pensieri, ma anche quella di escluderne altri.

Alcuni temi che emergono dagli scritti sopra menzionati sono: (1) l'attività del pensare esiste come senso-sentito di essere un processo individuale (quindi gli elementi collettivi sono inconsci), (2) il pensiero è in realtà socialmente integrato, (3) il pensiero collettivo esiste necessariamente in una ricca mescolanza di sentimenti, processi inconsci ed influenze. Inoltre (4) lo "spazio pensante" è avvolto da una qualche forma di confine, contenitore o pelle necessaria per consentire alle persone coinvolte di gestire i frammenti inconsci dei pensieri non-pensati, al fine di creare un pensiero coerente di cui possa essere consciamente fatta esperienza e che possa essere condiviso con altri e (5) la natura del confine che delimita il gruppo ha un impatto significativo sul modo in cui i pensieri fanno ingresso e vengono processati nel gruppo.

Ulteriori sfumature vengono aggiunte da Robert French e Peter Simpson nel loro articolo *L'attenzione come base del pensiero di gruppo*. French e Simpson richiamano la nostra attenzione sul modo in cui l'essere inondati dalle emozioni può provocare, sia negli individui che nei gruppi, una perdita della capacità di essere presenti a quello che sta realmente accadendo. Gli autori delineano una distinzione tra l'attenzione focalizzata e l'attenzione uniformemente sospesa. La prima è 'netta' e focalizzata, e la seconda è generica e non focalizzata su alcun

fenomeno in particolare – e in questo assomiglia alla nozione freudiana di attenzione libera fluttuante. Gli autori raggruppano il loro articolo intorno al tema secondo cui l'attenzione è un elemento chiave nella capacità del pensare in gruppo e in team e il prestare attenzione "dipende dalla capacità di essere presenti sia nell'esperienza del noto che dell'ignoto". Affrontare l'ansia che deriva dall'essere in contatto con l'ignoto richiede una capacità di 'potenziale negativo' che viene descritta da French e Simpson, come pure da Perini in questa edizione, e da altri autori in ambito psicoanalitico. Sembra inoltre che questo potenziale negativo sia necessario per rimanere con gli elementi psicotici (Tamaki) e con gli stati instabili (Jones in questa edizione – vedi sotto). Quindi oltre a descrivere il rischio di venire inondati dalle emozioni, French e Simpson condividono anche la loro visione secondo cui la capacità di notare e affrontare le sottili sfumature emotive è un elemento centrale nella capacità di pensare in gruppo e nei team.

È importante comprendere come il pensiero nasca gruppi e nei team; spesso però lo scopo del pensiero è quello di rendere possibile l'azione. Allora come possono pensiero e azione coesistere? Nel suo articolo *L'azione e il pensiero nel gruppo di lavoro*, Mario Perini mette in discussione l'idea secondo cui ci debba essere necessariamente una contraddizione tra azione e pensiero. Perini sostiene che la concezione originale di Bion del gruppo di lavoro include la capacità di agire e che il pensiero psicoanalitico post-bioniano ha ampiamente trascurato l'elemento dell'azione nel gruppo di lavoro. Quindi, l'azione non deve necessariamente essere 'acting out', e alcune forme di pensiero possono costituire l'azione. Riunire azione e pensiero arricchisce l'applicazione delle idee sul pensiero in ambito organizzativo. Come spiegato da Perini, c'è una tensione di lunga data tra il pensiero clinico psicoanalitico e la teoria delle organizzazioni. L'inclusione dell'azione è un prerequisito essenziale al fine di assicurare che i sistemi di idee psicoanalitiche possano avere un'applicazione pratica in ambiti organizzativi. L'opera di Perini è quindi di aiuto nel fornire idee su come il materiale filosofico sul pensare in gruppo e nei team sia direttamente rilevante in ambiti organizzativi.

Gli articoli precedenti si sono concentrati sulla natura del pensiero nel gruppo e nel team con vari riferimenti sia all'ambito clinico che organizzativo. Barry Jones ci trasporta nel setting clinico con il suo articolo *Gestire stati instabili: dall'invischiamento alla relazione,* in cui si focalizza sul lavoro in ambito terapeutico con clienti con disturbi di personalità, e sugli 'stati instabili' che essi suscitano nel terapeuta. Egli afferma che questi stati di incertezza rappresentano la base per l'apprendimento e l'adattamento alla realtà esterna. Egli affronta anche l'argomento della maniera in cui ciò che egli descrive come elementi 'spaventosi e *unheimlich*' nelle relazioni pervadano anche gli ambiti organizzativi in cui gli interventi terapeutici hanno luogo. Jones suggerisce che

terapeuti e manager devono avere la capacità di notare, rimanere in contatto e gestire questi disturbi se vogliono essere efficaci. Questo articolo riporta alla memoria il concetto che il substrato affettivo della nostra esperienza è alla base della nostra capacità di pensare in maniera individuale e collettiva. Esattamente come Tamaki, anche Jones ci ricorda che la capacità di pensare deriva da un alto livello di sintonizzazione con sottili e inquietanti sfumature emotive e dall'abilità di tollerare questi stati instabili in modo che queste esperienze sgradevoli possano essere mobilizzate a supporto del pensiero.

Anche il contributo di Francesco Comelli a questa edizione speciale sul pensare in gruppi e nei team si colloca nel contesto clinico. Il suo articolo *Intersoggettività fra gruppi e cure con la cultura: campo intergruppale come funzione terapeutica Basti-Menti APS* è una descrive un'architettura del modo in cui il pensiero di diversi team nella cornice di un istituto psichiatrico abbia avuto un impatto sulla capacità di affrontare malattie resistenti come i disturbi di personalità. In un ospedale di Milano, numerosi team facenti parte dello staff hanno collaborato per impegnarsi reciprocamente, con i loro pazienti e con i familiari dei pazienti in un modo che mette a dura prova molti dei concetti sul confine nel trattamento psichiatrico. Comelli descrive come la combinazione di metodi strumentali di trattamento con una società che cova l'illusione collettiva che ogni cosa sia curabile, crei una difficoltà particolare nel lavoro con clienti le cui "psicosi" sono state invase da dinamiche famigliari disfunzionali. L'articolo di Comelli si basa su "L'idea di trattamento che va oltre i gruppi psicoterapeutici, attraverso una connessione con i cosiddetti gruppi culturali..." in cui i pazienti sono coinvolti in molteplici 'contenitori' terapeutici. Questa molteplicità rende necessario "lo spostamento intersoggettivo tra spazi differenti", cosicché gli elementi essenziali del pensiero e dei sentimenti che il processo di guarigione psicologica comporta siano distribuiti attraverso molteplici gruppi e setting. Lo scenario complessivo del trattamento descritto da Comelli è complesso, innovativo e insolito in termini psichiatrici. Le implicazioni per la teoria del pensiero nei gruppi e nei team sono molteplici e illuminanti.

Nell'articolo finale di questa edizione, Simone Schirinzi intervista Silvia Corbella. La conversazione delinea ciò che Corbella ritiene sia centrale ai fini della capacità di pensiero collettivo. Corbella descrive come la creatività del gruppo e il fondamento del pensiero di gruppo risieda nel preconscio e non al livello tradizionalmente inteso della razionalità conscia. Corbella esplora la funzione del 'conduttore' del gruppo ed enfatizza la necessità che il conduttore gestisca la sua grandiosità e la sua ansia al fine di mantenere una certa curiosità e di impegnarsi con il cliente in un'esplorazione dell'ignoto. Schirinzi conduce Corbella ad esplorare come la pratica psicoanalitica possa essere utile in organizzazioni che non sono coinvolte nella psicoterapia o nella psichiatria. Gli elementi chiave che emergono sono l'abilità del conduttore di usare un

linguaggio che trovi il favore del gruppo di clienti e "…di utilizzare anche la capacità di sorridere, l'ironia, che ritengo profondamene creativa, l'area della leggerezza, la leggerezza profonda". Ciò contrasta la comune inquietudine di ricercare un capro espiatorio e 'il non-detto' che Corbella incontra frequentemente. In quanto professionista 'Il conduttore deve farsi carico del senso di fragilità e della paura che le trasformazioni comportano.' Un pensiero particolarmente calzante con cui terminare questa edizione.

Nota sulle referenze

Nel testo di questa edizione non ho menzionato nuovamente gli autori già citati negli articoli che seguono in questo numero.

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Note

1. Nonostante io sia co-autore dell'articolo, le idee centrali dell'articolo *Nous* sono frutto del pensiero di Rob Gordon e della sua tesi di dottorato.
2. L'articolo di French e Simpson è stato originariamente pubblicato come Capitolo 1 del libro Attenzione, Cooperazione, Obiettivo: Un Approccio al Lavoro nei Gruppi Utilizzando Insight da Wilfred Bion, di Robert French e Peter Simpson (pubblicato da Karnac Books nel 2014), ed è stato ristampato su gentile concessione di Karnac Books.

Editore dell'edizione speciale

Martin Ringer martinringer@groupinstitute.com

Notes from the translator

(a) Theorist could also be translated with 'studiosi' which means academic
(b)   Another translation for felt-sense would be 'senso-percepito' but it is less literal
(c) There is not a literal way to translate the saying "get under your skin" in Italian without taking away the reference to the skin, so I opted for a more literal translation. Another possible translation is: 'cosa penetra sotto la pelle'.

Tradotto dall'inglese da Chiara Abbatelli

1.
Nous and the Social fabric of the human mind: Towards a viable theory of collective thinking

Rob Gordon, Martin Ringer

Abstract

Western culture predominantly views the individual as an autonomous entity whose independence enables him/her to think, feel or do anything he/she wishes, while social relations are a derivative of individuals interacting. The idea of the subjugation of independence by a group is seen to be coercive and dangerous to the health of the individual and society. This paper presents a viewpoint to show that these individualistic ideas impede an understanding of social communication as the basis of both human collaboration and societal pre-requisites of mental health. The paper describes the implicit and out-of-awareness characteristics of communication beyond the individual content, which include include shared language, assumptions, culture and communicational protocols that provide an "organismic" quality to communicating groups and enable society and its subgroups to operate. This cohering force beyond the individual content is found to be the consistent with 'nous' as described by Greek philosophy.

The nature of *nous*, its manifestation in groups, its role in group life and society are outlined with particular reference to the requisite role of *nous* in enabling groups and teams to think together.

The contemporary loss of focus on the social nature of human beings

The belief that the human individual can be free of the deterministic pressures from society and may follow his or her own 'true' path that is now prevalent in Western culture, is a relatively recent phenomenon.

Individualism in its current form has co-evolved with industrialization and democracy (Hinchman, 1990). We are now encouraged think that the individual has power over collective attachments and independence from the 'group' – no matter to what groups we belong or refer.

In contrast to this, beginning with Comte (1830) in the mid eighteenth century, sociologists argued that groups existed before families or individuals came into being. They viewed individuals as the creative products of societies over the course of evolution and that societies are organisms of a unique type in their own right, whose members have much mental life that is inherently and unalterably collective (Cooley, 1909; Mead, 1962; Durkheim, 1966/1895,

1954/1912). McDougall popularised these ideas with his somewhat inadequate theory of "group mind" (McDougall, 1920). However, his theory evoked widespread fear as both Fascism and Communism dominated the early twentieth century political scene with ideologies that put the nation or society (i.e. group) above the individual and liquidated those who did not fit it. Any reference to group mentality was equated with totalitarianism and loss of personal freedom, so the ideology of individual independence from collective influences quickly gained dominance.

The result was to create an intellectual climate that did not allow the person to be understood from the group perspective, but instead focused on individuals and considered the dynamics of the group to be simply the context for individual functioning. No light was shed on the nature of the group itself, nor on the fundamentally social nature of the person. Nonetheless, as the group psychic entity disappeared from scientific discourse, it appeared in the clinical field and it persists in various forms of group psychotherapy which all give the group a reality that underpins the existence of its members. What understanding can we re-claim about how the deterministic social nature of the individual (Lawrence & Noira, 2002) creates the medium for people to think together, rather than just focussing on the individual and on individual thinking?

Collective mentality and individualism

Western tradition since Descartes has emphasised the autonomy of the individual and focussed on what falls within conscious experience. From this basis the sense of the individual has become identified with their bodily basis. The view is: "I am in my body and my consciousness is in my head." With the body as the reference for the individual the boundaries between one person and another can be defined by the skin. Everything seems clear, except modern research shows that what we recognise as an individual needs [singular verb by my reckoning] to come into existence in a society of others who have an influence on them that cannot be ignored. Language, customs, culture, values and fashions are the collective forms in which the individual is embodied as much as in their flesh. Each bodily individual is psychically sustained in a medium of social relations and betrays in many dimensions of their existence the essential role of the collective dimension of their mental life. The problem arises in trying to define these two dimensions of existence.

In the current climate, collective mentality evokes fear because it cannot be created or significantly modified by individuals; it operates on all members alike, is characteristic of group identity and inseparable from the fact of group membership. In the late 19th and early 20th centuries many authors spoke of a "common," "social," or "group" mind, based on the notion that individuals have

two mentalities: One based on the body and senses which is personal, the other based on the structures of the communicating group, which is collective. We – the authors – don't use the term 'group mind' (McDougall, 1920) because of its negative connotations, suggesting that it is a concrete entity like the individual mind. In our view, the collective mentality is of a different order to individual mentality, understood as a "mind", and we will expand on the notion that being an effective part of a group pre-supposes taking part in a set of shared assumptions and patterns of communicative interaction that provide the infrastructure of "mind." Nonetheless, the early views provide the beginnings of a conceptual apparatus that can place a socio-centric perspective alongside the current individual-centric fashion of individualism. We emphasise the word "alongside" because the two views are not mutually exclusive.

Four objections to collective mentality

The schools of individualism have been and still remain strident in their opposition to bestowing reality on collective human existence. Attacks on the collective mentality hypothesis are polemical and highly judgemental, suggesting they are "dangerous" and "undermine the democratic ideals" (e.g., see Ginsberg, 1944, 1954). The (collective) fear of totalitarianism made science bow to politics. The objections can be summarised into four main frames.

1. *Epistemological/Positivist Objection.* i.e. that only individuals can be observed. The group itself does not exist, effectively because one can see that there are no physical connections between the 'individual' brains in the group. 'Group' is a reification and cannot be perceived as a single entity and is just a construct of the observer's mind. This positivist paradigm makes fiction of the existence of the group as an entity.

This view also precludes all sorts of objects being considered as entities. Floyd Allport (1920) said at the end of his life this would say that atoms and sentences did not exist as entities.

Our counter to this is that there are many other forms of collective that are not questioned, so why single out 'the group' as being a phantasm? Those who claim that the group does not exist are happy to talk about 'the share market', 'the nation' etc. which are similarly socially constructed entities. The media and popular discussion treat collective entities as though they are entities. In our view, the claim that 'group' is a reification does not hold because reification is the logical fallacy where abstractions, such as relationships, or abstract properties *are regarded as though they had independent existence* (Bullock and Stalleybrass, 1986). It is not claimed here that group entities can exist

independently of the members constituting them. But if groups exist, they are as real as the constituent individuals. A collective entity is a different recognition of the same phenomena of interacting individuals.

2. *Functional Objection.* The group is not like a person. Although consisting of the same stuff as individual minds, group minds lack properties of personal minds.

Our counter to this is that collective mentality is different to individual mentality. Its functioning has to be studied in its own terms rather than using the personal mind as a metaphor. The fact that group mentality is different from the mentality of its constituent members is no argument against its existence. Collective mental functions need to be distinguished from individual mentality and to be seen as supporting and interacting with individual mentality. The group entity co-exists with individuals, but is not another form of individual mind. It is a dimension of mentality in its own right whose character is to be explored. Group mentality proponents define different functions to those of individual minds. Perhaps it should not be called "mind", which has individualistic associations. It is *sui generis* (Durkheim, 1996/1895).

3. *Collective Subject Objection.* If the group mind is to express itself, it can only speak through individuals and becomes an inappropriate means for power if some claim to speak for the group entity.

If the group is not considered as a human subject that speaks in its own right, this objection does not apply. Anyone claiming privileged access to the group mentality does not understand its nature as group - it is not a subject in the sense a person is. Collective consciousness proponents refer to groups with rich communication as forming a set of common propositions and values, which define cognitive objects, affects and action patterns for members. In fact, as we explore later, without these conditions, collective consciousness does not arise. The consciousness mediated by collective representations unites individuals so they respond as members to what is inherently collective. Attributing this to a (single) collective subject reifies the concept in a way proponents of collective mentality do not support.

4. *Structural Objection.* A social mind would consist of multiple intersecting minds with a bewildering complexity; members would be part of many different "minds" at once.

The authors' counter to this is that social structures and interactions are complex in their own right, although this is only just becoming recognised. Most of their existence and operation is outside consciousness for the members. Usually only discrete elements operate at a particular time on the members.

There is also no reason why the complexity of the group mentality is an argument against it, any more than the complexity of the processes in the individual mind and human brain are an argument against their existence.

It can be seen that whilst there are many points that signal the need for caution to those studying collective cognition, there is not enough weight in the sum of all the arguments against it to prevent its further exploration. Rather, what is required is a method suited to the phenomena under investigation.

The role of communication in group mentality

The early twenty first century intellectual climate is no longer so doctrinaire and hostile to non-traditional perspectives. Systems theory, the promotion of language into a new position in the human sciences, de-construction and postmodernism are questioning the fundamentals of western metaphysics.
The individualistic point of view, based on privileging the body as the reference point for all other considerations and regarding the subject as identical with the body is after all, unique to our culture and epoch. However, if we take a point of view that does not restrict our view to the body-bound individual, and studies the social being incorporated into a mosaic of groups, a methodological problem arises. How do we conceptualise something that we are immersed in and can never get away from? What is the medium and field of observation to study these collective phenomena?

In our view, the answer is communication. Without communication, there are no relationships and no society. Communication is the material basis of relationships and therefore of society. However, the notion of communication needs to be extended beyond the information theory paradigm of sender-message-receiver to embrace a social communicational theory in which *communication is understood as the manifest substance of interpersonal processes* (Sigman, 1987). As was clearly outlined some time ago by Gregory Bateson (1972), communication has a complex, multilevel and multi-determined nature, not defined by considering each member's contribution as part of a deterministic sequence of individual contributions. Natural, spontaneous social situations cannot be determined or controlled by any member. They take on a life of their own, developing complex sequences and rhythms. Events from immediate and distant past interact with cultural structures and personal factors to create a psychosocial field in which the participants are immersed.
Communication becomes a de-individualised, collective construction in which members are enmeshed, concurrently determining it and being determined by it. People can only hypothetically be outside communication, just as no one can

be outside language in the sense of having another basis to grasp the meanings of their situation.

Communication is the creative medium for sociality itself rather than a consequence of interpersonal interaction. Every communicational episode is embedded in a complex, multimodal, historical, communicational context, whose structure is influenced by social factors outside the consciousness or control of the individual participants. All messages manifest an integral part of the whole context and history of the group. Their meanings or effects may be different from the intentions of the senders. They are viewed in terms of their effects on the whole setting as much as on individuals to whom they are addressed. Irrespective of its content, every message signals involvement of the sender and their desire in relation to the receiver. The circulation of messages results in a sense of group identity, which has immediate consequences for group life and is distinct from the informational content of the messages. So whilst we may be tempted to atomise individual communicational events, doing so strips away essential information because all communications are manifestations of the collective mentality that has evolved.

A message is multi-levelled. It may have syntactic meaning, affective significance, embody cultural characteristics, and be part of a historical event whose importance will not be known until it is accomplished some time in the future. It can be relevant or irrelevant to preceding messages, duplicate, add information, be incomprehensible and yet still convey a host of significations. It may be a means of making the participants known to each other in ways that have nothing to do with its content other than that they attend to each other. The message in a social communication theory is the instance of a mode of interaction.

This perspective is inherent in the origin of the word "communication" deriving from the Latin *communare* meaning "to share" and denotes the means by which people share those functions or aspects of themselves that result in the formation of the communal life which is called sociality. The reality of communication is the domain of relationships. Communication involves linguistic, cultural, historical and personal content, which orient it in a particular direction. Most of these structures are unconscious to the communicators at the time and act as an outside-of-awareness common code.

Paul Watzlawick (Watzlawick, Bavelas and Jackson, 1967) articulated an important aspect of communication that we call the Watzlawick Principle, and which we state as: *in a communicational unit it is impossible not to communicate*. Being silent or uninvolved while present with others still creates a message. There is a connectedness in the communicational situation from which there is no escape; the individual affects their peers. Communicants are locked together in a unity outside their scope of understanding, except in its details.

The Watzlawick Principle points to a feature of the communicational phenomena that is analogous to the material connection of physical objects, where moving one object inevitably moves the others, or between organs of an organism, where all affect each other. When this principle operates, we can say a communicational organism exists, hence a social entity. In this paper we use the term 'communicational organism' to mean the group as bound together by shared communicational elements. As long as we are willing to extend our view to the communicational phenomena beyond the spotlight of physical individual conscious awareness, the existence of the Watzlawick Principle points to a blurring of the boundaries between physical individuals. They are co-mingled or "shared" by communication in a sense somewhat different from what is meant by the "psychic individual" or "embodied individual". Yet they cannot follow this mingling or sharing of their being with conscious definitions, since they are all mutually and reciprocally influencing each other.

Another consequence of the Watzlawick principle is that constraints act upon members of the communicational organism, such as communicational structures, and historical, cultural and moral ideas. They are not felt to act on the communicator from outside, but from within (Durkheim, 1966/1985). They seem personal to the subject, yet to an outside observer are cultural and social factors, common to all group members (e.g., "that is a typical man's view", "at typical American value", "a typical psychologist's view" etc.). When any of these principles are violated, individuals feel at odds with themselves. Examples of such constraining and enabling systems are logic, reason, manners, moral and ethical codes, etiquette, custom, social structure and values. They result in what we could call deposits from the communicational environment. They are so intrinsic to our sense of what a person should be that when someone violates any of them we wonder if this is the first indication of a mental health problem.

These out-of-awareness communicational structures have previously been described as collective mentality, since they cannot be created or significantly modified by individuals, operate on all members alike, characterise group identity and are inseparable from the fact of group membership. They have been called a "common," "social," or "group" mind.

Approaching the concept of collective mentality – A problem with language

Let us try to formulate a concept of collective mentality and find a term that captures it. Is "mind" the right term? According to the Shorter Oxford Dictionary, 1990, the word "mind" means: memory (to bear in mind); intention, desire, wish; seat of consciousness, thoughts, volitions, feelings; the incorporeal subject. But these are individual concepts indicating bodily and sensory aspects

of psychic life. They do not include the collective nature of human existence. Philosophically, mind is an "abstract version" of individuals' properties, such as to think, perceive, feel, rather than something in its own right, (Morton, 1995). Other views collect functions of sensation and consciousness to account for mind (Scruton, 1996). Mind involves mental changes, but their nature seems obscure; if mind is the collection of changes, "we seem to be leaving out precisely what ties them together into the mind" (Shaffer, 1967, p 337). Thus to use the word "mind" for collective psychic functions raises linguistic problems and exposes the theory to constant confusion with individual mentality and obscures the unique nature of collective mentality.

Would "psyche" be better? In Greek philosophy, psyche means breath, soul or spirit (Matthews, 1995); indicates living entity, conscious self, or principle of individuality (Kerferd, 1967a). "Living entity" could refer to groups. It is not so contradictory for a group to have a psyche, since its relationship to body is not so explicit. Individual and collective mentalities are coextensive, but distinct. Individual and collective mentalities develop at the same time; individuals do not form group mentalities; both are distinct domains and properties of their communicative activity, since groups always pre-exist individuals. What aspects of mind belong to the domains of individuals and groups?

The individual's two minds: We posit that the individual has two minds or dimensions of mentality. One is based on the body, senses, conscious experience and is personal (Damasio, 2010). The other is based on the structures of the communicational organism and hence is collective (Wilson, 2004).

The body individualises; its functions, sensory experiences, pleasure, voluntary movement and conscious representation belong only to one person. "Individual" mind derives from sensory and bodily content such as sensation, memory, affect, volition, consciousness and thought. Sensory content is subjected to mental operations. This can be called the "somatosensory mind", (cf Damasio, 2010) including sensory experience, states of arousal and motor activity. Yet, somatosensory content must be distinguished from what does not have a sensory basis to analyse the boundary between individual and collective psyche. Mental functions that are not dependent on sensory or bodily content include rational structures and processes, which go beyond the specifics of given experiences and relate them to forms common for members of a culture. They derive from social experiences provided through communication and language (Durkheim, 1912/1954; Mead, 1962; Toulmin, 1972). Concepts and rational operations are collective because they cannot be reduced to specific sensory instances and they presuppose a common culture. Other functions include collective representations, sentiments and ritualised action patterns. The collective element of mind does not provide direct and compelling sensory data that tells me "I am a part of a collective." For example when faced with

stumbling over a few words in another language in a foreign country we would tend to think "I am not competent" rather than "I am experiencing myself as attempting to enter a collective patterning to which I do not currently belong". In conclusion, because "mind" has a strong individualistic, bodily meaning, another word is needed to identify collective mentality without these connotations.

The problem of collective mentality is how to situate bodily experience in relation to it given that the body differentiates and provides individuals with sensory-motor experience unique to each one (Damasio, 2000). Therefore, to locate collective mentality, we can start with the axiom that *collective mentality is indicated by all that remains stable when we imagine changing every thing derived from the body in a mental situation.*

Example (1)

This paper consists of words expressing personal ideas. What remains constant if the ideas themselves are changed are the linguistic structure, logic of thought, socio-cultural assumptions built into the discourse, gender, national and social biases and perspectives outside awareness, and a typically psychological (even Australian) style. Such a structure could be preserved as a skeleton upon which some new and different content is hung. However, this constant structure is what enables the content to be communicated to the readers since it is not unique to writer, (as the sensory/mental content is) but is shared and recognisable. If any reader lacks access to those organising structures, communication breaks down and the content is not shared, such as would occur if a non-English speaker attempted to read the original English language version this paper.

Imagine the content of a therapy session is changed. What remains constant in addition to what is described above for any logical discourse? The social roles of client and therapist, the logic of the two discourses, assumptions and values of the therapist's approach, the reciprocity of the dialogue, rules of social and cultural exchange. These elements allow the session to be a meaningful interaction all provide an additional layer of collective organisation and shared structure for this situation. The participants share a structure for their communication *of which they are not aware*, but which makes it possible. The specific sensory/mental content is important to them, and in their awareness the shared organising common structure is taken for granted and is out of awareness in the same way as is the air they mutually breathe.

Example (2)

>A group of adolescents is playing cards. The sensory-motor content consists of the cards, roles and rules in the game and of the social situation. If another game is substituted, what remains is the ordering of turns, roles, rule-governed system of interactions, commitment to an outcome, acceptance of winner and losers, the social and cultural significance of games. This is a common implicit structure and allows communicational or social phenomena to occur.
>
>For therapeutic purposes, the content of the particular game is less important than whether the members can combine in the shared/ collective enterprise and so constitute a rudimentary collective mentality.

A challenge that we are faced with in the predominantly empiricist world in which we live is that the 'felt sense' or lived experience derived from the somatosensory/embodied mind feels personal, real, immediate and accessible. It is 'experience-near'. In contrast, the collective elements of mind are not directly experienced by the personal somatosensory mind. These collective elements seem experience-distant and difficult to grasp as impacting on our conscious lived experience. They are outside awareness as long as the somatosensory content is the focus of awareness, but can be made conscious as soon as they are defined and brought into the focus of awareness.

The notion of 'Nous' as 'meta-sensory mind'

The collective component of mind lies behind the specific, sensory, somatic, motoric, personal content and directs our attention to unique non-sensory aspects of the phenomena. In contrast to the *somatosensory mind*, we can call this the *meta-sensory mind* ("meta" in Greek meaning "with or beside"). Greek philosophy had a word for this psychic domain of common organising ideas which remain constant in spite of the differing personal content they structure. They called it *nous* (pronounced "noose").

In Greek philosophy, "nous" denoted mental operations not dependent on the senses. It referred to the rational, intellectual, knowing part of the mind (English and English, 1962/1958), principles beyond the manifest phenomenal world (Jones, 1995), related to eternal truths, implying a universal, cosmic or world mind (Rhode, 1987). It was cosmic reason and rationality (Kerferd, 1967b, p 525); it indicated thinking, ordering, planning, universal order; it expressed the consciousness of organisms' life through the inherent connectedness of their organs; it is an intellectual activity analogous to perception, but for consciousness and ideas (Gadamer, 1998). We propose to use it to denote *the*

domain of mental functions not dependent on sensory content, whose principles and processes are common members of groups and enable shared meaning and communication i.e. collective mentality.

What pertains to as distinct from mind is the framework of concepts, categories, ideas, logical and rational operations, relationships, rules, assumptions, and values, which provide the system within which specific sensory mental content is given meaning. It is common to the members of a cultural group. Individual sensory experience is given meaning in relation to operations of thought and knowledge. *Nous* bestows a framework of collective meaning on individual experience. It refers to what remains the same in mental activity when somatosensory content is changed.

The domain and functions of *nous* can be revealed by the exercise of substituting different somatosensory content in any discourse or activity to reveal underlying commonalities of structure, function and form. These *nous* structures vary in their generality from one level of collective organisation to another, from small local group cultures, social, national, historical and general human mentality itself. It is evident that there is more and more shared as we move from a family or small group to common human culture. Eventually, human beings have in common certain fundamentals of rational consciousness, sentiment and cooperation that are the core of human mentality. Different levels of *nous* may need to be differentiated, ranging from common humanity to the shared organisation of intimate relationships where more and more *nous* functions are added.

The ideas, principles and operations constituting *nous* only exist collectively. No one person embodies more than a fragment of the system. Instead of privileging individual awareness, we can focus on the functions defined by *nous*. Logic, reason and other forms of thought exist as a self-sustaining cultural system for everyone who understands them. Individuals join such a world, in the same sense that they join a language community. The existence of *nous* enables the personal content of individual minds to be organised by collective mental processes arising out of communicational interaction as part of a social entity and cultural milieu. When they become part of such a communicating organism subject to the Watzlawick Principle, *nous* is then represented in the individual's mind.

The collectivizing function of *nous*

The body divides people from each other. The functions of *nous* link people in communicational-mental-social structures through language and
communicative interaction. *Nous* has a "collectivising" function because its functions only exist for groups since it is not restricted to sensory specifics. To

have a place in social life or in , sensory content must be converted into words or other forms of meaning and rendered as linguistic products. Sensory experience is given form in the shared rational structures and operations of these communications. *Nous* is what enables the 'individual' mind to formulate the communication of thoughts, feelings, and sensory experience in shared, mutually understandable forms as well as to understand the others' communication about these same phenomena. Mental representations are formed when sensory data are structured by conceptual forms (or as Freud, 1919 said, when thing presentations are attached to word presentations). Individual memory images are unique but when communicated to others, take on cultural significance. Instead of the image itself, its verbal representation is transmitted through social communication and subjected to organising structures and processes not dependent on sensory content. These are functions.

The 'image', which can be of any sensory representation, (Boulding, 1961) becomes active in when freed from its specific somatosensory form and continues in communicable form (Durkheim's (1985/1912) collective representations). The sensory image is then re-created by the other communicating individuals, each giving it personal colouring within the common form. The world of communication and its structures exist through individuals' participation in organised, law-governed, rational thought and expression, with common values of truth and consistency. This is co-extensive with cultural forms, inseparable from social and communicational forms, which make possible social organisation and ordered mental processes.

 Nous exists in its own right in social groups. No individual sustains it. Each individual comes into and leaves forms that exist independently of them though they may leave their mark on them. But the same characteristic belongs to the social groups to which the individuals belong. People are born into social groups that pre-exist and succeed them. The point of contact for individual mind with *nous* is wherever communication occurs within any logical, rational-social structure. Individuals who cannot become part of such groups are deprived of contributing to or being structured and supported by *nous*. *Nous* is what enables any person to communicate with and relate to any one or more other humans. Without *nous* inter-personal contact cannot get beyond the most concrete somato-sensory transactions and no enduring relationship or culture is possible. *Nous* describes the shared forms of the communication process itself: language, thought structures, values, sentiments, cultural forms, rules of conduct, norms, and the shared goals of cooperative action.

Personal and collective *nous*

Two domains of   can be defined. Once somatosensory experiences are represented mentally, they can be spoken about, discussed, represented in language, and subjected to logical or moral principles. The result creates manifest mental content, consisting of personal concepts, values and actions. However although the individual can learn about these they cannot "personalise" them without risking the loss of membership of their social world since they will be seen as deviant or incomprehensible. Personalised organisation must be subject to the meanings and values of the culture in order to be placed within a wider system of meanings and values incorporating membership of society. While the first dimension of organisation consists of forming and organising representations within the personal mind, the second dimension links them to collective representations, values, meanings and functions common to society members.

Thinking about life, making decisions and evaluating one's experiences using *nous* functions can at least in part be directly experienced as occurring in one's own mind. However, it is much less likely that a person will be aware of how collective *nous* modulates the 'personal'. In normal circumstances, people lack awareness of how thinking is structured by and conforms to the organisation of culture, gender, history, moral attitudes and prejudices of society, which reflect collective *nous* functioning working through personal expressions of *nous* and somatosensory content. Activation of personal *nous* feels like 'me' but the collective *nous* is the metaphorical water we swim in. The fish does not question the existence of water. It just 'is' the medium of existence. Within collective *nous*, various domains can be distinguished, like other social structures. Part of collective *nous* is common to humanity, similar to Foulkes' (1973) 'foundation matrix', relating to large-scale cultures such as occident and oriental, then national, or social class structures. At a smaller scale collective *nous* relates to family and peer group structures, comparable with Foulkes' (1973) 'group matrix'. Each provides an essential element in the organic complexity of the whole *nous* organism. There are also different degrees of organisation of *nous*. The group mind (McDougall, 1920) and Burrow's (1927) collective neurosis are organised around shared sentiments, emotions and attitudes. As such, they compromise the functioning of the 'pure' *nous* in the form of rational thought, reality-based understanding, socially enlightened emotions and altruistic action. Instead group norms, collective emotion and common defensive restrictions debase *nous*. Collective mentality can become a source of pathology.

In orderly discussion, resulting in common ground, cooperative problem solving and decisions, the personal *nous* activity of each member becomes an element in a common rational structure with common respect for reason, ethics, culture, history, language, and forms of action. They are collective operations of *nous*;

that is, whatever supports and organises sensory/personal content, lacks specific content of its own, but consists of shared structures and operations that allow communication to have effects. This is expressed in the function of language. The choice of words, construction of sentences and topics discussed are personal and specific, but rules, grammar and structures are common to all speakers and logical operations common to educated people, whatever the topic.

If members fail to become a part of the collective nous system, no comprehensive order exists and no collective thought or action can take place. Alternatively, protagonists may belong to contending groups and give collective organisation to their views and actions along shared lines. But *nous* is revealed when we ask what they share in spite of their differences. An argument has to be based on common logic and an agreement about what is at stake. Since language is only sustained as a collective function, *nous* is linguistic in its structure and functions (in the widest sense of the term as distinct from speech, Whorf, 1995). Speech is personal, but language with its rules is collective.

Where is collective *nous* located? This question has not been satisfactorily answered by group mentality theories. To place it in a transcendent domain departs from empirical science. It is the same as asking where language, culture or social structures are located. They cannot be confined to individual minds and undoubtedly exist – but where? They are not individual functions, but are suspended between all those involved in them. Theoretical developments in the categories of thought (which have changed little since Aristotle formalised them) may be required to answer this. Currently, no satisfactory language exists to discuss meta-sensory entities. It is only likely to be developed by more intense observation and consideration of the relevant phenomena and ideas. But arguing that because such a language has not been developed it does not exist, implies that human understanding will never advance beyond its earliest expressions.

Collective *nous* and the social group

How does *nous* theory help inform the formation of a social organism and its collective functions or help us to understand how groups and teams think together?

Organism and nous: Nous comes into being when communication has sufficient integrity and completeness to ensure all elements are affected by its structures and operations. It is not adequate for most ideas of a discussion to be subject to the laws of logic, or most actions of a person to be subject to moral principle. All must be equally incorporated into the system. Elements outside it lack logic, meaning, value, morality, and threaten the integrity of the whole. The systemic nature of *nous* is shown by the need for consistency, which is taken for granted

in the way the completeness of language rules are accepted. Non-grammatical utterances are allocated meaning in relation to these rules or ignored. Coherence of communication is related to its "organic quality" when the Watzlawick Principle operates.

What is inherent in organisms is inherent in *nous*. Every element must have implications for every other element, just as every organ in a body relates to other organs. It is not just that group members need to be in communication. Organic integrity is shown when members cannot be ignored, and become inter-dependent. The "Watzlawick Principle" comes into force - *in a social unit it is impossible not to communicate.* In the communicational organism, lack of participation or silence is as much a communication as talking. Integrity is demonstrated by participants existing for each other in a communicative medium that demands communicational reciprocity. Isolated personal decisions are not possible since others provide the context for what is decided. Connectedness or "solidarity" is implied by each member being vital to the others. Solidarity means "the fact or quality, on the part of communities, of being perfectly united or at one in some respect" (Shorter Oxford Dictionary). It comes into effect as soon as communication in a bounded group is established and group members share common elements in the 'group in the mind' or 'group illusion' (Anzieu, 1984). Communications have effects that are not completely determinable by the individual, but constrained by possible meanings within the social code, bestowed and endowed with significance by the social organism.

This "communicational organism" comes into being whenever the Watzlawick Principle is present. It develops organic integrity and supports *nous* functions. The content of communication (and hence of members' minds) is organised and integrated by the collective forms. The communication process has common structural characteristics, irrespective of the individual content. The Watzlawick Principle governs the necessity to communicate, but not the content. Members may hope for one sort of communication rather than another, but the organism preserves integrity as long as communication occurs. *Nous* "processes" the content within a collective communicational organism once all members are drawn into its integrity.

Example: A teenage boy who has been in individual psychotherapy for some years and barely spoken, starts in a group. He does not speak for many weeks, but as the other boys play cards and games with the toys for younger children, he becomes involved in the activities and in doing so vocalises in relation to the demands of the activities. Slowly he relaxes and as the others begin to talk more about their problems; he offers a word or two in response to questions from them and then begins to express his views about what they are saying. He is no longer indifferent to the group therapist and begins a teasing, joking

relationship with him similar to that of the other members. Eventually when the therapist offers him an interpretation about the motivations behind some of his behaviour, he looks at the therapist and says "Were you blonde before you were grey?" The other members laugh (as does the therapist). Behind the apparent scorn, he expresses the idea that he has understood it already himself. He also draws on the common cultural constructs of blonde being associated with "dumbness" and oldness with slowness. But he also shows in this capacity for humour couched in terms of the group's style that he is now truly part of the group and is creatively expressing himself in a style consistent with their culture. When he leaves he has changed his behaviour at home and school.

Members are bound together and need to deal with communicational inadequacies, which cannot be ignored. He cannot ignore the others as long as he remains in the group. They are bound in communicational solidarity that draws them all towards a common culture - the basis for communication, and for social identity.

Cognition and *nous*: The role of *nous* in thinking in groups and teams

Once a group organism is formed, the communication processes are organised so that the content of the communications becomes subject to the collective order. The communication is no longer only the medium for bringing the organism into existence, but becomes a structure that will have effects on them. The communications will be subject to logical operations, lead to decisions and agreements and will result in activity towards common goals. For this to happen, the field of communication has to be permeated with organising rules, norms or cultural forms that take the elements and produce conclusions, agreements or understandings. Each communicating member of the organism is then exposed to the cognitive activity sustained by the group but occurring in the individual.

> Example: A group of inarticulate boys discuss the plight of a member's acquaintance who is systematically victimised at a railway station after school. They elaborate the event in their fantasy and create a scenario involving him being pushed under a train. At first, there is a simple exchange of images. Gradually, they elaborate sequences and then plan more complex action sequences. Their hilarity is followed by vivid descriptions of the imagined mutilation and a series of excited exclamations of how much pain and horror this would involve. This shared imaginary collective production leads them to start to exchange anecdotes with each other about their own

personal conflicts with peers. They respond to each other with mutual advice and support.

The group voices the sensory content of a fantasied situation and then shares in an elaboration of the imagined scene with a series of verbal representations of images and hypothetical actions. The consequences of that scene are represented in language and allow the group members to identify with the victim. This has created a collective thought structure in which they are united with the same ideas. Then members place their own experience into the collective structure they have created and this allows them to think together about solutions relating to their own situations. The cognitive sequence has been sustained as a spontaneous group process. The cognitive process has been collective – a function of a collective cognitive structure, *nous*, which is specific for their membership and experience of this group. The Watzlawick Principle can then be modified: *Once the communicational organism is formed, it is impossible not to communicate and it is also impossible for members' communication not to take on some form of cognitive organisation.*

Affect and *nous*: The role of *nous* in the affective life of groups and teams

Communication carries psychic or emotional energy in the form of arousal that is transmitted as part of the sharing process. There is therefore a collective energetic dimension to communicational organisms that forms an affective climate. This shows that the forms and qualities of collective emotions also belong to the domain of *nous*. Arousal is part of the somato-sensory domain, but emotions deriving from them belong to the psyche and point to the interface between body and mind. When the emotions are communicated in a collective context, they become social (Harré, 1988).

Emotions are also subject to *nous* structures and organisation. This is because shared social forms of emotions and the impositions they put on the communicating members cause contagion of the emotion or stimulation of reactive emotion. The social dimension of emotions indicates the conversion of individual emotional energy into social energy and brings members into a common emotional world – i.e. into the *nous*.

The content of affect derives from individual sensory experience and somatic arousal. Emotions have social forms that also have a linguistic-meaning character. What one person is happy or sad about is personal, but the form of

the emotion, its expression, recognition and responses to it are collective representations. When someone describes an emotional experience, the linguistic medium allows the recipient of the communication to reconstruct the emotion, evoking a shared or reactive state with energetic properties. The emotional form and the energy become collective affect because of communication. Important affective life is not restricted to bodily manifestations, but shared between people; it has collective significance if communicated.

> Example: Three adolescent girls were talking together waiting to disembark from a plane returning from an overseas trip. As they waited, they remembered incidents from the trip. One laughed as she recounted an incident, the others smiled. They exchanged other incidents, each one escalating the humour. They looked at each other laughing, associating to other memories until all three were doubled over laughing with flushed faces and tears in their eyes. There was a pause in the communication as they were in a common affective state for a few moments, the laughter gradually subsided and they left the plane talking quietly and smiling in a mood of contentment.

Their affect begins as a state of arousal in one girl, is communicated to others and escalates, because the reciprocity of the series of anecdotes and accompanying energy escalate the pleasure. If they had not built the humour by each communication complementing the previous story in a highly structured way, there would have been three disparate states lacking integrity. A collective affective state was sustained by a communication process permeated by the organising functions of collective *nous*. Each girl is introduced to an affective state which she would be unlikely to experience as an isolated individual (and if we saw it we would be tempted to diagnose "inappropriate affect" and see it as a serious psychiatric symptom). Hilarity has to be shared to be experienced.

Psychic energy can be defined as what has psychic effects and aversive or rewarding qualities for the communicational organism. Individual activity qualitatively and quantitatively alters the energy of the group state because of the solidarity of the communicational organism. The Watzlawick Principle can be expanded: *Once the communicational organism is formed, it is impossible not to communicate, and impossible for the members' affective energy not to affect each other*.

Action and *nous*: The role of *nous* in the cooperative action of groups and teams

When a person acts, they have to relate to the physical world through the somato-sensory mind and unite the idea of what they want to do with the specific circumstances in when they have to do it. But individual action also takes important dimensions of its meaning from being part of the history of a social organism. We rarely act as totally autonomous isolates. Purposeful action is determined by its correspondence with the goals of others and group or social goals which also create the opportunity for action and motivate action. The integrity of the communicational organism provides a reciprocity that means personal action is also implicitly social.

Group action, on the other hand, requires somatosensory content to be organised to meet collective goals, and individuals act within a system whose goal is identifiable for the group. Members cooperate in common action. Aggression may also express a group situation, but jeopardises group solidarity or disrupts the ordering of *nous* by influences that clash with each other. There is mutuality to conflict or tension within a communicational organism, and even then, rules provide order to the conflict. This allows another addendum to the Watzlawick Principle: *Once the communicational organism is formed, it is impossible not to communicate, and impossible for the actions of members not to be structured by the logic of the organism and have a social form.*

In the collective *nous*, individual actions are organised into collective forms to serve shared goals, and achieve what individuals cannot. This is the essence of collaboration in groups and teams. Cooperation presupposes rational communication, common culture and values, which have to be organised independently of individual sensory experiences. In other words, for collaboration to occur, *nous* needs to be present in a group or team. The greater the cooperation, the more collective the action. However, aggression and coercion may assert individual impulses over others, disrupting or destroying the collective *nous*. Nonetheless, what sometimes appears as aggression may also be an expression of – usually unconscious – collective rules deriving from shared assumptions about the need to protect from danger, manage internal tensions and/or provide security (Bion, 1961).

> Example: A group of boys is anxious about being together. Sporadic talk is sustained by the therapist. Everyone seems paralysed. One boy restlessly moves around the room. He begins to make paper planes. Following facilitatory comments by the therapist, other boys also make planes. There is no communication between them except to observe each other. They begin to throw them around the room and comment on each other's achievements. They verbalise intentions. "I'm gunna make a bigger one." "Mine's gunna

have a twist in it." Then they express interest in each other. "Hey look at that one!" "That's a beauty!" Finally, the boy who started the activity throws his plane at the half open window saying "I bet I can get it out first." The others join in the competition and they soon take turns throwing and retrieving their planes. When one boy finally flies his plane out the window, there is a collective roar of jubilation. The game becomes a regular feature of the group life.

To begin with, there is no communicational organism to support group action. It appears that *nous* is absent. One boy acts individually in response to the group tension. Others are affected and join the action. His personal act has intervened in the structure of group action and created a possibility of which others take advantage. When they share a common activity, the integrity of the group communicational organism results in increasing mutuality of action, so individual activity builds a group action culture, converting individual goals into group goals. *Nous* grows. An encompassing framework of meaning, intention and value is provided within which individual actions can be inserted. To begin with, they share the activity of making planes, then they develop the game of flying them together. At the end, the group plays a game whose meaning is inherent in commonality, to achieve a goal valued by each because it is valued by all and it occurs because of group action within the collective *nous*.

The individual and the group

Collective mentality theorists emphasise that the individual's mind is sustained in the matrix of what here is called collective *nous*. The quality of the individual's entry into the group as a member and his/her ability to serve functions in the collective organs of thought, affect and action determine the quality of individual psychic life. Individual and collective psychic life are intertwined. Individual and group mentalities are complementary, co-existent and co-temporal. Their reciprocity implies that psychic development suffers for people who are unable to member themselves into communicational life (Foulkes & Anthony, 1973). They fail to develop or participate in the functions of *nous* and cannot enter organic communicational structures necessary for the group to develop psychic capacities. A group's organic integrity and functioning to meet the needs of its existence constitutes an important context for the wellbeing and development for its members.

Psychopathology and the individual's relationship to the collective *nous*

Nous provides the form for meaningful sensory experience. Sensory experience provides a 'felt sense' but it is given meaning through connections with *nous*. Individuals with a strong relationship to society feel bound by its constraints. If a contradiction is pointed out or something is shown to be untrue, they feel bound to take account of this, not because someone has pointed it out, but because a contradiction is felt within the self. *Individuals value and experience their relation to nous as though it is part of the self*. The forms of language create a structure, imposed on individual content that demands modification. The individual feels impelled to account for contradiction or untruth in their thought, emotion or action. Psychological defence mechanisms confirm their valuing of *nous* since the defence mechanism is dedicated to make it seem as though they are reasonable and sociable when they are in fact driven by unreasonable individual forces. The aim of the defence is to appear to uphold social values.

For the anti-social or psychopathological person, the contradiction or untruth has no effect. Pointing out the way a person violates *nous* structures is experienced as an insult, irrespective of content, and they are likely to attack whoever does so as constituting a threat to them. The forms of *nous* become subjugated to personal sensory content and individual affects swamp *nous*, disrupting the communicational organism. In such circumstances, *nous* has insufficient purchase on their experience to order it. They may respect *nous* enough to manipulate it and try to impose its restrictions on others to their own advantage by exploiting logic truth, morality and rights to support their personal interests. (Adolescents routinely do this.) The subjugation of *nous* to somatosensory interests is illustrated by lack or remorse of criminals, who are pure individuals, unincorporated into social, moral or cultural structures of collective *nous*.

The therapeutic potential of group life

Integration into a group, which develops a collective psychic capacity, will subject members to the collective *nous* and provide opportunities for them to develop. They will be subject to collective representations and affects within an organised structure and participate in collective action and routines that establish cognitive categories and logical relations. Becoming incorporated as a member in the communicational fabric of groups assists in developing communication capacities and encourages participation in *nous* functions. They can exercise these capacities in a developing group culture.

To be mentally healthy, a person needs to be a member of society's many structures. Membership means participating in *nous* and allowing it to permeate the personal, somatosensory mind, so he or she can enter into communicational organisms. Wherever there is a break in the continuity of the mental life between personal and collective, between somatosensory mind and *nous*, mental health suffers. Bringing about a connection where the breach has occurred constitutes therapy. Two sorts of situations illustrate this proposition. The first is individual:

> Example: A borderline young woman with a traumatic and chaotic history is in a state of high agitation. She paces up and down abusing and yelling at her therapist for imagined wrongs and utters threats about terrible things she will do to the child protection worker and foster carers looking after her children. The therapist reminds her that she asked for her children to be removed by child protection services. She declares that the child protection worker has taken them away from her and does not want her to get them back. The therapist says this is not true, that the worker has wanted her to visit the children, but she was the one who had not wanted to. She says this is not true, and yells that the therapist is talking shit.

At this point, she shows that she does not feel bound by the common respect for consistency, truth and logic that should bind our conversation. Her logic is subjugated to her desire, fear and anger. When a contradiction between her words and her previous actions is finally exposed, she leaves the *nous* and shouts at the therapist, personally attacking him, being immersed in the somatosensory mind of hostile affect. But it is clear that her hostility is generated by the fact that she feels as though the therapist's words have been an attack, even though from the therapist's point of view they have only brought two disparate elements of her own experience together in the context of a logical structure of language. Conclusions have not even drawn yet. The contradiction in her is like a pain that emerges within her own experience which she attributes to the therapist's words and lashes out again.

> When she says that what the therapist says is not the truth, he says she does not want to hear the truth. She swears at him and storms out of the office, declaring that she is going to get heroin and turn back to prostitution.

When she is confronted even more forcefully with her inconsistency, her relationship with the *nous* is more deeply disrupted. She has to avoid the encounter with herself within the logical structures of the *nous* and since she is

not up to rationalising or projecting any more, she can only leave the troubling presence of someone representing *nous* and think of going back to her self destructive behaviours as a punishment of the therapist. It is as though the underlying logic of her position is that she has to block out the *nous* since it reveals the split in her own nature, as she has to deny the truth.

> The therapist speaks to her partner for 10 minutes; then she comes back into the room and jeers at the therapist, saying that he thinks he knows the truth, but she will show him by going to the brothel again and taking heroin. She utters dire threats against all and sundry. As she works her way through her tirade, the therapist says as little as he can, thinking that there is not point in engaging with her while she is so out of contact with any shared system of meanings. Her companion remonstrates with her and anxiously asks her not to talk to him like that. Then, she talks about how she will force her psychiatrist to give her different and increased dosage of medication so that she can abuse herself. The therapist sees the opportunity and says to her, "but that is what you are going to see him for today and he will realise that you need a change; and I will ring him and tell him how upset you have been." She immediately quietens and looks thoughtful. Then she begins to talk about how she does not know why she gets so disturbed, is embarrassed at herself and wonders whether she will ever be able to be different. The therapist says that she has been able to get over that state on this occasion and we have been able to understand each other. Each time she does this she will be more able to do it in the future. She departs relieved to see the psychiatrist.

The *nous* representing the truth and consistency in her discourse is swamped by the intensity of her personal affect. Logic and reason are subjected to her rage. When her contradiction is pointed out, she is not touched by the need for integrity of the *nous,* and instead attacks the messenger of *nous*. This continues until her subjective somatosensory impulses are picked up and shown to coincide with the broader structures of the *nous*. Her wish for different drugs coincides with the fact the psychiatrist is going to review her medication. The dictates of *nous* and her emotion coincide at that point because of the way their verbal representations are referred to the same structures. Then as though points on a railway line have been switched, she moves into collective social structures of embarrassment and comparison of her state with some notion of mental health (perhaps only for a couple of hours). There has been a moment of communication in which her perspective has suddenly and radically altered.

People in this state show that the *nous* is lost and engulfed by their personal affective state, which engenders helpless frustration in those around them. They

seem unreachable and untreatable until it is recognised cannot be the *vehicle* of treatment (as it usually is). Instead treatment is to help her gain access to .

In the turbulent individual, has ceased to function and an act of communication with someone who is a representative of brings it into play again. A person is not capable of re-entering when it has been engulfed by the somatosensory. The same is true in people with suicidal tendencies. But they can be drawn into it by engaging them in a discourse that unfolds and eventually finds common terms and structures and then they find themselves in it without knowing quite how. They now see themselves from the perspective of others from the collective vantage point and this brings about the sense of shame and at the same time the motivation to want to be more securely in this position. *Nous provides access to the system of values, which give life meaning.*

also fails to enter in children and adolescents with language, behavioural, emotional and cognitive difficulties who cannot find their way into the communicational organism of their peers.

> A group of adolescents have been meeting for six months. An intelligent withdrawn girl with several large scars on her face from a car accident in early childhood has rarely spoken except to complain about how hard she worked for the last prize she won or how she has writer's block. She distains the disorganised boisterousness of the other non-academic members. They are erratic and avoidant and engage in sporadic anecdotes about cars, school and computer games, interrupted by scuffling, throwing sponge rubber balls, putting dirty shoes on the central table and knocking over the furniture. Eventually she can contain herself no longer and after warning the group one week, she comes to the next session and criticises them for their immature behaviour and lack of interest in their problems. They are embarrassed and attempt to justify themselves to her, but are resentful. With the therapist's assistance, her intervention stimulates a period of conversation about their problems and the changes in themselves since they joined. After about ten minutes, the seriousness is broken by jokes and all relax. There is another period of humour and playful banter, with the girl laughing and joining in. Other members call each other to order every now and again and when the therapist tries to revert to the themes she brought up, she attacks him for talking too much and not listening to what group members are saying to each other. She decides to remain a group member when several members implore her not to leave.

Although the girl is not participating in the group, the organism draws her in. She belongs to a degree, but is frustrated she cannot use the group for her needs.

She makes her intervention because it lacks structure and she demands access to a remote, social *nous* since this is her refuge. Her presence in the communicational organism means her words cannot be ignored either, and they embarrass the members who are afraid of communication. These members submit to the ordering of their collective state, and on the basis of the commonality which has formed, although they do not continue to talk about problems, they move to an even more important activity of *nous*. They begin to have communicational fun and enjoy being in the communicational organism for its own sake. The girl rightly reprimands the therapist for interfering in this and trying to get them to process information that is beyond the capacity of their communicational organism. The problem talk has been the common ground by which they can join for the real therapy, which is enjoying the constraints of being in the *nous* and constituting an organism. Looking closely at the happy talk following the problem discussion, there is improved reciprocity and turn taking, all participate in it and there is wit and verbal play in the banter.

Although the conversation moves from conflict to problems to banter, they are learning to constitute a communicational organism supporting access to *nous*, and it is therapeutically desirable for these different functions of *nous* to be exercised. They are moving towards a criterion of mental health based on their ability to be organs of the communicational organism. The power of this is indicated by the fact that the most hyperactive, chauvinistic and disruptive boy, who has been reprimanded by the girl as having a mental age of a toddler, informs the group (and the sceptical girl) that in two years in the group, he has moved from grade two maths to being in the advanced maths class. He has learned not only to think, but also to think in a group.

Conclusion

A group or team can think together when *nous* exists in the communicational organism. *Nous* may be lost when an individual in the team or group loses his or her capacity to participate in *nous*. Sometimes this occurs because the power of affect/feelings swamps that personal capacity to participate in *nous*.

The cohering force of *nous* is different to the more logical criterion of having a shared goal. The re-joining or re-building of *nous* may not occur through 'doing the work' of the group, but may be reclaimed through play, banter or other apparently 'purposeless' activities.

For those who are attempting to facilitate or coordinate the capacity of a team or group to think together, this has far reaching implications. One needs to understand the nature of *nous* and be able to 'consult to the ' in a group or team as well as deal with the more logical and rational requirements to keep the team or group functioning.

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Authors: Rob Gordon, registered clinical psychologist PhD psychology, psychotherapist. Corresponding author rob@robgordon.com.au

Martin Ringer, Socio-analyst, consultant, stone carver.

2.
Are two heads better than one? Or are they worse?

Robert Hinshelwood

Abstract: In 1952, Bion revised his previous theory of groups, and understood the relations between individual members was determined largely by the primitive mechanisms. The capacity for the group of individuals to think together is then deeply affected, and inhibited by the operation of these mechanisms – splitting, projection and introjection. They change the structure and functioning of the ego of the members, and the membership of a group greatly enhances the opportunities to use the primitive mechanisms.

The paper will go on to discuss the conditions of group life (the group's unconscious culture) which can lead the group into distorted functioning. The notion of the group as a container of experiences is explored as a means to reduce the dependence on the distorting primitive mechanisms.

Freud's ideas in his *Group Psychology* (Freud 1921) started in large part with an observation from Gustav LeBon, a very early French social psychologist:

> The most striking peculiarity presented by a psychological group is the following. Whoever be the individuals that compose it, however like or unlike be their mode of life, their occupations, their character, or their intelligence, the fact that they have been transformed into a group puts them in possession of a sort of collective mind which makes them feel, think, and act in a manner quite different from that in which each individual of them would feel, think, and act were he in a state of isolation (LeBon 1895], quoted in Freud 1921, p. 72-73).

And Buford (1991) describing the enthralling experience of freedom in a football crowd, noted this too, saying 'with numbers there are no laws' (Buford 1991, p. 64), as if the super-ego of the individual can go missing, and unlawful and immoral acts and behaviour occur.

How does this ego distortion of the personality happen? Freud described some examples he thought were extreme. First, he considered hypnotism,

> ... the ego becomes more and more unassuming and modest, and the object more and more sublime and precious, until at last [the hypnotist]

gets possession of the entire self-love of the ego. . . . The object has, so to speak, consumed the ego (Freud 1921, p. 113).

That is to say the ego, or self, gives up its functions for reflection, self-assessment and self-determination,

[T]he criticism exercised by that agency [the ego-ideal] is silent; everything that the object asks for is right and blameless. . . . The whole situation can be summarized in a formula: *The object has been put in the place of the ego ideal.* [The personality] is impoverished, it has surrendered itself to the object. (Freud 1921, p. 113).

Here the ego-ideal is silenced as if it is missing and lost. But more, Freud saw the passionate state of being in love as a parallel example,

From being in love to hypnosis is evidently a short step. . . . There is the same humble subjection, the same compliance, the same absence of criticism, towards the hypnotist as towards the loved object. There is the same sapping of the subject's own initiative (Freud 1921, p. 114).

The depletion, loss of initiative, loss of judgement, and the surrender to the other person exemplify the way the ego, even in ordinary circumstances may exchange ego functions at the unconscious level. It produces serious changes in experience and behaviour, and it seems most prominent in interpersonal and social situations.

Freud was groping towards an analysis of the ego at that time, and influenced probably by Karl Abraham's clinical descriptions of the mechanisms of projection and introjection (Abraham 1924). In 1923 with his tripartite model of id, ego and super-ego, Freud completed his understanding of the structure of the personality. Thereafter Freud let the matter of the ego's coherence drop, and allowed the development of ego-psychology which emphasised the ego as a coherent entity though it could be strong or weak. Perhaps Freud's interest in coherence of the ego declined after Abraham died in 1925.

In his group psychology, Freud also turned to Wilfred Trotter's *Instincts of the Herd in Peace and War* (1916), and argued against the concept of a 'herd instinct' separate from the libido. However, Trotter also postulated a concept he called 'herd mentality', which became influential.

Group mentality and part objects

Bion had known Trotter when a medical student at University College Hospital in the late1920s. Twenty years later, under various influences, Bion's papers on groups (1948-1951) started with a concept of 'group mentality', strikingly similar to Trotter's concept

The concept of group mentality has also a parallel in Trotter, at least in the characteristics of a primitive kind of uniformity and unanimity in opinions and conduct among the group (Torres 2003, p. 98).

Other influences for Bion were probably, John Rickman, his first analyst (interested in group psychology), and also gestalt psychology under discussion at the time especially by Eric Trist, Bion's close colleague during the 1940s (Trist 1985).

Dissatisfied with his concept of a group mentality, 1949 he began to evolve a more elaborate system. The group mentality has three forms which result from three basic ways that individuals connect with each other interpersonally; the dependency, fight/flight and pairing forms. These were natural instinctual valencies that expressed our herd nature. One or other of these valencies gain an overall dominance in a group at any one time. At that time, he was completing his training as a psychoanalyst (he qualified in 1950), and in analysis with Melanie Klein. Then in 1952 in a contribution to papers published to celebrate Klein's 70th birthday, Bion wrote a comprehensive review of these theories; 'Group dynamics; A review was published as the final Chapter in his *Experiences in Groups* (Bion 1961). He re-conceptualised the basic assumption valencies in psychoanalytic terms, and specifically in the Kleinian use of the primitive mechanisms, including introjection and projection as well as splitting and projective identification. In other words Klein advanced those ideas of Abraham which Freud did not develop after 1923.

Interestingly, Klein modified Freud's theory of the impoverishment. Whereas Freud had said, the ego 'is impoverished, it has surrendered itself to the object, it has substituted the object for its own most important constituent' (Freud 1921, p. 113) meaning an introjection, Klein described a projective impoverishment

> The projection of good feelings and good parts of the self into the mother is essential for the infant's ability to develop good object-relations and to integrate his ego. However, if this projective process is carried out excessively, good parts of the personality are felt to be lost, and in this way the mother becomes the ego-ideal; this process too results in weakening and impoverishing the ego (Klein 1946, p. 9).

Having joined Melanie Klein's inner group working with experimental analyses of patients with psychosis, Bion now wrote,

> It will be seen from this description that the basic assumptions now emerge as formations secondary to an extremely early primal scene worked out on a level of part objects, and associated with psychotic anxiety and mechanisms of splitting and projective identification (Bion 1961, 165).

In other words the basic assumptions – those instinctual valencies – are no longer biologically based. Rather, they are now seen as psychological experiences (largely unconscious). Note that Bion is here using the term 'part-object' to refer to the results of splitting the ego and its objects, and therefore the term includes also specific parts and functions of the self (Bion 1957).

So, despite the continuing fascination today for Bion's original pre-psychoanalytic typology of basic assumptions, he himself moved decisively away from them, and came to see that his observations resulted from the underlying experience arising from the primitive mechanisms,

> .... approached from the angle of psychotic anxiety associated with phantasies of primitive part-object relationships, described by Melanie Klein and her co-workers, the basic-assumption phenomena appear far more to have the characteristics of defensive reactions to psychotic anxiety (Bion 1961, p. 189).

So, the basic assumptions became psychological experiences rather than instinctual valencies, and aimed at managing the early anxieties about survival and annihilation. They also contrast with those anxieties connected with ordinary Oedipal conflicts at the neurotic level that Freud emphasised, the basic assumptions, he said, are,

> ...not so much at variance with Freud's views as supplementary to them. In my view, it is necessary to work through both the stresses that appertain to family patterns and the still more primitive anxieties of part-object relationships. In fact I consider the latter to contain the ultimate sources of all group behaviour (Bion 1961, p. 189).

Despite the attempt to acknowledge Freud's view of the group as family relations, Bion was categorical that the earlier anxieties and primitive defences are the 'ultimate source' of all the behaviour in groups. In other words, in Bion's terms, the group is less a set of unconscious family relations, and is in fact a collection of parts – the parts being the separated functions of a mind.

The individual becomes reduced to a particular function for the group – the memory of the group, the scape-goat of the group, and so on. He/she is a part (or function) in the group, in relation to other parts that other group members take. These parts/functions exist primarily in some relation to the whole mind – the whole group.The group at the *unconscious* level is therefore a collection of the part functions of a mind, set in some coherent relation with each other. It is just as a team is, at the conscious level, a set of different roles that come together to do a complete task. At the unconscious level, a group is a set of mental functions that come together to accomplish some thinking mental act. The 'group' implies an unconscious experience of the parts coming together to form a

capacity to respond. When the group does this coherently, it amounts to what Bion in his earlier ideas called a 'work group'; 'the work group is an expression at the group level of a development push' (Armstrong 2003, p. 20).

So, what constitutes a group at this level is its capacity to mobilise the mental functions together in some coherent manner. But when anxiety is high, coherence is sacrificed to the defensiveness of emotional splitting, etc. to provide some reassurance against the fears. At these times, because the individual is no longer able to feel properly in existence, he/she comes to feel as if detached or split-off from the group, and the group fails in its needed job of reassurance against disintegration. Often, in the reality of group functioning, individuals do appear to play single functions – the destructive one, the guilty one, the lightening conductor that defuses everything, and so on. They can actually *be* these parts and functions. The individual's experience of the group can seem as though it is a collection of separate, non-communicating parts; and sometimes it does objectively take that form (see Hinshelwood 1994). In that state, it may actually resemble a member's own worst fears of disintegration. A well-functioning group can weld the parts together – like a team – with a potential for useful or creative performance when differences can be accepted more realistically.

A group is therefore a widely varying thing, which can be extraordinarily destructive as an army at war, or at the other end of the spectrum extraordinarily creative, such as a group of painters like the Cubists. In between are all kinds of intermediate degrees of destruction versus creativity. The key criterion which lays out this variance in group performance is the group's capacity for reflective thinking. An army for instance is quite capable of efficient planning and campaigning, but it excludes the capacity to reflect on the purposes, and the pros and cons of the issues that are being fought for. In fact the term 'infantry', comes from the same origins as the word 'infant' which means 'without language', in other words a baby before speech develops. And we say about an infantryman, 'Ours not to reason why / Ours but to do and die' (from Tennyson's celebratory poem, 'The charge of the light brigade'). I shall now proceed to consider this dimension of reflective thought versus non-articulated action.

Group roles, healthy and unhealthy

The outcome of the process of splitting, projection and introjection is that there is a redistribution of ego functions around a group. Not only are they redistributed, but because the mechanisms operate to keep anxiety at bay, there

is a strong resistance from the group for any realistic re-adjustment. The roles remain stuck and the individuals entrapped. A simple example of the smallest of all groups, is the two partners in a married couple,

> A wife, for instance, may force her husband to own feared and unwanted aggressive and dominating aspects of herself and will then fear and respect him. He in turn may come to feel aggressive and dominating towards her, not only because of his own resources but because of hers, which are forced into him. But more: for reasons of his own he may despise and disown certain timid aspects of his personality and by projective identification force these into his wife and despise her accordingly. She may thus be left not only with timid unaggressive parts of herself but having in addition to contain his (Main 1975, 101).

Here the two partners in the group divide up personality characteristics in a way that is unconsciously convenient to each. Thus, in effect, the couple constitute a whole mind between them. The strength of this arrangement of ego characteristics is that each has found an 'other' willing to accept their disowned parts. Their parts in the group form a complete ego as it were. We might now term this Bion's 'part-object model of groups'.

This perspective that focuses on a kind of personality swapping is quite different from one based on Oedipal phantasies in which rivalry and conflict are mediated between the partners. In fact we might consider that the arrangements based on an Oedipal configuration have a lot of advantages; different roles are played out there too, but the functioning of an Oedipal couple has a lot more realistic features to it. Not least they can accomplish a creative task – they can procreate children for instance.

Thinking, and thinking in a group

It is appropriate to continue our interest in Bion who moved in the 1960s, to a psychoanalytic theory of thinking (1962a and b). The starting point for this theory was the same part-object idea. However he realised that the splitting off and separation of parts of the self may not always be so complete, not so irreversible, not so pathologically defensive. In 1959 he made a preliminary description of a process of projection of experience which is not motivated merely as a defence. There is a communicative intention as well, letting the listener know about that experience. As Bion put it,

> The analytic situation built up in my mind a sense of witnessing an extremely early scene. I felt that the patient had experienced in infancy a mother who dutifully responded to the infant's emotional displays. The dutiful response had in it an element of impatient 'I don't know what's the

matter with the child.' My deduction was that in order to understand what the child wanted the mother should have treated the infant's cry as more than a demand for her presence. From the infant's point of view she should have taken into her, and thus experienced, the fear that the child was dying. It was this fear that the child could not contain. He strove to split it off together with the part of the personality in which it lay and project it into the mother. An understanding mother is able to experience the feeling of dread, that this baby was striving to deal with by projective identification, and yet retain a balanced outlook (Bion 1959. p, 312-313).

This says a lot which was elaborated in a short book in 1962. In essence, Bion likens the interaction of the psychoanalytic session to the mother-infant interaction. This correspondence has been important for technique and has helped generations of analysts and therapists to see the mother-baby aspects of the transference re-enacted in a session. However, the model of interaction can be applied to groups and other situations.

Thinking here is conceptualised as the process of making sense of experiences. The thinking function of the ego is to capture experiences in words or in sensible action. If a very young baby is crying it is mother's job[1] to know that the baby is hungry, and to think that thought for the baby – as Bion would eventually say, a thought had found a thinker (Bion 1970). And then she turns it into appropriate action – to feed the baby. In that instance, the experience is converted into a meaningful thought – hunger, therefore feed. However it is the mother's ego at first that does this conversion process. Bion called the conversion to meaningfulness, alpha-function. The process starts with a projection of the experience by the baby. Its primitive ego has the primitive function of projecting into another. And she has the more mature function to make the experience into a thought. This other, baby's mother, accepts the experience, through the process of introjecting the experience. Mother really has to feel, and thus know, the baby's fear. When a baby screams, mother usually does become alarmed and fearful as well as the baby. Perhaps not as distressed as the baby, and that is partly because she *can* make sense of the experience she has introjected. Then, there is a further step; when, say, mother responds with a feed the baby has a chance of beginning the process of knowing what the experience means – it means the need for a feed. We can say that in the course of feeding, mother projects into the baby some knowledge of what the experience meant, and the baby introjects it, just as surely as milk is expressed by mother and swallowed by baby. In the course of this, there is a build-up in the baby of the meaning of the experience (which mother would call 'hunger'). There is a process in this in which the baby takes not just milk, but the capacity to give meaning to that

experience of hunger. Gradually not only the raw experience is moved around, but the meaning of the experience can be moved around and back to the baby. In line with Bion's description this is now called 'containing'.

It is possible to refocus this little drama, like the example of the marital couple, and see this in terms of 'part-objects'. Each of the pair performs a separate function which together forms a whole within the field. The baby carries distress, responding to physical discomfort, this however provokes mother to perform another, and complementary function – first, understanding and then putting the understanding into action. These functions cohere in the instance described. The complete pair separates out the functions of (a) experiencing distress, and (b) understanding the distress and dealing with it. Mother and baby became a coherent unit, rather as the marital couple did. More than this, there is a developmental moment here as well. The baby takes in mother's function of understanding and applying appropriate action.

The whole complex – distress, understanding and action – forms a complex which the baby can keep inside itself as a coherent thought. Through the repetition of this hunger drama, the baby can accumulate and bring together several part-objects, several functions, within its own mind. It now has the capacity for forming a coherent thought for itself.

I will now give a brief vignette of a therapy group culture to demonstrate a similar process[2]. There is a significant taking in of each others' contributions and understanding of what is being exchanged. The articulation is not necessarily pleasant, but the members are 'reading' each other with both the cognitive and emotional levels reasonably articulated;

> Two men in a group were discussing a trivial detail about some maintenance work on a car that belonged to one of them. 'A' described his difficulty with a rusty bolt. 'B' talked about how he had once had the same problem and had solved it by hitting the bolt with a hammer; he seemed pleased with himself. Another, third man, 'C', gave a slight laugh and remarked on 'B's hint of pride. 'A' looked startled and then a little angry, as he realised that he had given 'B' the opportunity to be pleased with himself. He told 'B' that it was no solution to hit the bolt with the hammer and explained why. Clearly he now wanted to put 'B' down. Two women in the group were looking on with some fascination at this male sparring. One, 'D', said `Men!' with mock exasperation. The other, 'E', said her husband had returned from a football match recently with a bruise on his cheek which he had refused to talk about.

Clearly the group met at this point to exchange experiences of rivalry and prowess which was responded to by the men and the women each in their own way. The five people involved seemed willing to tune in, in their own characteristic ways, to the male rivalry and psychological bruising which was going on. The talk was not necessarily harmonious, respectful or friendly. But they were reading each other accurately and it is this quality of being 'in tune' which I am emphasising, each *feeling the tune* of the one who is speaking.

The conversation is conducted around male and female identity and experience. 'A' initially represents for the group a male function of working manually with a car, and a rusty bolt which he was dealing with. This function meets another, 'B', who is rivalrous expressed in his own superior success. Then 'C performs a different function; he reflects on the exchange, recognising the tension between 'A' and 'B', and defusing it with a little laugh. 'A', at this point, has not been clear about his rivalry, because it has been located in 'B' who represented it for the group; but with 'C' taking on the capacity for reflection, 'A' comes to recognise the rivalry and his 'defeated' position. At this point he represents the sense of defeat. All these are part-object functions. 'D' sitting aside is another part-object, the female spectator who enjoys a degree of contempt for male rivalry, as if perhaps immature, schoolboy-like. Finally, 'E' has an ambiguous role, the function of both a caring woman, but also something else. 'E' also carries the experience of being excluded – or the excluded female. If men carry the tough rivalrous role (or part-object), 'E' is the caring one that is split off from the male toughness, and left excluded. It is possible in this small piece of process to see how the individuals play out particular functions or part-objects, but also to see how the functions cohere around the theme of male rivalry. The several pert-objects relate to each other, including the capacity to see something of the way the parts are played out with each other.

Failed containing, rigid and fragile

The mother-infant process Bion described above may not always run smoothly. Sometimes mother does not adequately take in the experience of the baby, or does not make sense of it. We can say these are forms of 'failed containing'. About the patient he introduced, he said,

> This patient had had to deal with a mother who could not tolerate experiencing such feelings and reacted either by denying them ingress, or alternatively by becoming a prey to the anxiety which resulted from introjection of the infant's feelings (Bion 1959, p. 313).

By this he meant that the separation of part-objects – the function of feeling distress on one hand, and the capacity to understand on the other – did not

properly occur, and the psychological teamwork could not happen. He is describing how this fails – first, by the mother refusing to take in the distress in order to understand it, so leaving the baby with the distress without a coherent interrelationship between distress and its understanding. And a second related form is when mother does take in the distress but cannot perform the function of understanding; the pressure of anxiety makes mother go to pieces, so the result is something similar to the first problem, when the baby is left performing one part-object function, with no complementary part-object to form the full coherent thought.

Now to some examples of these two forms of failing. First, a rigid culture in a group where members do not adequately respond with complementary functions. Here the field is a rigid, shallow clinging together. The aim is to avoid disintegration, an aim that has drifted far from the real aim of a therapy group.The individuals link up with each other, but use each other's comments in a shallow way, with only the appearance of cohering in a conversation:

> A woman, 'X', described an event in which her husband had had a row with her mother. Another woman, 'Y', waited just until this story had finished, and immediately asked for the dates of a forthcoming holiday break. They had been announced recently. The therapist pointed out how 'Y' had cut across the first woman's story. She had also cut out her own memory of the dates. 'Y' immediately turned to enquire of someone else. A man, 'Z', started to talk about his mother-in-law, seemingly following the first woman, 'X', though clearly absorbed only in his own tale - more to do with seeking out a mother for himself because in childhood he had spent long periods being fostered and separated from his own mother.

In this moment in the group, 'X' has the function of carrying the experience of helpless exclusions. 'Y', however, does not follow that in any way that links with it; she did not take it in, as a mother might take in her baby's cry. 'Y' carries a function but it is not similar nor complementary. Instead she functions as the experience of forgetting, looking for a complementary link with a part-object that remembers. But perhaps even more serious, she carries as her function the anxiety about the dissolution of the group (implicit in asking for the dates again). In fact 'Y' does mobilise an object that begins a process of linking; the therapist attempts a reflective function. But in the consistent culture of non-linking, 'Z' prevents any linking attempt from the therapist. 'Z' comes in with his function to express a dependent child part for the group. This preserves the lack of linking which the therapist had tried to move against. Now this small vignette is not, this time, to demonstrate the exact part-object functions displayed, but to show the lack of linking going on between the separate functions. Here they strikingly fail to cohere and complement each other. Each function is left

hanging by the next contribution. As the therapist says they cut each other off from each others' comments. And of course in this kind of culture, the therapist himself is also left hanging and his remark is not linked with.

The members are absorbed in their own experience. They only tangentially connect, on a more cognitive level, without reading each other's feelings. On the surface, there is a considerable cutting across each others' communications, or using another's communication in order to divert to one's own thoughts without linking into the other person's state of mind. For instance, the mother-in-law problem for X's wife, and Z's story link, but inaccurately. They are different stories with quite different affective tones. There is talk, but no emotional linking. The members aggregate together; they are not coherently integrated. This is characteristic; the dis-articulation of elements of thought and feeling, which Bion characterised as a problem near to the psychotic part of the personality, and the fragmentation of schizophrenic thought,

> ... as he has rid himself of that-which-joins, his capacity for articulation, the methods available for synthesis are felt to be [thin]; he can compress but cannot join, he can fuse but cannot articulate (Bion 1957, p. 279).

The therapist's attempts at articulation in the last vignette show where the capacity for coherent articulation has been dumped. But it is not just the case with patients with schizophrenia, as in general

> ... thanks to this employment of [self-destructive] projective identification, he cannot synthesize his objects: he can only agglomerate and compress them. Further, whether he feels he has had something put into him, or whether he feels he has introjected it, he feels the ingress as an assault, and a retaliation by the object for his violent intrusion into it (Bion 1956, p. 346).

The agglomeration of the group contributions describes the rigid clinging at a shallow level. It seems, against the odds, a desperate attempt to keep the group together, however dysfunctionally.

In the next example, the problems of uncontained and disarticulated part-object states of mind goes a step further, in fact destroying the group. One individual's state of mind, has an impact that disrupts even the shallow non-emotional aggregate:

> A rather stiff woman, 'R', spoke briefly and emotionally about certain sexual practices her husband demanded of her, and which troubled her. She appeared unemotional when divulging this. An embarrassed silence fell on the rest of the group. The therapist pointed out how the feeling was redistributed - the woman's feeling disappeared and the others felt her embarrassment. Then a man, 'S', started talking in a moral way about

perversions in general and about the wicked ways of the world, and his own mournful misfortunes. His insensitivity to others and to their embarrassment provoked annoyance. Another man, 'T', said that 'S' was dominating the group. A quarrel began. 'T' became more and more loquacious with his list of complaints about 'S', the insensitive man. As this excited anger increased, 'S' shrank into a hurt protest under the accusations. 'T', the angry accuser, suddenly jumped up out of his seat and stood over 'S', pointing his finger and jabbing at 'S' as if firing each accusation from a gun. When he stopped his accusations, 'T' was quite still for a moment. Then as if deeply embarrassed he abruptly left the room. There was silence and only a few innocuous comments were made before the end of the group.

We will again identify the part-object functions, but still the relevant observation is to assess the quality of linking between the separated functions. 'R''s function is to carry the experience of perverse eroticism. She does this in a non-emotional way, which requires others to perform the function of experiencing embarrassment. The therapist with his reflective function points out the projection of shame and embarrassment into others. Potentially this is a clarifying function that links 'R' to others in the group, in a way that could make the behaviour ('R's' factual descriptions) and the emotional reaction cohere with each other. However, in the group culture at this time, such a link is repudiated, and 'S' does not link with the reflective function as expressed by the therapist. Instead he reacted emotionally to 'R's' description, taking the function of a moral censor. There is here a fairly extreme reaction that identifies a coherent link between a behaviour and a moral response. However in this instance the link is lost. 'S's' moralising takes off and moves beyond the linking with 'R', and becomes a solipsistic monologue that appears to exclude all others participation. His process is visible – he rids himself of that-which-joins. Progressively he dismantles links with others to the considerable distress of those others. In terms of the container function he prevents the free expression round the group of the distress, embarrassment, shame, etc of the reactions to 'R's' predicament. In the end 'T' expresses the violent sense of de-linking he experienced. And he took the function of demanding 'ingress' as Bion described it, as if penetrating with bullets. This however had become a function now quite uncontainable within the group, and the group fragmented, literally as 'T' physically left the room.

Again the point of the vignette is not the actual part-object functions expressed and enacted for the group by certain individuals, but the capacity for those functions to be held in some coherent field of links, or as in this case, not held. In this last example the important problem with the links is that there is a

problem of containing the strength of feelings that might have passed between the separate individuals in their part-object roles. Firslty, the moralising righteousness of 'S' requiring some complementary function found only an intolerance in 'T' who exploded. Here 'T' did not link as a complement to 'S's' righteous self-absorption. Instead 'T' did not provide an admiring complement to 'S's' narcissism, and could not 'retain a balanced outlook' as Bion described. It is no longer that the links are reduced to a shallow shadow, but here the link resulted in 'T' going to pieces, pieces which were fired off like bullets. These last two examples illustrate in a group what Bion described in terms of a mother in trouble with a baby's projected feelings.

This part-object model of the group is a basic and underlying component of thoughts and thinking in a group. At its best, the group at the *unconscious* level needed to pull the part functions into coherence. Just as a team is, at the conscious level, a set of different roles that come together to complete a task, a carpenter and a bricklayer, with an electrician, etc., form a team to build a house; so, at the unconscious level, a therapy group is a set of mental functions that come together to make a coherent meaning of being with each other. The unconscious frame is the capacity to think, respond and work together. However, clearly that coherence may not be achieved.

Finally it raises the question for working teams, in workshops, offices, factories, studios, what responsibility the team leader has for these unconscious processes and the level of coherence the team achieves. It might seem somewhat invidious to ask consciously for, such a task from the unconscious of his team. And yet, the leader is someone, too, who has an unconscious. He may not consciously determine how his team functions at the unconscious level, but his own unconscious plays some role. We might consider that the team leader is someone who has (or does not have) a role in the team cohering. There are elusive qualities of leadership, difficult to pin down, such as charisma, inspiring. You cannot be an inspiring captain of a football team just by being able to kick a ball straight. So I want to leave a question here: Do the personality characteristics that make a good leader derive from an unconscious intuitive 'feel' for this level of coherence and linking (or contrastingly, fragmentation)? The answer would have to be left for another occasion.

Conclusion

Bion remained interested in group dynamics long after his group papers. However his interest continually evolved. In 1949, group mentality was elaborated into the three basic assumptions, then in 1952 those basic

assumptions were recast in terms of the primitive mechanisms described by Melanie Klein. In 1959, following his work with psychosis he emphasised linking and the processes of containing, which eventually informed his theory of thinking which in 1970 was applied back again to groups.

Following these developing ideas of Bion, we can see that containing in groups, vital for the production of thought for thinking, has several forms, and those forms manifest the difference between reflective thought, when there is a culture of listening to each other at the cognitive *and* emotional levels. In contrast are the rigid/fragmented forms just illustrated which do not allow adequate appreciation of each other beyond, at best, a formal cognitive understanding. This therefore leads to two contrasting forms of thinking in groups:

- a more creative form group thinking in which there is a listening, not only to the primary cognitive message, but also at the secondary level to the emotional experience is communicated,
- a less creative form where the communication is restricted, to shallow cognitive links, or to disconnected emotional reacting.

Thinking in a group requires a capacity to link with others, and indeed to link between one's own cognitive and emotional processing.

The variability in how individuals function in groups, and their variability between different kinds of groups, implies some radical, though temporary, changes in their personalities and egos. There are many aspects of ego function that are affected by the group context, but here the focus has been on the variance in forms of thinking. That variance in thinking leads inevitably to value judgements about the 'best' form of thinking, connected with the relative possibilities of reflection and creativity.

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Author: ***Robert Hinshelwood***,
Email: bob@hinsh.freeserve.co.uk

3.
Psychotic Processes in the Individual and the Effects of this in Group Situations

Rosealeen Tamaki

Experience is never limited, and it is never complete; it is an immense sensibility, a kind of huge spider- web of the finest silken threads suspended in the chamber of consciousness, and catching every air-borne particle in its tissue. It is the very atmosphere of the mind; and when the mind is imaginative it takes to itself the faintest hints of life….. (Henry, 1884)

Abstract

This paper discusses group situations and some of the 'un thought' (Bion, 1962a) experiences that can manifest in group situations. Some group experiences, where stagnation rather than creativity appears to dominate, can be related to unthought, unfelt terrors. I am drawing on Bion's model for the 'development of thinking' (Bion, 1962a), to provide a structure to house these ideas in. As well, an exploration of post Bionian theories is used to articulate and demonstrate ways of thinking about stagnant, disruptive and obstructive group processes. It is these latter processes that can inhibit the development of thinking. Paradoxically, these same processes, via transformation, symbolize the growth and change that has occurred. Discussion of ideas, accompanied by observations and communications provide a platform for these models of the mind to be explored further. Alongside these models of the mind, including the development of mind, the various experiences of the effects of the 'un thought', as these are enacted and observed, will be used to demonstrate some of the ways in which these human experiences can be considered in group processes.

Introduction

Human experience is a complex and multi layered task that requires us to go on developing our minds in such a manner that we can evolve as a species. These developmental tasks are more than theoretical notions, they require us to engage in activities that use our emotional and mental capabilities. Each of these areas is linked to each other, in ways that are both currently understood and in ways that are still evolving.

In regards to our continuing evolutionary development of 'mind' and 'thinking', Wilfred Bion proposed a model of the mind that is considered not only revolutionary within psychoanalysis, but also in the wider culture. Bion's notion of 'thinking', (Bion, 1962) is quoted in detail below. These revolutionary notions propose a model for observing group processes as well as each individual's personal encounter with this experience of developing a mind capable of thinking. The group situation, will always to some extent, be both the container of group processes and also the content of the container. I propose that understanding these two different functions of the group, will allow group work to be observed and considered from broader perspectives.

This paper focuses on the emotional realm of groups and some of the underlying factors in relation to these often unseen yet tangible forces. The emotional realm is being considered from this perspective, as an area that is transmitting communications. These communications can be understood as 'raw material', and as such, require further processing in order to be viable and meaningful. The 'un thought', unprocessed raw material, 'proto emotions' as Ferro has aptly named these activities of communication (Ferro, 2011), frequently manifest in disruptive and/or obstructive ways in the group. Developing and deepening one's capacity for observation of the nature of these communications, can potentially bring new life to outdated and uncreative (unconscious) beliefs, illusions and 'lies' (Bion, 1977), that can become more visible within group processes.

The development of thinking – development of a mind, begins in the very beginning period of life within the individual. Whilst maintaining the idea of a 'model for thinking' (Bion1962a), it remains crucial to leave this model open for further development of 'thoughts' (Bion1962b). Bion emphasized throughout his life that 'thinking' required 'unsaturated' i.e. fresh, new material to arise from an inner state of mind that can tolerate doubt and uncertainty within a framework of unsaturated observation and openness, where something creative can emerge. (Bion, 1965).

Containment/Uncontainment

Wilfred Bion constructed a notion of 'Container <- >Contained' to elucidate the necessary processes of providing a vessel for the safe containment of earliest primitive emotional life. Initially, this containment is ideally created via the mother's capacity to receive the infant's earliest communications. Her potential to receive and transform these communications arises out of a state of maternal

reverie. Through this emotional/mental digestion (reverie), a modification of these communications occurs. Thus rendering these communications into a more manageable state for the infant to bear. I will elucidate further below.

Emotional meaning comes into being through containment of primal forces within each of us. Uncontained, these forces, albeit unconscious, can be recognized when they are reactive in ourselves and in others. They can also be thought of and experienced in relation to somatic symptoms. These 'un-thought,' that is, uncontained forces, are not recognized as potential for a developing mind, rather they are more often experienced as reactive states such as explosive rage, concretization, intense anxiety, deadened emotional experience, denial in various forms. In the body they can make themselves known through painful somatic affects. Within all of the above experiences, there is a pressure to eject and rid oneself of what is construed and experienced as intolerable and unthinkable states. The ejection and ridding oneself of these raw materials prevents modification, thus depleting the (individual) personality and within group situations, the group entity, of potential creative growth and development.

Taking the above into account we can consider that complex and multi layered aspects of potential life exists in all human beings. Whilst uncontained,' un thought' as described above, these can be understood as psychotic elements, not yet transformed into thinkable material. These elements, 'un thought' material, are from another perspective, un-developed potential life. As I will discuss, others have developed and written about these matters in greater depth and detail. Further reference to these works is recommended.

Freud (1924) posits that the psychotic part of the personality is screened off by the neurotic part of the personality. Jacques (1955) writes in detail of the notion that social institutions are unconsciously used as a defense against psychotic anxiety. Various experiences of social and private group relationships, with the family group being the initial group experience, act as the 'structures' or 'vessels' wherein the psychotic aspects in the personality are projected in and on to. Structures and vessels imply different processes. In the first instance a structure may be considered as the area the psychotic elements of experience are projected onto. A vessel represents the space where these elements may be taken in and held, responded to and out of which meaning can be formed.

These vessels are often ill equipped to keep hold of the bits and pieces of raw material. As described above, the first 'vessel' is mother's mind, a mind capable (or not), of maternal reverie. Mother's mind, is a space where the un-held raw

material potentially at least undergoes transformation. The raw material, 'in potential' mind is a state awaiting further development via a mind capable of developing fragments into a coherent whole. In the cohered form, we can see it as mind now capable of ongoing adaption and change. Ultimately we might create a mind that is available for expansion rather than contraction. It is a mind that can tolerate and bear more uncertainty and doubt, whilst remaining open to what might arise and emerge in this receptive state. I believe patience is implicit in this. This is the area where tolerance of the frustration is able to be held.

Transformations and The Field

Critical to this paper are my references to and reliance upon Bion's notion of 'transformation' (Bion. 1962), and Ferro's notion of 'the field', (Ferro, 2005, 2013, 2015). Ferro develops a post Bionion Field Theory, (BFT), following Baranger and Baranger (2005). As described in 'The 'Analytic Field and its Transformations', Madeline Baranger developed her idea of the 'field' from her understanding of Bion's work with groups and what he named as 'subpersonalities' within each individual. (Ferro, Civitarese, 2015).

Bion's most significant idea was his notion of 'thoughts looking for a thinker'. He radically revised the accepted idea by articulating that a thought was present waiting for an apparatus to think this thought. Considering our earliest experiences from this reversed perspective seems to me a potent and creative turning point. I will quote at length from Bion to clearly capture his position on the meaning of 'thought', as a marker for the reader to return to as this paper unfolds.

Bion says; "I shall limit the term "thought" to the matter of a pre - conception with a frustration. The model I propose is that of an infant whose expectation of a breast is mated with a realization of no breast available for satisfaction. This mating is experienced as a no-breast, or 'absent' breast *inside* (my italics). The next step depends on the infant's capacity for frustration: in particular it depends on whether the decision is made to evade frustration or to modify it. If the capacity for toleration of frustration is sufficient the 'no breast' inside becomes a thought and an apparatus for 'thinking' it develops. This initiates the state, described by Freud in his 'Two Principles of Mental Functioning', in which dominance by the reality principle is synchronous with the development of an ability to think and so to bridge the gulf of frustration between the moment when a want is felt and the moment when an action appropriate to satisfying the

want culminates in its satisfaction. A capacity for tolerating frustration thus enables the psyche to develop thought as a means by which the frustration that is tolerated is itself made more tolerable." (Bion, 1962).

Bion's model proposes a radical shift. Thoughts are present and waiting for a suitable container to think these thoughts. As Grotstien (2002) states simply and evocatively, "thoughts are the contained, thinking is the container". Using Bion's model above, it is possible to recognize that the evasion of frustration precludes the development of thinking, thus psychotic /unthinkable processes remain as unmodified raw material. These can also be considered as reactive states. Conversely, the capacity for toleration of the frustration allows for modification of this 'un thought' material, thus allows for the development of mind and emotional thinking. I want to clarify the notion that this 'thinking' is much more than a cognitive process. It is one where emotional meaning can be wrought out of raw material. It is an experience that gives meaning to otherwise meaningless experience. The following is a brief example to further examine and clarify 'thoughts looking for a thinker' (Bion, 1963). A sculptor has the materials required to create a sculpture. The materials (clay in this example) could be likened to a thought, raw material. The artist now has a need to bring personal reveries and imaginings, the work of her/his mind to develop this lump of clay into an object that transforms the abstract thought/idea into an object. Bringing together the various bits and pieces- clay, reverie, imagination and physical action-then sculpting the clay, transforms a previously formless lump into an art object. 'Un thought' states, psychotic elements within, can be considered as akin to lumps of clay, raw material in need of the artist's reverie and creative processes. This artist within is often buried beneath layers of 'clay' – un thought/unfelt/undigested experience.

Our capacity to consider psychotic aspects in the personality – in each of us as personal, un thought undeveloped material, waiting for a 'thinker'; (Bion, 1960), may allow less fear and terror to infuse the individual and the group. The raw material disturbing as it is in these forms, is nevertheless seeking to be converted or transformed. Ferro (2006, 2010) argues that proto –emotions, that is, undeveloped aspects of experience, including 'a priori knowledge', remain undigested. They are not yet transformed into emotions, thoughts and dreams in this form, but they remain constantly active as they seek containment. The encrypted, unprocessed proto-emotions looking for containment are likely to bring a disturbing atmosphere with them. I think of these proto emotions as a not yet developed fledgling emotional state, something embryonic in an

undigested form. They are communications seeking transformation through a process of detoxifying and diluting of intensity. In the untransformed form, I consider there to be an experience with an intensity that becomes too forceful to contain without psychically imploding or exploding, deadening, and /or 'shutting down'. There may be a resorting to 'splitting', (Klein, 1940, 1946) in an unconscious attempt to diffuse this potential eruption. However, when used predominantly and excessively, this protective/defensive measure, strips the individual of meaningful development.

All of the above reactions are processes of evading frustration rather than modifying it. Ferro suggests that it remains one of human kind's greatest difficulties to manage these experiences. It remains a marker of the incomplete evolution of our species psychic development. We lack the adequate 'instruments' to manage all the material that comes into our sensorial and emotional experience. This is where we are "reminded" of our developmental inadequacies as well as our ongoing developmental potential within this framework of not yet adequately developed apparatus. (Ferro, 1999, 2000, 2006).

The Need for Two Minds

At Work and at Play: In our everyday experiences, we are likely to be confronted by and or acting out of, some of the un thinkable states and situations as described above. In personal, group, work, and social settings, how might we consider, observe, react, and/or engage with this? Am I able to countenance that this is part of me too?

Primal forces are significant elements in our earliest experiences as discussed above. The containment of these forces requires two minds. This notion may evoke something reactive, or we may feel more receptive to this. Ideally and initially, mother's emotional state of receptivity to the infant's needs, is the mind that holds and transforms the baby's raw material, in such a manner that it becomes tolerable enough for baby to manage and live with. It is a state where manageable amounts of anxiety can be held (Winnicott, 1965, 2002). This containment (Bion, 1960) provides the seeding ground for transformation from proto emotional experience – unthinkable – into thinking. This is the experience that expands into a thinking and feeling connection. This experience always involves pain. Bion poses the question as to whether this pain can be 'suffered' (borne and recognized as our own), or is it evaded? Inevitably we do both.

66

Ideally we develop our capacity to suffer and bear this reality, more than avoiding it. In the simplest terms bearing this pain, provides emotional experience that can be thought about. Here we see the potential for the development of the capacity for an imaginative, fertile and creative mind. This mind then becomes the source for further evolution of thinking. I would like to emphasize, that this 'thinking' necessarily encompasses the emotional field. It is one I imagine as a fertile area whereby growth is enhanced via the emotional 'food' and 'work' that is harrowed, ploughed, and seeded, across a lifespan of developing one's mind.

Evacuation of Potential Meaning in order to Survive

When emotional pain is avoided, via ridding oneself of the emotional knowledge and experience, there is a consequence of limiting the potential growth of mind. Earliest physical, mental and emotional states are indistinguishable in the infant's experience. The infant is seeking containment of these painful and frightening states and communicates their needs in a variety of ways. To name only a few of the observable phenomena that babies attempt to communicate their needs, we can consider their crying, feeding and not feeding, sleeping and not sleeping, are their earliest attempts to engage with mother and/or turn away from her.Mother's capacity to interpret and digest the infant's communications is the initial seeding ground.

The earliest experiences between mother and infant ideally sets the stage for the future development of a mind and its emotional field. However, when (m)other's mind is unavailable, not open to reverie and dreaming, due to her own limitations to contain and manage her own and baby's evacuated/projected proto emotions, she is unable to "absorb, transfuse, transduce and detoxify", as Grotstein, (2007) describes. Rather, the infant is left with these proto-emotions unmodified and these are liable to ongoing evacuation and projection. This evacuation can be considered from at least two perspectives. Firstly, the uncontained forces are unmanageable/un transformed, as indicated above, secondly, they are also seeking to be contained, thereby transformed. From the latter perspective, we might be better able to recognize these states as communications that have a purpose. The unconscious purpose being transformation. The infant is dependent upon the primary caregiver for this. Without this initial transformation, the infant and later child and adult is exposed and vulnerable to a range of un thinkable experiences. In many instances, this leads to an experience closer to survival of life, rather than living

it. As life goes on, the individual's capacity to recognize the need for containment of these elements is the initial foundation and seeding ground for transformation.

Bion and the Links to Kleinian Theory

It can be postulated that Bion's analysis with Melanie Klein influenced his theoretical as well as personal development. It can also be postulated that Bion's immense and significant creative genius, led him to develop and create new and previously unexplored aspects of human development. These developments also alienated him from Kleinian theorists and clinicians, as his ideas appeared to be radical and can be argued 'un thinkable' for many.

Bion developed his theory of thinking through the expansion of Klein's notions of 'projective identification'. In brief, Klein viewed projective identification as an aspect of psychological processes, whereby "bad" parts of the self are projected and split off. These split off parts are projected into another person in an effort to *rid* (my italics) the self of these "bad objects". These "bad objects" are experienced as an inner threat of annihilation. The bad objects are being expelled from the self in an attempt to "control and take possession of the object" (Klein, 1946). Klein in another paper, "On Identification" (Klein,1955) attends as well to the impoverishment that occurs in the projector's psychic state, when these evacuated parts of the self are not re internalized. Bion elaborates on this with his proposal of the subjective nature of this process as a '*communication'* looking for containment. This elaboration radically shifts the focus. Rather than being viewed as persecutory it becomes a developmental process. However, it remains important to recognize that these communications are the proto emotions seeking containment and they can be experienced as persecutory by both the seeker of containment and the recipient of the raw material elements. We are all vulnerable to and experience these processes as part of being human. Within our dreaming and reveries, attention can be brought to these experiences, thus working toward transformation from raw material to thinkable states.

Bion and Winnicott

Both Bion and Winnicott were interested in earliest life phenomena and the states of being that the infant first inhabits and the need for transformation from inchoate to meaningful states of being, where living (reality) is able to be realized. They were also deeply interested in the infant's experience when this

transformation and development is absent. The terms 'nameless dread' (Bion, 1965 pg 79), and Winnicott's (1962) 'annihilation', both depict the states of terror that arise out of uncontained states.

We have seen that the transformation from proto emotions to thinking and dreaming states, requires two minds. When we think of mother, we are also thinking of the prototype experience of "other" for the baby. This other's mind needs to be capable of emotional thinking. By this, I mean what is needed is a mind able to bear states such as anger, fear, anxiety, uncertainty, not knowing, without excessive anxiety. Winnicott (1971), gives us the term 'holding'. In this holding state the mother provides through her empathic care of her baby a reliable and dependable environment. This allows the baby to experience 'continuity of being'. (Winnicott, 1971). Without the mother's empathic and intuitive presence, the baby experiences annihilation or in other words a failure of maternal containment with a consequence of discontinuity of being. This annihilated state of mind is experienced as "nameless dread". (Bion 1962).

The following is a brief example of how this nameless dread can be experienced and spoken about. A man, Mr. P. who had come to therapy and described in the following way. "Something is wrong, broken and I have no idea what that means or even if it is, but something is wrong". Mr. P held an executive position in a large professional organization, he had serious constraints in relation to accessing emotional experience. His principal way of speaking with his colleagues was dismissive, intrusive and/ or ingratiating and false. He described frequent and violatile conflict between him and other staff members he displayed little awareness of how he could be contributing to this. His maintained position was that others needed to change, improve, leave and so forth. He described communication across the organization as rigid and inflexible. His colleagues complained of their efforts to connect and develop relationships within their various teams as being impossible due to the inflexible 'rules' that Mr. P set. Over time Mr. P began to have some awareness of the limits and constraints of his ways of working within such rigid structures. His professional and personal life was in tatters and he feared he could neither change these structures, nor continue in the old ways. However, his conscious desires to enact some change, also put him in touch with old terrors. He attempted to express hesitantly,, something of what he was experiencing: "I am unable to move, if I do take a step, it will mean falling forever." There was a lengthy pause before he continued; "it feels like falling from out of space, a never ending tumbling and falling". After another long silence he said; "that goes on

forever". Shortly after this he spoke almost inaudibly; "I feel ill even talking about this, it literally fills me with dread - even to speak about it." (Personal communication 2012). This man, though intellectually capable to a very high degree, experienced a state of being psychically rigid. To move, psychically, was experienced as falling forever. This could be thought of as terror in relation to there being nothing (emotionally), no mind to hold him.

Negative Capability and the Capacity for Reverie

Intuitive, empathic responses in the infant's earliest experience, and later in life in social and other situations of conflict, uncertainty, unfamiliarity, not knowing and so on, requires the capacity to wait, remain present to all that is there, without reacting. Bion describes this, as 'reverie'. (Bion, 1962). He turned to Keats, to provide a phrase to describe this state. Keats called this 'negative capability'. He wrote the following in a letter to his brothers and I quote:

"I had not had a dispute but a disquisition with Dilke on various subjects; several things dovetailed in my mind, and at once it struck me what quality went to form a man of achievement, especially in Literature and which Shakespeare possessed so enormously – I mean Negative Capability, that is when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after facts and reasons. (John Keats 1817)

The state of reverie encompassed in negative capability is the place of transformation. It is an experience akin to ingestion and digestion, taking the raw material of the proto-emotions into a mind wherein they can be digested and transformed into less toxic material and, as such, able to be held and lived with so the meaningful interactions and life are then able to be engaged with.

Our capacity to transform in Bion's terms, the 'un thought', untransformed 'beta elements' into 'alpha function', thought, transformation, (Bion, 1958) is related, at least in part, to our capacity to bear the potency of the life force and all its terrors. This transformation from 'survival mode', to emotional development - 'living' (Symington, N. Reiner, A.), means crossing and entering into what can feel to be a terrifying void of nothingness. The phenomena related to these terrors, what we experience as taking back into ourselves undigested, un thought, unknown fragments of ourselves that have previously been evacuated is itself a developmental milestone. As Symington (2007) reminds us, we are always in a state of potential. However, this might only ever be partially realized,

due to the inadequacy of the psychic apparatus and the personal capacities at play in each individual.

Individual Mind and The Group Mind

The mind of the individual and what might be evoked when the individual becomes part of a group situation is the next part of this exploration and discussion. "What is the 'group"? It is possible to think of individuals coming together and becoming more than one. However, although that is one aspect, we might also consider that this group is also made up of both the individual and the individual's inner group representatives. These are 'characters' in Ferro's language, (Ferro, 2005; 2013; 2015) and Bion's 'subpersonalities'. (Bion, 1960).

Our inner representatives are like theatre actors, (McDougall, 1986) each at different times enacting an un-thought role. These roles are aspects of the personality in each individual, both known and unknown. In the group situation these come together, split off, project and projectively identify within the collective. These unseen psychic actions might evoke intense reactions. We can consider here that something has been psychically disturbed. The disturbance makes itself known in often disruptive and unthinkable form in the group situation. The disruption and disturbance, as well as our reception to it, or reaction against it, are all further emotional clues to attentively follow. Our inability to remain emotionally attentive, reveals our unthinkable states of mind, activated in this environment. As the group comes together, a range of individuals are now also made up internally of many representatives within the wider collective. A group is therefore made up of more than the eye might see, yet it is evident that something is occurring. The group is both the structure and ideally becoming the vessel to carry the weight of what is psychically generated by this meeting. In a conducive environment, personal evolutionary change is in the making

In groups of all kinds, institutions, organizations and family settings, the evacuation of proto emotions, which include proto sensorial elements, gathers force. The group itself becomes the frame in which this underside of psychotic elements, which otherwise remain unseen behind the neurotic screen, is exposed. In the gathering of individuals, now linked via coming together in a particular form - the scars, marks and shadows of the uncontained forces, proto emotions, make themselves known in various manifestations. These might be experienced as chaotic, rigid, hostile, apathetic, confusing, punitive, envious,

jealous, anxious states and so forth. Within each individual in the group, what I have called the representatives, Ferro's characters and Bion's subpersonalities, become aroused by other inner representatives they meet in this wider group. The field, always in a state of change, now becomes more charged as it becomes effected by the group's reactions and responses. All of this is, of course, dependent upon and vulnerable to the individuals and the situations that the group engages with.

The following is a brief clinical vignette of how something of the nature of proto emotions, might become more manifest in a group situation. A woman, ' Ms. J', described herself rather triumphantly as 'being a cool head' in the midst of chaotic group situations. This gives a clue perhaps, to her sense of herself as only 'a head'. This 'cool headedness' was captured by others in her nick name, "Ice Woman". She acted in group situations of unfamiliarity, conflict doubt or uncertainty much like someone in a state of mortal emergency. Ms. J issued orders, and reacted to the situation in such a manner that it appeared she viewed the chaos, uncertainty and not knowing, as a situation of extreme danger. She wanted everyone and everything 'sorted out' in the quickest possible time. There was no space for 'reverie'. This, naturally, had many consequences for Ms. J and the group. The group in these situations would become more conflicted, agitated and/or shutdown. Some reactions in the individual group members were aggressive, others displayed indifference, despair, frustration or, defeat, the latter going along with the issued orders rather like lambs to the slaughter.

Within all of this, there appeared to be an invisible, yet atmospheric deep panic and distress. The unfelt and unrecognized panic and distress in this form are the proto emotions, they are not yet available for emotional thinking. In place of this, there is an elevation of urgency and forced attempts to reach a conclusion or resolution. Within the group environment, a range of heightened and now distorted emotions are active: resentment, despair, indifference, anxiety humiliation and rage dominates. The group is now a fractured and leaky vessel, unable to hold the outpourings of the uncontained states as there is no one available at this point to contain them. The absence of an intuitive, containing response to the raw material present leaves the group in a wild sea of emotional upheaval. The potential to develop a container becomes blocked and the group is in danger of sinking into deep waters of irreconcilable repair.

Ms. J, as the leader of the group, baulked at any attempts by others to offer different perspectives. It seemed her unconscious driving force was to evacuate emotional material that might have been present. Not only her own, but other's

too were dismissed. This can be recognized as not only an evacuation, but also a freezing or shutting down as she became colder and colder toward any other who dared question or enquire further. The potential place where enquiry and exploration might be ignited became a dead space. Ms. J's experience of the group process was to read and hear it as a situation of extreme danger, so that the shutting down of her own and others emotional experience became her paramount (unconscious) purpose. We might consider this as an attempt at survival in the face of 'un thought' terrors. In survival mode there is more deadness than aliveness and an absence of creativity.

In the heat and noise of the experience, with no apparent leader or thinker in the group able to apprehend this volatile uprising, space and time for emotional enquiry was absent. The group situation was now mirroring an internal situation of shutdown. A metaphor might assist in elucidating this further. The group situation can be likened to a violent, sudden and unexpected blizzard, where 'snow' (fragmentation), prevents (in) sight, thus grinding everyone to a halt. A potentially creative environment becomes a chaotic arena of hostile and or deadened reactions. This becomes a sort of merry-go-round of repeated reenactments, where frustration abounds and creative endeavors are aborted. The repetition of experience can be thought of as Freud (1920) describes, 'repetition compulsion' enacted in the group. Each repetition, I argue, is also an unconscious attempt to find containment and meaning hidden within the proto–emotional state.

Un thought States of Mind: who does this belong to?

We can consider the above as a not uncommon experience. However, perhaps what is not taken into account well enough is the effect of the group upon the individual who is in a state of un recognised extreme panic. Fragmentation is occurring without being recognized as such. It remains unthinkable. The experience of the panic in raw form is evacuated and an inner shutdown occurs. In addition to one member of the group experiencing this, we can consider how the group or some individuals in the group are now also unconsciously evacuating and are projectively identified with Ms. J. However, the group in an agitated and hostile state, perceive, judge and experience Ms. J as the 'problem'. Although without doubt she is a significant part of the ongoing difficulty, it is, to my mind, imperative to recognize that the group, as individuals and as a whole, are contributing to the chaos and disharmony. The raw material, proto emotions, seeking an adequate apparatus to hold the unthinkable element are

now flooding the group. Disintegration and fragmentation on different levels dominates.

When the group is in a state as discussed above, another person/perspective is required. Within this (person), the capacity for reverie, the state of negative capability is required and out of this, emotional meaning can arise. As this breaks through the chaotic, fragmented, hostile states, a different tone and timbre can be atmospherically felt. It can be likened to the calm that follows wild storms. This calm is often experienced through a felt channel, noticed in contrast to what was previously tumult and upheaval that filled the space. I suggest that negative capability, reverie is capable of breaking something open even whilst it is containing. It gradually creates a gap for translation of chaos into meaning.

Can the group become the harmonic orchestra?

In a group, each participant brings something into the space, in Ferro's terms "the field", in a manner that maintains the individual nature of each offering, whilst now playing as the group. A group becomes capable of development via a state of negative capability. Within this state they are capable of play. Like a well-practiced and creative orchestra, the group creates their own particular rhythm, tone and pitch. This becomes the group 'music'. To create this music, each 'instrument' is recognized and respected, needed, for its particular quality and sound. This 'music' forms out of the individual's capacities to meet, pause, separate, meld, observe, listen and play with all that is reverberating from the different and differing personal 'instruments'. The 'proto emotional' repertoire, (jarring, jangling, mistimed slips and other errors) are contained in the orchestral reverie. Thus they become transformed into coherent emotional forms that are further developed into thinkable, verbalized ideas, notions, and actions. All of this serves to further develop the group/ orchestra as a whole. The sound and work of many instruments is not only bearable and desirable to be part of, but is also affecting and inviting to any audience.

The harmonious music of the group comes into being via the different notes, instruments, and textures within the melodic chaos. Each instrument not only creates different sounds and meaning, but also cadences and rhythms. Within this is the timing and pacing, structured in such a way that depths and heights can be felt, embodied in the 'musicians', group members and audience, others, alike. Using this orchestra metaphor for the group, we can consider the

psychotic elements, raw material in the personality, are being held and contained rather than evacuated.

Back to the Family, Back to the Future

I reflected earlier in the paper that the family is our initial and primary experience of groups. Let us consider how this family orchestra evolves and comes together. It will always produce different rhythms and tonal structures. Keeping in mind the orchestra metaphor, we can now think about how it might be a discombobulating experience expecting a cello to be played as if it is a piano. The need for recognition of what instrument, process, is currently being played, or, is in the field, (Ferro), requires a capacity to recognize different emotional affects and their tones. Is there loud, excessive activity that blocks out other sounds? Are there dismissive voices? Is there recognition of states that could be considered chaotic? What arises in these places? Is there a capacity for communicating in a thinkable manner – a space to think about the emotions and feelings that are present and active? I believe the capacity to experience the chaos, mindless states resides within us all. The degree to which we experience these states and our capacity to go on attempting to re-find our mind, is in part related to where the intensity of our un-thought experience remains active. I believe the reduction of the intensity via containment, creates the area where meaningful internal contact can be re found.

 It is initially through our experience of being with an 'other', one who is capable of reverie that our own capacities for reverie can be borne. Out of our waking and sleeping dream states of reverie, an environment is created where emotional elements of all kinds can be contained. These can be lived with in such a manner that a state more akin to equanimity than terror can be experienced. Only through freeing ourselves via creative dreaming, making space for the horrible and terrible that haunts and stalks us whilst un thought, can this raw material find a home to reside, in a non- persecutory fashion. It is a shift from feeling persecuted to being able to create. Shifting from one state to the other opens us to many unexplored roads that become visible on the previously unseen maps. It is an exploration that continues to form new elements as one trace reveals another not seen before. These shifts are necessarily experienced as painful when we enter them. Yet without the 'pain' that these shifts entail, development of a mind capable of expansion, remains as stagnant potential.

Becoming more tolerant of painful, yet liberating growth, allows for a mindscape that has multiple and diverse elements within it. It is capable of encompassing a wide ranging view while also able to bear resting in the lacuna of 'not knowing' much of the time. It is bearable in relation to a lowering of inner urgency. This mindscape continues 'getting to know' even whilst in the midst of 'not knowing'. Within this mind, there is room for the horrible, terrible and diabolical. It is not pristine nor pure. It allows in Ferro's terms, a "passport for all the emotions" (Ferro, 2008 pg. xviii). This passport is personal, it acts as an inhibitor to projection and it encourages deeper enquiry into aspects of ourselves we have (unconsciously) kept out of mind. This enquiry acts as an invitation to living and it frees us from tyrannies within and without. Reactions such as domination, evacuation, intrusion, humiliation, shame, hunger for power, excessive helpless states and other means of terrorizing and being terrorised can be transformed. In the transformed state, generosity, openness, assertiveness, curiosity, respect and acceptance for self and others can be lived. These states invite connection to all parts of oneself and others, where previously uncontained, un thought aspects of the personality were repudiated and rejected. These considered as 'not me'. The 'container/contained' process is a life time task, an evolutionary one. Each 'thought', uncontained, waiting for a 'thinker' (Bion, 1963).

The Choice Between Survival or Living

Transformation, comes into being through periods of gestation, not knowing, uncertainty and pain. It is likely to include upheaval, rejection, evasions, and other strong forces. Bion (1965) names this 'catastrophic change'. It has been described in terms of 'waking a monster', 'threatened with death', 'being turned inside out', 'lost in space' 'like being out on parole and not knowing if I can bear the freedom' 'being freed from prison', 'brought out alive from under an avalanche' (private communications), and other vivid metaphors. Transformation and change can be terrifying in relation to catastrophic anxiety and the 'unknown'. As one person told me; "At least when I am numb and feel more deadened, I'm not in pain. I can pretend I am in control and know what is going on, whereas this, this is not knowing what is going to happen next!" This is the partial transformation, from un thought to thought, that takes place, yet still in the developing stages. A place where differences are being felt and put into words and 'working through' continues. (Freud, 1914). Alongside this, is an increasing capacity for improved work, social and family relationships. Desires accompanied by actions to live more within the realities of life as it is and to rely

less on old survival regimes, such as wanting life to be as one wants, rather than how it is. Heralding these changes is the gradual reduction of terror in relation to other people, previously disguised under the cloak of 'control'. We can see from these small quotes above, that change from un thought to thinking, wrought out of reverie and negative capability, brings terror out from the shadows and into the field. This movement allows for a reduction of terror and more liveliness and freedom into the individual and group experiences.

Conclusion

Psychotic process manifest in groups when various representatives within each person become activated and enacted. Without a proper apparatus or vessel to hold the raw data, the structure and frame of the group is liable to collapse, fragment and /or disintegrate. The 'apparatus' for thinking is a mind capable of tolerating frustrations such as not knowing, uncertainty, anxiety, rage, terror and so on, in a bearable manner. This mind is always in a state of potential. (Symington N. 2007). It is flexible and creative through its openness to changing and fluctuating movements of life. It is also vulnerable and can be more inclined to fragility in certain periods of the individual's life experience.

All group situations, beginning from the family, are vulnerable to the increased impacts of raw data that are part of each person's inner world representatives. Depending on the members of the group, they can be places of creative and harmonious imaginings and realities dreamed and borne out of orchestral work under the leadership of an emotionally developed. This creative work is equally exposed to the disruptions and interruptions of group expression as they attempt to form into a collective that can tolerate difference. This is a development that necessarily takes them into unknown and 'un thought' mindscapes.

Freud and Bion, (and others as cited above), as thinkers and sculptors, propose models that encourage the development of 'thinking' from a perspective that welcomes all emotions into the arena. The absence of an adequate structure and vessel to transform these into digestible emotional material, is experienced both in the individual and group settings as destructive and antithetical to creating meaningful contact. A group and individuals in this situation are exposed and vulnerable to fragmentation, disintegration and disconnection from 'meaning filled' communications. Situations of uncontained chaotic disharmony can then

invade the space. Thus, despair, hostility, indifference, futility and defeat can pervade and overwhelm the group members.

Transformation from un thought material into digestible and thinkable material via adequate containment weaves an inner tapestry. This tapestry has fine threads of meaning within it. It is capable of creating connection to the unknown and 'un thought' without constantly being thrown back into unthinkable terror. It is an environment to live out of and to develop further in ways that encourage living life rather than surviving it.

Bion's radical reimagining of mind provided and goes on providing a "reinventing of psychoanalysis." (Grotstein, 2007). Within this model, Bion also invites us, to 're-dream our human condition.' Grotstein, (2007) Ferro. (2008, 2013.) The further and ongoing development by Grotstein and others, (for example, Ferro, A, Ogden. T, Reiner, A, Symington, N & J.), create anew notions and ideas that elucidate and pictorially imagine our ongoing evolution and our inadequacies within this, of the development of the mind. Importantly, it is not only psychoanalysis that is re invented with Bion's model of the mind. The 'un thought' states wait in each of us to be recognized as developmental potential, the ongoing re- imagining and growing of our own mindscapes. I consider this as a furthering of our personal development in reimagined form.

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Author: ***Rosealeen Tamaki***, psychoanalytic psychotherapist, lecturer

Email: rosealeentamaki@gmail.com

4.
The Language of the Group Skin:
What gets under the skin, attacking the capacity of teams to think

Richard Morgan-Jones

"The body is the collective subjective and the only means to convey collective human experience perceived in a commonly understood way"
Anthony Gormley – sculptor (Craiger-Smith 2010, p.22)

"The ego is first and foremost a body ego" Freud (1923)

Abstract

This paper explores the emotional and structural pressures upon teams to think. The sources of these pressures are two-fold. One is pressures from outside in the wider organisational and political/social context. The other is from inside. Teams are motivated in their working practices by individual emotional needs to belong to a work group with a particular dynamic in order to seek help in addressing emotional needs that have bought team members into a particular line of work. This *inner-outer press* is conceptualised from a systems psychoanalytic perspective using the metaphor of a group or team skin as an aid to developing the capacity for thoughtful insight, foresight and to secure thinking resources for future work.

Introducing this essay in its Italian context

In publishing this essay in an Italian Journal, I am very much aware of the development in Italian psychoanalysis of what has been described as post-Bion field theory. Italian psychoanalysis has developed and fine-tuned the exploration and engagement with an unconscious field that is larger than just the transference/counter-transference relationship between patient and analyst (Ferro & Basile, 2009, Ferro, & Civitarese, 2015). This approach involves a sensitive monitoring not just of the unconscious field of transference and counter-transference relating that can be interpreted, but also of the frontier of the patient's capacity for growth. It is across the skin between the parties in the analytic encounter that this work is performed.

Central in Italian field theory and engagement, is the focus on monitoring how the patient receives and responds to each intervention, providing immediate feedback for the analyst's own internal supervision. This focusses on the capacity for the patient to take in what is emerging from unconscious field created

between them. To use language developed in this paper, the key resource for the psychoanalytic approach is in monitoring the sensations and responses that can be observed through the senses.

And yet these inter-psychic creations are also shaped by the wider social and political context which both inhabit. Claudio Neri (1998) has widened and deepened this field to explore the social life-space that Kurt Lewin first discovered in using the metaphor of gravitational or magnetic force fields to describe psychological relatedness within a wider context (Lewin, 1939, 1946). My own work, illustrated in this paper, seeks to both deepen and widen the idea and experience of the unconscious field or matrix that patterns emotions and that is inevitably a co-created and inter-psychic field (Bolognini, 2010). (1) My purpose is to explore the pressures that arrive unconsciously in the environmental field in which team work is performed, whether these pressures are from the emotional needs of a work force to join a group of a particular kind, or from the wider organisational system in which the team operates.

I have sought to deepen this engagement by exploring emerging awareness where mind and bodily sensation can barely be distinguished. I have sought to widen this engagement by exploring how individuals experience, and make use of belonging to a body larger than their own. This focusses particularly in relation to a team's capacity to deal with impingements upon it from its environment. It also draws from field theory the capacity to be able to dream up or have dreamt up for it a skin that can provide space for thoughtfulness and creative development of its own containing, yet flexible and adaptive skin. This provides food to nourish the experience of teams as being a group body with their own skin, a social language for sensation based experience and an enriching approach to the ultimate reality of experience that is at once both incarnate and reaches for transcendent meanings.

In exploring these themes, I will develop the work of French psychoanalyst and group analyst, Didier Anzieu on the body and skin of a group. In a sense my approach is forensic in the sense of exploring where aspects of a wider field of research enquiry have been killed off. If I were to think of this approach as a murder mystery, it could be entitled: "The missing body in the hidden unconscious field"! (2)

1) A Team under external pressure: An expanded skin
Consulting to a team of senior managers in a nationally based company developing at the leading edge in producing innovative technological and engineering products for the energy industry includes both carbonised fuel and

alternative energy capture capacity. It is a national company owned by a large global enterprise. There is a new pressure from the global headquarters to reduce research and development on alternative energy that has a long lead in time compared with the more familiar carbon fuel extraction technology that produces faster returns. The managers are frustrated in a way that leads them to start blaming each other, as one department is set competing against another. Tam morale is impeded by an incapacity to think of ways to manage the crisis. The impasse is that with one more year's funding they believe they have a break through, yet their globally owned company is based in a nation whose politics have moved to the right and are against further risk taking with alternative energy. In their own country there is a market for government supported initiatives in the field.

In a consultation session the team have discovered that a small number of the research and development team have over the years, discovered lucid dreaming to be a source of innovations. 3 of them have shared with the group being preoccupied about a specific developmental block in their R & D work, only to wake in the morning with a clear alternative re-framing of a solution. As consultant I encourage them to do some lucid dreaming while awake, here and now in the team. Images of feeling chained up and imprisoned emerge with a fear of drowning and a struggle for air. The associations lead us to the story of Houdini the famous escapologist. One of the team who has read his biography was struck by the idea that he had the trick of expanding his skin by a carefully developed musculature, so that when he was chained up tightly, in fact he could relax and wriggle out of the chains and sack in which he had been dropped into deep water.

This image and metaphor of an expanding skin becomes a watchword for the way a number of the team have over the years protected projects they believed in but for which they had no funding or management support. They achieved this by expanding their R & D work in areas that were funded and using surplus budgets and man-power to protect more vulnerable projects. This became a mode of operation within the team for a possible future in which their innovation in alternative energy solutions could continue to be worked on by producing successful innovations encouraged by the global company. Among the team this became known as the "expanded skin strategy".

It is worth noting also that inspiration for these ideas came also from the history of the nation in which this enterprise worked. It was a country that had a history of being invaded over the previous century and had a legacy of

courage to fight and survive from behind secret conformity, as so often happens in invaded nations.
(Not surprisingly this story has been disguised to protect confidentiality).

This paper has begun with a consulting narrative, where skin became a metaphor that was valuable as a focus of enquiry and subsequently inspiration for innovative team work that un-scrambled an incapacity to think. What appeared to transform the situation was the capacity to draw upon unconscious experience and imagery that previously some of them had found inspirational.

This paper begins with the experience from belonging to a body bigger than one's own. This is at the heart of much psychoanalytic work and yet is a field that has been little developed as a focus for enquiry in organisational systems. A key aspect of primitive bodily belonging is the experience of having and being contained by a skin. This is the experience and metaphor that I want to explore in this paper to develop a model and understanding of how skin psychodynamics might inform generating the capacity of a team to think and innovate.

This elaboration will take a particular pathway in exploring what crosses the boundary of a team using the language and metaphor of a "social skin". It will search for language that evokes the emerging edge between what is physical and what is emotional and make links to social context. This connection will illustrate Bion's edge between the protomental system and shared basic assumptions that hold a team together through its group skin.

In this matrix, the management and containment of emotional dynamics will be explored with a focus on whether emotional containment is lax, rigid or flexible. I will suggest that language itself through the use of metaphor is an evocative of psycho-physical experience. Words touch deep unconscious internalisations of the tactile and peripheral experience of the space that any group occupies, not least if it is a work team with its own specific technology.

But if the individual body has been missing from the unconscious field, so too we can think of awareness and conceptualisation of the collective social body of the team within its particular organisational field. This is what this essay seeks to revive into the field of psychoanalytic exploration. If the individual body is characterised as living in a life space with its own capacity and proprioceptive sense of the surrounding space, so too we can think of the team as a body living with its collective proprioceptive surrounding space in the organisational context in which it has its being.

My approach is to take seriously Freud's idea that the "ego is first and foremost a body ego" (Freud, S. ,1923). In other words, I am interested in what happens when mind and body cannot be distinguished and further when, by using language the social collective of shared meanings provides transformative experience. Moving within this trilogy of perspectives forms the dynamic drive of this paper where the key question is how are teams shaped by the experience of belonging to a body bigger than one's own, whether it is the body of a mother, a family, or a team body within an organisation.

2) The embodied social skin of language

Language is socially created and socially regulated. It is an essential tool for thinking. It provides meanings and sounds that when read, spoken or heard create a means of expressing emotional experience and information – a means of echoing the dreams that are evoked between people. Essentially words provide an enriching form of metaphors and symbols to express bodily experience, both individually and socially. Although many metaphors involve objects, a good many use bodily experience.

John Donne the English mystical poet wrote:
Her pure and eloquent blood
Spoke in her cheeks, and so distinctly wrought,
That one might almost say, her body thought.
(Donne 1962)

Perhaps the idea of using language to contain the body was better put, in 1834, by Thomas Carlyle the Scottish philosopher:
Language is called the garment of thought: however,
It should rather be, language is the flesh-garment,
The body of thought (Carlyle 1834).

Language for emotional states is full of bodily metaphors: *Suck it and see, getting your teeth into a situation, really getting inside someone, biting off more than you can chew, spitting it out, screwing it up, my hair stood on end.*

These "blind" intuitions, or gut feelings reveal aspects of what Freud described as the transformation of infantile experience of pre-verbal oral, anal or genital experience of the body working with the pleasure principle to re-balance internal psycho-physical experience of pain and pleasure (Freud 1905).

The development of certain medical and psychiatric conditions and symptoms, such as hysteria and psychosomatics, reveals the problematic points of

transformation of infantile bodily experiences into psychic and social elements. I now turn to this arena where skin and emotion meet.

3) The emotional functions of skin
Our skin holds us together. Our skin identifies our shape, genetics, gender and race. It provides our means of relating to the outside world in the way we clean, clothe and care for our bodies and handle ourselves in managing our roles in the world and our authoring of our own lives. When we meet or shake hands we look at and maybe touch each other's skin. We say: *someone lives well in his own skin* or *is uncomfortable in his own skin.* In these senses our skin is a physical boundary, but also a social and emotional boundary as we draw our own space around us and distinguish ourselves as individuals with an apparent identity.

We begin born as babies with a skin that, however immature, holds together our bodies and in the way our mothers and caretakers handle us, we slowly come to learn, that what is pleasurable or painful, is not just inflicted from outside, but relates to inner experience that comes to shape us within our skin.

If we are handled right as babies we can learn this dance from feeling stuck on someone else, to becoming distinct and individual. We take in and internalise the care that is given by the larger bodies we belong to. This becomes the shape of all emotional patterning of belonging to bodies larger than our own, be they mother, father, family, group, society or organisation.

When the handling of our parental caretakers is rough, violent or full of anxiety we are intruded upon. When we are neglected too long we have no skin to hold us together. In the words of Kleinian analyst Esther Bick (1968), *"we are like a spaceman without a space-suit"*. (Those who have seen the film *Gravity* will have some sense of what this means.)

If either of these two scenarios occurs, we are either left with no sense of a skin to protect and contain us or else no sense that our skin is our own. We become at the mercy other people's definition of ourselves. We are shamed and humiliated and survive sometimes by killing off the essence of who we are.

In this case our capacity to relate is invaded. Psychoanalyst and paediatrician Donald Winnicott specialised in understanding this phenomenon and how vital it is for the baby's instincts to be recognised so that interaction is a two-way street. When this happens the baby is engaged early in feeding, diapering and digesting processes so that he or she develops their own rhythm of life. Impingement or the experience of the invaded skin creates its own narcissistic

wounding that shapes the dance and formation within our bodies, minds and ways of relating as thick or thin-skinned. These are wounds we are compelled to repeat in a pathological way until and unless we learn the lessons of our history and seek new ways of relating.

In order to explore the place of the language of dreams. in the next section I will address how sensory experiences of the body, psychic and group skins and their exchanges with external environment can be elaborated in dreams and their social representatives such as language, art and music.

4) The dream experience on the senses of the skin

Picture Frankie Howard, a very camp British comedian, playing Bottom in Shakespeare's Midsummer Night's Dream, alone on a darkened stage, with his back to the audience clad only in an ass's head piece and a thong, while scratching his hindquarters! He turns over languidly to face the audience.

I have had a most rare vision.
I have had a dream, past the wit of man to say what dream it was: man is but an ass, if he go about to expound this dream.
Methought I was—there is no man can tell what.
Methought I was,--and methought I had, - but man is but a patched fool, if he will offer to say what methought I had.
The eye of man hath not heard, the ear of man hath not seen, man's hand is not able to taste, his tongue to conceive, nor his heart to report, what my dream was.
I will get Peter Quince to write a ballad of this dream:
it shall be called Bottom's Dream, because it hath no bottom;
(Shakespeare Midsummer Night's dream iv:1).

The essence of a dreaming experience is that one moment it is a present experience, the next it fades only to reappear out of the mists of unconsciousness. In dreaming is it a question of the body expressing itself and its senses in terms that reach for the transcendent infinity of experience of wonder? Or is it that the unconscious infinite seeks expression in the individual body like Bion suggested "thoughts searching for a thinker" (Bion1992:313)? Philosophers, theologians, sociologists and psychologists have explored this ever since and still the question is asked.

In psychoanalysis we have the endless wonder as does the discipline of astronomy. Just as you are about to get a sense that you have a grasp on the facts of size, distance and atomic origins, the experience of knowing slips through

your fingers and you are left knowing only how much you don't know – *"…it hath no bottom"*.

Having said that, there are perhaps important pointers in the dream. One is that it is deeply personal. It is Bottom's dream-his alone. And yet in the dream there are others imagined: the "patched fool" who might give meaning (psychoanalysts beware!), the writer of a ballad (only music and rhythm can do justice to such an experience). The language, perhaps like in all good poetry points to deep truths. Only limited fools can speak the truth. Some truths do not just baffle the mind, they baffle the senses as well and it is these truths that are represented by art, language and music.

Neurologist Oliver Sacks writes of people with the gift of *synaesthesia* where sense impressions received through one of the 5 senses gets transformed into an experience of one of the other senses (Sacks, 1986). He reports, just one example among many, a man who "hears with the colour red". These ideas are inspired by such experience along with the wish to open up the possibility that in addition to the senses of sight, taste, hearing, touch, smell and bodily orientation/ movement, mankind is born with a social sense and an instinct for belonging to others and the group.

Building on Bion's thinking about dream, a number of psychoanalysts have developed Freud's idea that dreaming depends upon waking experience; indeed, it processes it (Meltzer 1984, Ogden 2001, 2005, Ferro 2015, Grotstein 1990 among others). And, dreams are not just available by waking from sleep. Waking dream thoughts, free associations, half conscious fantasies, words, images, movement, all create an experience of living a truth that can only be accessed by the interaction of mind and body together. The one both protects and evokes the other. The one exposes and bombards the other with sense experience that is the core of emerging memory "held in the bones".

Gordon Lawrence has developed the social dimension of dreaming in innovating "Social Dreaming" matrices, meetings of people whose task, unlike in group meetings with boundaries, is to win "from the void and the formless infinite", new thoughts and new thinking (Lawrence1998). These may be social, political or organisational. Their relevance is to respond to the interplay between the work of the unconscious in the dreaming experience, and the capacity to develop a new shape, spirit of form of enquiry for making meaning. For Lawrence, this opens up relevance for organisational consulting in creating what I described as the "spirit or soul of the enterprise". The task is to transform sense experience into language (Morgan-Jones, 2010b).

As we saw earlier in this essay, the capacity for a team to dream reveals the possibility of finding a shape within which the conditions for work can be articulated and felt at a deep level that both knits the team into its own skin and shows what it is up against and what it will need to achieve collectively to shape its own future. As Bion points out, the distinction between the dream that protects sleep and the day-time experience of creatively retrieving an image or narrative that has collective meaning in shared language for human experience is one that is over-rated (Bion 1963). However, first I want to plumb more deeply the experience of the self in relation to the body and its skin.

5) Anzieu: The Body Ego (fr. trans. «Le Moi-Peau»).

In researching and developing a psychoanalytic probe for exploring the phenomenon and dynamics of skin, Anzieu begins from Freud's idea of the *contact barrier*. In his *Project for a scientific psychology* (Freud 1985) Freud explores the idea of a psychic system part of which deals with experience stimulated from the internal or from the external world. He takes two possibilities. One is the decrease of the stimulus threshold due to lack of contact and resulting in hypersensitivity. The other is an increase of the stimulus threshold due to excess of contact leading to insensibility. The "protective shell" (Tustin, 1981) is formed by experiences through either pain or intrusion. Later neuro-scientific ideas have developed this idea into descriptions of synapses between the neurons. These can either facilitate excitation that is under stimulating or else a barrier to excessive excitation.

Anzieu puts it this way: "The skin ego is at once a sac containing together the pieces of the self, an excitation-screen, a surface on which signs are inscribed, and guardian of the intensity of instincts that it localizes in a bodily source, in this or that sensitive zone of the skin" (Anzieu 1990:66). He suggests that the containing function of the skin is assisted by a mother's provision of a range of sense-based feedback responses that provide the infant with experiences that can be internalised to shape a contact-barrier. These sensuous experiences provide a sort of envelope that may provide and respond with touch, sound, rhythm, tastes, smells and movements.

If mother is intrusive and allows the infant's skin to be prematurely over stimulated, there is no containment for excitations and no internalised skin to build up an identity. Bick (1968) observed that such infants tend to search for a sensual object that will provide a secure point by being fixed. She noted babies in desperation locked on to a light bulb or a hard object to grip. This she described as the search for a second skin and a musculature to support it against impingement. Anzieu described some babies whose skin appears to "glitter" with

the over excited desire to become what mother wants as opposed to a "shield" skin to protect from the invasion. He described this as a baby contained by an over-stimulated narcissistic envelope revealed in glamorous clothes of adults or the over dressed up child.

Finally, Anzieu described the suffering skin, one that is torn or hurt whether by abandonment or being used and abused as a receiver of parental emotions. This phenomenon links to family therapist John Byng-Hall's idea of the "parentified" child in a family who is disturbed by being acutely in touch with the unmet infantile emotional needs of the parents (Byng-Hall 2002). Such dynamics are common in those who are receivers of the emotions of others, in the caring professions or in creative work.

These schemas provide a probe with which to view the quality of attachment expressed by the skin through experiences of loss, intrusion or laxness in the responsiveness of mother's skin. Such external attachment patterns correspond to the unmentalised expression of abandonment, engulfment and disorientation. These theories of lack of cohesion combined with lack of a containing capacity for processing experience and behaviour provide a key foundation for understanding how maddening unmentalised experience can be. They also describe how the capacity to think is undermined by the failure to find language for thought that can express experience and process and manage it more effectively.

Building on the idea of the functions of skin I now turn to an exploration of the idea of the group-skin that Anzieu develops as a means of psychoanalytic probing under the skin. This evolves into a schema for exploring the *protomental* nature of the group's boundary as a skin that bonds and contains its members in a way that makes use of the functions described above.

The following example reveals the way parents in a family have to function in a way that has the team qualities of resilience in the face of emotional bombardments from the work place and nursery, outside the family. The story reveals what can happen when the work organisations upon which the family depends, disappoint and impinge invading the skin of the family destroying its capacity to be a functioning team.

6) How organisations get under the skin of a family system

It is not just skins that are needed to contain emotion. Energy is required by a family to protect them from the space invaders that organisations can be. In the next example, I explore the interdependence of the three layers of bodily, psychic and organisational skins.

The following story emerges in a couple psychotherapy session. Mother has collected 2-year-old daughter from nursery having herself spent the day in her place of work. She then drives to the station to pick up father who has commuted from his work place. When they get home it is already 7 pm and all three are hungry and tired. A quarrel breaks out as father has forgotten to take the supper out of the freezer and something else will have to be dreamed up. Father has had a "hell of a day" with threats of redundancy and anxiety ridden colleagues and clients. Mother has spent the day "wrung out" caring for others professionally and is feeling under resourced at work with a pressure that leaves her little time to think. The 2-year-old is miserable as her best friend was not at nursery today and nor was her favourite nursery nurse.

During the trip home the parents quarrel. On arrival the child is put on the toilet on a child's seat and forgotten about. When the raised voices of the parents have subsided they realise she has been forgotten and she has smeared the toilet walls with faeces.

In couple psychotherapy the task is to address what hurts, namely the pain in the couple's relationship. In despairingly describing this incident in the session, the quarrel between the parents can be seen as representing the painfulness of the unconscious bond between them where they fail and disappoint each other. This is recycled, threatening the otherwise good parts of their relationship. This bond appears based on the experience that they both come from families where they were emotionally put upon and expected to cope. Their couple bond is a painful one that is both a danger to experience for fear of mutual blame and painful to acknowledge for its capacity to make each partner feel vulnerable.

It is also possible to understand the family reunion at the end of the day as the physical and mental bombardment of a meeting between representatives of three organisational systems, 2 places of work and a nursery, whose stresses have got under their skins energetically symbolised by the mess that needs to be got rid of, then cleared up. This mess also symbolises the strength of resentment in the quarrel that spills over into the family system.

However, the core task of the therapist is to seek to build the internal capacity of a system's container not just to provide one. For the need of the child who represents the children in the parents, there is the need for a skin of language to join these perspectives to begin to provide a shape for a container that will help the couple ease the culture of blame. This blame culture threatens their relationship by experience the loss and shame at being caught up again in a familiar repetition that recycles their original family deprivations.

The next example describes the use of a waking dream like experience within a team consultation. An impinged upon team has become lax in its own functioning, resulting from trauma and blame, along with demands upon the team are for a rigid form of containment. Something more flexible and creative is required to sustain professional and agile functioning to survive professionally and to help others with devastating trauma and loss.

7) Example of restoring a distorted skin container: a team consultation

A family social work team has been offered consultation following a nightmarish trauma in which a child on their at-risk register for whom they are responsible has died whilst in the care of neglectful parents. They have been on the receiving end of volumes of attack, including suspicion and hatred, abusive calls to the office, accusations from colleagues, and their own professional soul-searching which has left them feeling self-critical and demoralised. They have done much work to realistically explore their part in the collective failure across the agencies to adequately protect the child and have instituted new procedures and supervisory support and oversight in dealing with future cases. However, this has not succeeded as yet in easing the internalised self-reproach that tends to make them panic in facing other situations where children are at risk. The developmental risk at this point is that they internalise a witch-hunt culture to offer themselves or a team member as a scapegoat for system problems between agencies facing tragic failure.

As part of the aftermath of the official enquiries, in addition to the internal ones, they have been barraged with suspicion, disciplinaries, new procedures, and volumes of paper work and targets. All this has been in addition to temporary suspensions and time off for stress for the two team members closest to the events. In searching for a way of dealing with their sense of excessive re-traumatisation from anxieties of the wider system that is bombarding them, one worker voices the view that it is like going to hospital with a burn on your skin and having your recovering scab ripped off to see the unhealed scars. It is a nightmare!

In exploring ways of imagining dealing with this situation someone points to the team leader's transparent perspex umbrella standing in the corner: "We need a big one of those to protect ourselves with and to see the shit coming, but protect ourselves from it." It is as if this image of the umbrella in the corner has broken into the un-dreamt dream of the team as a whole dreaming body

(Ogden, 2005). This metaphor seems to lift spirits and becomes the symbolic skin that can protect healing and a point of reference for the team's recovery.

The question now begged by this narrative is, what is the nature of a social or group skin? How can group dynamics that inhibit thoughtfulness and creative professional engagement be conceived when the external pressures and internal trauma appear to destroy any capacity for a safe space within which to think and where staff are not frightened *out of their skin*?

8) The social or group skin

If we are overwhelmed by emotion, we seek to belong to a body larger than our own such as a group that can help us manage our emotions by expressing them for us as a group norm. The group becomes our maternal matrix. Psychoanalyst Wilfred Bion described shared emotional assumptions for which we might have a particular valency (Bion, 1961). Bion's work has been expanded by Group Analyst Richard Billow (2003: ch. 9 pp 193f) to explore what primary emotions that Bion explored in his later clinical work, shape the valency individuals have for a work group or leadership style, with a particular draw towards a particular basic assumption dynamic. In other words, there is our tendency to join groups that have a particular psychosocial patterning of leadership, emotion and behaviour. Bion (1961) described three such patterns of group dynamics called basic assumptions shared by group members unconsciously. He defined them as unconscious shared basic assumption around dependency (BaD), Fight-Flight (Ba F-F), and Pairing (BaP). Billow has linked these valencies to the primary emotions that Bion later developed that might have either a positive or avoidant aspect (+ or -). These three primary emotions are love (+or −L), hate (+or-H), and curiosity to know (+or-K). Each of these primary emotions is experienced as pressure from within the body that may be expressed physically as hungry need, adrenalin fuelled

BaD: Where we are overwhelmed by experiences of the failure of love or hunger, we seek a group shaped by the common desire to depend on a leader, a book or an ideology, such as a church. What begins as hunger in the stomach moves to behaviour that reaches out to belong and then to submit to higher authority. Such dynamics cause people to seek safe work in bureaucracies, prisons the uniformed services, the church.

BaF-F: Where we are overwhelmed by experiences of hate and angry rage accompanied by fear, we seek a group shaped by the common desire to seek an enemy to fight or flee from such as a militant political group, campaigning

organisation or the military. What begins as adrenalin fuelled survival moves to behaviour that can seek or avoid the risks of violence or even the seeking or fleeing from an enemy in aggression or paranoia. Such dynamics cause people to seek work in high risk situations, ambulance crew, pilots, investment banking, politics.

BaP: Where we are overwhelmed by experiences of undeveloped curiosity linked to sexual desire and the wish to enter into relating to others by watching, we seek a group shaped by the desire to be able to observe the intimacy of pairs whom it is hoped will creatively include us and generate a new identity or leader, such as those who follow celebrities and are fascinated by their intimacies. Such dynamics can cause people to seek work in performance such as celebrities or in support roles admiring others who lead. Exhibitionism and voyeurism and vicarious living through others features. (See Morgan-Jones 2013, an exploration of the dynamics of the celebrity cult). It may also be one of the dynamics of people in the helping professions who wish to come to know other lives.

Such dynamics shape groups, organisations and careers and are the stuff of team development and role transformation through consultancy. This models for the linkage between physical/emotional experience and group or team dynamics provide a language for seeking to understand how a group or team skin maybe shaped by the inherent desires for emotional containment that have attracted a particular work force. It is as if the three shared basic assumption group dynamics to be found in teams can be seen as group skins enabling members to belong safely to a body larger than their own that will express their emotional needs for them. (Morgan-Jones, 2010a)

These perspectives now provoke the question of how what can be described as "basic assumption skins" that hold group members together individually and collectively might reveal a focus for engaging with the capacity for thinking. The questions are, what sort of skin boundaries are there and how can they be engagement with to create emotional containment that facilitates thinking.

9) The team boundary as a skin

Above I introduced Anzieu's work on the skin-ego developing the theme of sensory psychic envelopes, including sound, rhythm, movement, memory, culture, and dream. Such descriptions of experience at the level of individual skin relatedness I now want to apply, along with Anzieu, to social skin relations, and the idea of a group-skin (Anzieu, 1990).

As Anzieu puts it: "Finally, there is no group without a common skin, a containing envelope, which makes it possible for its members to experience the existence of a group self" (1990, p. 97).

In his book *The Group and the Unconscious,* Anzieu (1984) portrays groups suffering without the sense of a body and needing to create one with an instinct that draws them together in belonging. The group in teams is seen metaphorically as a "body" with an *esprit de corps,* providing a skin for individual "members".

What Anzieu is proposing is that the achievement of belonging in a group happens when it overcomes its anxieties about fragmentation, often by exporting them in the direction of others. This can be what gives a group its sense of being a body that is not dismembered. He goes on to describe the primal phantasies about a group as a mother's body, previously elaborated by Bion in his Kleinian review of "Experiences in groups" (1961). On the one hand there is nurture and a physical experience of bonding and safety, on the other a terror of rejection and disapproval with frightening inner consequences of loss or fragmentation of what holds firm internally and in the group (Anzieu, 1984, pp. 118-119).

In applying his ideas of a skin-ego and the creation of a containing skin, Houzel has described the need for a family skin in work with damaged families where individuals present with personality disorder. He uses "...the term *family envelope...*to describe the processes of structural stabilisation that take place within the family" (Houzel, 1996, p. 905). Where it is lacking in the family, the thoughtful co-operation of staff across the different agencies involved with the family has to provide a "widened envelope".

This is the essence of inter-agency co-operation and team work. One part of the organisational body of care joins up with the others. In turn this makes it possible for the dis-jointed family to have their own body held together and elaborated. We could describe this team work as provided a safer skin within which the family can live when it has lacked one of its own. This is characterised by their encounters with each representative of the care system having the whole system in mind, both the family and the different agency workers.

Now if we take this idea and apply it to other kinds of groups we have a tool for beginning to follow the *protomental* processes involved at the boundary of teams. The rest of this essay is devoted to apply these ideas across different experiences of team work, struggling against the odds to be collaborative and

creative. But first I want to explore how Anzieu's work can develop the idea of a group skin that can be applied to very different styles of de-toxifying containment.

Making use of Anzieu's exploration of different kinds of skin responsiveness in the mother of an infant described by his schema, it is possible to explore distortions in people's capacity to make use of their own authority in providing thought-out contributions to their work rather than rigidly following directives or being at the mercy of the fragility of the hounded or neglected herd.

Conclusion

This essay, set in an Italian journal, has drawn upon and sought to contribute to the highly developed thinking around psychoanalytic engagement with the unconscious field represented in the psychoanalytic encounter. By moving from descriptions of consulting to teams and a family whose capacity for thoughtfulness has been hampered by impingements from both inside and out, I have sought to reconceive the boundary of a group or a team as a porous skin across which tensions can be communicated. By exploring and developing Anzieu's work on the functions of the skin into the realm of the social skins, I have explored what sensations and experiences might be evoked in belonging to work organisational bodies that are bigger than one's own. In doing this work a key resource is the notion that to build a skin for thought, dreaming is needed in order to find experiences and metaphors that can become the building blocks for shaping more effective and flexible containers for complex inner and outer pressures at work.

My hope for this essay is that it will provide food for thought and further research as well as expanding the tools available for the psychoanalytic organisational and team systems consultant to engage more deeply with what might be ailing a team's capacity for thinking and creative work.

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Notes

(1) My own background in understanding and engaging with a psychoanalytic approach to understanding social systems draws on the Tavistock approach which explores how organisational systems relate unconsciously with their context. Miller and Rice (1967), Obholzer and Roberts, (1994). This essay seeks to widen and deepen this approach to systems psychoanalytic consulting by drawing on continental European psychoanalysts.

(2) I am grateful to psychoanalyst Giovanni Forresti for this suggestion.

Author: **Richard Morgan-Jones**
Organisational Consultant and Psychoanalytic Psychotherapist UK.

5.
What's wrong with being open-minded?
The role of 'opinion blocks' in thinking in groups and teams

Martin Ringer

> *To speak is one thing, to listen is another. To listen is potentially a very frightening process, because to hear the words of another is literally to let their words and meanings into the self – it is to let a stranger into the home. And once they have entered, who knows where they may go, what havoc they may wreak, or what changes they may precipitate? This fear is the basis one of the central defences used in groups, where participants deny the interdependencies, and retreat into a monad-like state by blowing up all bridges between the inside and the outside.* (Dalal, 1998. p.22.)

Abstract

Groups, teams and other collectives need certain conditions in order to be able to think together successfully. The general term assigned to this set of conditions is 'thinking space'. It is often assumed that the quality of thinking in collectives improves with the level of openness that such collectives have to new ideas, regardless of the source of such ideas. That is, if unexamined 'open-mindedness' can be seen to be unconditionally helpful. However, if we examine most, if not all collectives in society we find that they are closed to some ideas, values, beliefs and thoughts. Values, opinions and ideas appear to be intertwined with collectives and the relationships between members of collectives. Perhaps then, collective 'closed mindedness' is a necessary part of the dynamics of collectives? The hypothesis offered here is that the creation of adequate thinking spaces requires a limiting to the number and type of thoughts (values, beliefs and ideas) that can be included in any social system.

Some evidence for this hypothesis can be found in the phenomenon of 'opinion blocks (1)' which are complex dynamic human systems where a set of values, beliefs, ideas and thoughts are maintained in a social system that resists change. Opinion blocks are an ubiquitous part of every society and so it is also proposed that they are an essential part of the fabric of society. Opinion blocks effectively 'block out' (2)' ideas from outside the given collective that forms the opinion block and so it is suggested that in their milder form, opinion blocks provide the necessary protection for groups, teams and other collectives so that useful thinking can occur. That is, although opinion blocks in their extreme form are

seriously detrimental to inter-group collaboration, they can also effectively provide an outer boundary for the creation of thinking spaces when they are not too entrenched.

That is, a certain collective 'closed-mindedness' is necessary to enable useful thinking to occur in groups, teams and sectors of society.

Some ideas are also presented as to how leaders and consultants might work effectively with opinion blocks so that they contribute to useful thinking spaces.

The characteristics of thinking space

A team needs to be able to mobilize the skills, knowledge and intelligence of all of its members. That is, teams need to establish, make use of, maintain and repair their 'thinking space'. The author has developed six criteria that have been demonstrated in practice to increase the likelihood that successful thinking spaces will emerge in teams and organizations (Ringer, 2007). Written to directly address the reader, they are as follows:

- You (3) believe that this team has a shared understanding of the *team's* core purpose and reason for existing. (This is different from the purpose of the organization as a whole).

- You are confident that you yourself and all other individual team members are able to adequately manage your own emotional and psychological worlds so as to retain access to your communicational, relational and work skills that enable you to think together with others in the team (rather than withdrawing, fighting etc.)

- You, as a team member are be able to look around the room (or virtual room) and have an intuitive sense that every person in the room will at least listen to what you say and at best respond authentically to your input. (Also that when other team members look at you, they perceive someone who will listen to them)

- You have a durable expectation that the team-as-a-whole offers a safe-enough, responsive-enough environment for your input, questions and challenges. (e.g. when you are not sitting with the team and you imagine attending a meeting, you have a positive expectation of what will happen when you next meet)

- The responsibility for building and maintaining a thinking space in the team is

shared by members of the team and is not left to the formal leader or facilitator.

- There is space given to consider the significance and meaning of what is talked about; i.e. emotional, intuitive, symbolic, unspoken and out-of awareness elements rather than just facts figures and actions.

The above criteria are based on the unstated assumption that the group or team that is participating in a thinking space is also bounded by a shared understanding of membership, purpose and other group or team norms. That is, groups and teams are complex interdependent systems with external boundaries that both contain and constrain (Bateson 1972; Agazarian 1997).

A further common assumption is that the quality of the thinking that is conducted by a team improves with its openness to new ideas that may be brought in from 'outside' the boundary referred to above. However, the more permeable the boundary around a thinking space, the more potential there is for the thinking space to be disturbed by the sheer number of volume of new thoughts, ideas, beliefs and values. That is, complete unrestricted openness to all new thoughts may severely compromise the degree to which a thinking space is bounded and hence functional.

 Looking past an uncritical valuing of openness to examine what actually happens in most collectives provides some useful information. In brief, it appears that no team, group or collective is actually fully open-minded. Farhad Dalal quotes Elias to emphasize the interdependence of relationship, thoughts and actions: "The significance and consequence of figuration and the network of interdependence is that thoughts and actions are inevitably constrained (p.89).

This notion developed in the author's awareness firstly as a result of his working with highly conflicted teams and later by noticing that a certain degree of closed-mindedness seems to be a necessary characteristic of collectives in general. The name given (by the author) to closed-minded collectives is 'Opinion blocks' (Previously 'opinion bubbles'). (Ringer, 2012).

The fundamentals of opinion blocks

Opinion blocks are complex dynamic human systems that adopt and maintain a set of values, beliefs, ideas and thoughts in a social system that resists these elements being changed. Opinion blocks involve an interrelated set of phenomena that occur when two or more teams or parts of a team hold tightly to views that oppose each other and hence these teams or part-teams differentiate

and separate from each other. Each opinion block is a complex self-referential system that contains a coherent set of narratives, views, beliefs and values and includes the network of relationships formed by the people who hold and express those views. Opinion blocks are the result of collective cognitive, emotional and relational patterns being shared whilst other views, beliefs, emotional and relational patterns are excluded. The views in one opinion block are contradictory or even hostile to those of the opposing opinion block. Stories or narratives in one opinion block idealize the 'home' opinion block and denigrate one or more other opinion blocks. The most apparent characteristic of systems of opinion blocks is the conflict that occurs between the various opinion blocks in that system.

Opinion blocks limit the nature of thoughts that can be sustained by a particular group, team or subset of society and yet they are also an essential part of the structure of society, such as their manifestation in the form of political parties. They enable thinking about 'allowable' material and also prohibit or inhibit thinking about topics that lie outside the 'allowable.' The level of permeability of their outer boundaries determines the degree to which opinion blocks exclude other thoughts, values and people. In catastrophic conflict, it is almost impossible to change the views of those inside opinion blocks because the opinion blocks are protected by fortress-like outer boundaries. However, opinion blocks in everyday life usually have softer boundaries and hence are susceptible to some change. It is this milder form of opinion block that is likely to support functional thinking spaces.

Whilst the evidence of the existence of opinion blocks is can be detected by rational post-hoc analysis, participation in opinion blocks occurs almost entirely outside the conscious awareness of participants. That is, partaking in opinion blocks is so ubiquitous that it is taken to be a 'normal' part of everyday life. Political parties illustrate this well in that they are considered to be an essential part of the democratic process and yet they demonstrate the characteristics of opinion blocks.

All political parties distinguish themselves from others. Distinctions are drawn mainly through key policies that are expressed as what can be termed 'signature' narratives or opinions. For example, the far right is likely to claim that it defends the nation from foreigners by banning immigration. Left and centrist parties are more likely to advocate managed immigration. Any policy on immigration has complex moral, social, symbolic and psychological underpinnings but what is on display is the fundamental opinion on whether our country welcomes or shuns those from outside our national boundaries. Signature opinions such as these evoke primitive phantasies such as the nation as a body and immigrants as a

'disease', as is extensively described by the many publications of the Library of Social Science such as Richard Koenisberg's book "Nations have the right to kill" (Koenigsberg 2014)

Now imagine that a prominent member of a far right party starts to advocate for large-scale immigration. Other party members would viciously attack him or her. *This is because opinion blocks maintain themselves by rejecting and ejecting people who fail to share the signature opinions that define the opinion block.*

On the other hand if we listened in on conversations about immigration amongst members of a centrist party we would probably hear members denigrating far right party-as-a-whole as being fascist, extremist, heartless, selfish and so on. The centrist party members would refer to each other as reasonable, balanced, humanitarian, thoughtful, considerate and so on. This illustrates a second key element of opinion blocks: That *conversations inside each block depict members of their own block as being correct and acceptable whilst members of the other block are described as having opinions that are bad and unacceptable.* Hence, clear boundaries are built between the blocks, both in terms of the ideas held in each block and also in terms of the networks of relationships amongst the people who populate each block.

Each event relating to one of the signature opinions creates new self-reinforcing narratives (Dattner and Dahl 2011). For example if a newspaper article reports that a recent terrorist attack was planned or perpetrated by a refugee, the far right party is likely to use this as evidence that immigration is a threat to national security, thereby reinforcing their already strong anti-immigration rhetoric. Not only would that rhetoric be aimed at the general public but it would also become a part of the narratives that were circulated inside the party to reinforce their pre-existing views. The far right would describe centrist party politics as fostering domestic terrorism. These narratives are circulated by many means, including personal conversations, social media and mainstream journalistic media. Hence, *signature opinions, conveyed as narratives, can create contagion in opinion blocks even when some members may never meet each other.*

Those in the centrist party may well respond to the above situation by focusing on the way in which international politics, military campaigns and the abusive treatment of refugee facilities fuel extremism. This would reinforce their pre-existing views and set off another wave of public and internal narratives about the need for change to the international political and military landscape.

Centrists would probably describe far right party members as hate-mongers and would accuse them of fuelling extremism and describe left wing parties as being unrealistic and a 'soft touch'.

That is, *opinion blocks routinely use different interpretations of the same phenomena to reinforce their pre-existing opposing views.* This is a further 'normal' dynamic that is common to all opinion blocks.

The emotional and psychological dynamics of opinion blocks are simultaneously socially constructed and intensely personal and individual. If we were to argue with a particular member of a political party that one or more of his or her party's signature opinions is completely wrong, it is likely that the person would feel *personally* affronted. That is, any 'attack' on the collectively held views is experienced as a personal attack, along with the emotions of anger, fear and/or rage. The same attack would, if discussed in the opinion block, also be considered to be an attack on the entire opinion block. Opinion bocks may well be a part of the process of identity building, both on an individual level and on a collective level – if in fact the two can be differentiated (Stacey 2003). The core principle illustrated here is, *any significant challenge to signature opinions is experienced not only as an assault on the ideas but also on the collective and all of the people who populate the criticized opinion block.*

It is not only external events that are mobilized in the collective narratives to reinforce the sense of 'rightness' within opinion blocks. *The actions of members of any opinion block also generate narratives that are circulated and re-circulated to systematically cast the 'home' opinion block in a good light and other opinion blocks in a bad light.*

Political parties are the foundation of democracy, which, in turn is considered by most to be an essential element of Western civilization. Yet political parties are opinion blocks that work actively to keep out ideas, values, beliefs and people that challenge them. So perhaps then opinion blocks are an essential part of the fabric of society?

In summary, the term 'opinion blocks' signifies the phenomenon where a collective creates a social defense against the intrusion of ideas from outside that system. Furthermore it appears that this social defense may be necessary in order to protect the coherence of the collective. That is, the phenomena associated with opinion blocks may be a necessary precursor to or condition for the existence of thinking spaces. The key elements under examination here are the dynamics involved in the inclusion and exclusion of thoughts, values, ideas and beliefs.

The socially embedded dynamics of exclusion and inclusion of thoughts

The exclusion of certain thoughts is usually attributed to the *individual* psychological phenomenon of resistance (Mahoney 1991), where elements of a person's experience are prevented from entering their awareness so as to avoid triggering unbearable emotional and cognitive disturbance. It is possible however that sometimes thoughts are excluded because of the *socially embedded* nature of human existence (Dalal 1998, Damasio 2010, Gordon and Ringer In print). There is some truth in the notion that what you think/believe determines who your friends are and who your friends are determines what you can think/believe (Tchelebi 2014).

Our need to affiliate with others who carry similar views is so ingrained that it is virtually invisible in every day life and is not often questioned (Brewer and Miller 1996). For instance, the interaction at a typical cocktail party could be described in part as a process whereby guests seek to reinforce existing social connections though repeating and amplifying previously known commonalties and finding new views that are held in common. Another element of cocktail parties is the implicit sorting that occurs. People encountering each other for the first time initiate exchanges that are underpinned by the (usually unspoken) question "Do you share enough views with me for me to include you in one of my opinion blocks?" – and hence does this person qualify as a new member of my social system?

Even if we don't openly ask questions of this nature, we are constantly doing informal research about the proximity of the 'other's' thought to ours. A typical conversation between a couple who have just left a social event involves the implicit question of how close to theirs are the world views, values and thinking of new acquaintances. Even deeper, and also seldom voiced is the question "Does this person have thoughts, values and beliefs that are close enough to ours for us to accept him/her into our circle?" Will we allow this person to become one of 'us', or will we maintain them as a part of our 'not us'/them world (Elliot 1986)? The fundamental motivation for asking such questions is to determine whether the person can be incorporated into one of our existing opinion blocks. If not, this person along with the views that he/she holds are excluded from our network of relationships. Hence the question "Shall we invite them to dinner" contains much more significance than appears on the surface. This question is one manifestation of the larger consideration of how one social system engages

with the complex constellation of thoughts, values, beliefs and ideas of another social system.

In what ways do opinion blocks influence thinking spaces?

Given the ubiquitous nature of opinion blocks, how can we understand their influence on thinking in groups and teams? Under what circumstances are they helpful and under what circumstances are they counter-productive to the functioning of thinking spaces?

Negative impacts of opinion blocks

The outer boundaries of opinion blocks effectively break trust and intercommunication between members of different opinion blocks. Barriers are formed that prevent the exchange of new views, new attitudes and cognitive and affective material that might usefully stimulate creativity, innovation and discovery of knowledge that is relevant to the problems at hand. That is, when organizational teams form strong opinion blocks, the organization suffers from 'silo effects' where inter-team communication and collaboration are poor. This drastically reduces the way in which the collective knowledge and intelligence in the organization is mobilized. Strong boundaries to opinion blocks also reduce the human interaction between members of different teams and hence increase the likelihood that members of one team will project negative attributions onto other teams or opinion blocks. These negative attributions prevent members of each team from critically examining their own shortcomings and hence prevent useful learning in these teams. Instead, everything negative is attributed to the 'opposition' opinion block and everything positive is attributed to the 'home' opinion block. This has the effect of reducing anxiety in the involved opinion blocks but is in effect a collusive collective psychological defense against other forms of 'reality'. The consensual validation of reality inside each opinion block comforts its members but seriously reduces curiosity about what is going on in the wider system and protects opinion block members from wondering 'in what way am I contributing to this stalemate?" Furthermore, once a certain amount of negative attribution occurs in both directions between two (or more) opinion blocks, the situation can easily escalate into serious, or even catastrophic conflict.

Positive functions of opinion blocks

The (largely unconscious) collusion that is characteristics of many high-functioning groups is also present in opinion blocks, thereby providing a sense

of safety and cohesion in the group. Safety, cohesion and purpose are key elements of successful teams and so it can be said that opinion blocks can be helpful for the members of intact groups and teams as long as their existing knowledge base is sound and relevant to the task at hand. Just as the outer boundaries of opinion blocks limit the intake of new potentially helpful information, they also help to prevent flooding of a group with unnecessary and irrelevant thoughts, values, beliefs and feelings. Spurious 'external' material could reduce the cohesion and focus of the team.

In particular, teams that are focused on the delivery of time-limited projects need at some stage to stop focusing on identifying innovative solutions – using divergent thinking – and focus instead on convergent thinking that involves cutting away options until they arrive at an effective approach that can be further developed. If team members are left with a pervasive doubt that there are more effective approaches 'outside' or un-chosen, then they will lack confidence in and focus on delivering their project. Thus, the commonly espoused ideal of being constantly 'open minded' can be counter-productive depending on the stage and situation in which a work place team finds itself.

Working constructively with opinion blocks

How might we on one hand, work constructively to reinforce the positive elements of opinion blocks and on the other hand mitigate the damage that they can do? Firstly, it can be helpful from time to time to pause and deliberately put on lenses that enable the viewing of communities and organizations as complex interdependent constellations of opinion blocks. This can require a shift in mindset from the unquestioning valuing of open mindedness to honoring the human need to close off, 'huddle up' and create small group identity with a limited set of signature thoughts, beliefs, behaviors and narratives. Rather than fighting what appears to be inevitable, be prepared to consider that opinion blocks are neither intrinsically good nor bad. What behooves us then is to look for ways of mitigating some of the negative characteristics of opinion blocks and promoting their positive value in relation to how they influence the quality of thinking in collectives.

One fundamental implication of taking opinion blocks seriously is the understanding that in many systems it can be *necessary* for people to agree between themselves to exclude certain thoughts, beliefs, constructs and opinions. That is, rather than seeing such apparent 'closed mindedness' only as a fault or problem, it can be helpful to see it also as an essential part of establishing a 'thinking space.' As managers or consultants or members of

society we need to maintain curiosity and generosity of thought if we wish to work effectively with the inescapable phenomenon of opinion blocks.

A second implication is that when we seek to influence the views, opinions or values of a social system it is useful to ask ourselves "In what way might this change in views affect the social, interpersonal and power dynamics in this collective? Similarly, when making or witnessing changes in membership of a social system we may ask ourselves "What might be the impact on the signature values, opinions and views of this system?"

An organizational example

As identified above, organizational silos are one manifestation of opinion blocks. For example, the marketing department of an electronics company sees the product development department as slow, pedantic and overly cautious. Product development sees marketing as profit dominated, cavalier and a risk to the reputation of the company.

As mentioned earlier, the simple fact of viewing a team though the lens of opinion block provides team and group leaders with a perceptual tool that differs from conventional ways of seeing. Isaacs' elegant wording explains: -

> *"The underlying problem has to do both with our lack of personal capability and with the larger context in which we live. Most individuals can't seem to recognize the undercurrents beneath the surface of their conversations, undercurrents that can bring people together or tear them apart. At the same time, however, this is not merely an individual problem. It cant' be "cured" merely by self-help programs or energetic corporate change initiatives. It is a symptom of a larger set of fragmenting forces not just resident in the body politic but in the culture of humanity as a whole."* (Isaacs, 1999, p.2.)

In non-conflicted cases opinion blocks tend to form with only semi-permeable boundaries, which means that thoughts and ideas from outside can at times enter the thinking space but it is still important that participants pay close attention to the degree to which they close off from potentially useful 'outside' ideas. It may be that there is no ideal boundary for an opinion block/thinking space. A firm outer boundary will help to provide a protective membrane for a high quality thinking space but will keep out useful material. A very permeable outer boundary may leave a group or team inadequately protected from 'outside' material.

For example, where teams may be vulnerable to flooding of input from adjacent teams it can be helpful to ask "What do I, (as leader) need to do to create an outer boundary (4) around this team to create a 'thinking space' that will create the appropriate level of protection from outside influence for it to go about its current task?" And "What other opinion blocks are in proximity of this team that may negatively impact the team at this stage in its life?" In other words, "What kinds of thoughts, beliefs, values and networks are there nearby that could 'invade' the functional thinking of my team?" (A fuller exploration of the way in which opinion blocks impact on inter-team dynamics will appear in a future paper by the same author).

Your own membership of opinion blocks

Opinion blocks are ubiquitous and pervade human life. So you (and I) are members of opinion blocks. It behooves us to build awareness of the opinion blocks to which each of us belongs. And it can be both confronting and liberating to understand how that affects our perception, attitudes, beliefs, 'allowable thoughts' and 'disallowed thoughts' and hence how we interact with others. We need to be able to ask ourselves the following: -

"To what opinion blocks do I belong and how do those memberships limit my thinking? What am I defending against? What is being collectively defended against in these opinion blocks? What is it about myself/ourselves that is being denied and projected onto others?

Conclusion

Humans inevitably form groups or collectives that rely for their very existence on a shared – usually implicit – agreement to hold true to some thoughts and ideas and to not think other thoughts. These same groups provide safe 'thinking spaces' for thinking and developing the thoughts that do fall within the allowable range. That is, the same dynamic that makes us 'closed minded' to some thoughts is necessary in order for us to think together within our chosen field of focus. However, opinion blocks can also isolate component parts of a system from each other in a way that prevents collaboration, increased destructive projections, and can lead to serious conflict.

Opinion blocks consist of an interdependence between two systems that are sometimes incorrectly considered to be separate. The first is the system of ideas, beliefs, opinions and the feelings that are evoked by them and the second is the system of relationships that cohere groups. Opinions held in opinion blocks are experienced as personal, they are defended collectively and they are reinforced by streams of consistent narratives that are circulated within the opinion block.

When a person changes his/her opinions there will inevitably be implications for the social systems/opinion blocks to which he or she belongs. That is, the views that we hold and our social systems are inextricably intertwined.

Our membership of opinion blocks is so ubiquitous that it escapes our attention. True open mindedness is an illusion. Everybody belongs to opinion blocks that define the outer limits to what he or she can think. We can change opinion blocks but will immediately find ourselves in others. We can not avoid having opinions, ideas and values and we can not avoid affiliating in some way with other people, based in part by commonality of thoughts, views and opinions. That is, entering the dynamics of opinion blocks is inescapable. We do not belong to opinion blocks because we are flawed, but rather because we are human.

Awareness of the dynamics of opinion blocks assists leaders, consultants and members of groups and teams to be more mindful of how their own opinions locate themselves with networks and hence influence their functioning. Understanding the etiology of opinion blocks also empowers change agents, leaders and consultants to be more curious, less judgmental and more effective at intervening to make helpful changes in the capacity of groups and teams to think together and to collaborate between teams.

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Notes

(1) Coining of the terms 'thinking space' and 'opinion block' is not intended to imply the discovery of new phenomena but rather to provide a specific focus on some phenomena that are already well documented.

(2) The term opinion 'block' is intended to represent both the monolithic notion of a block and the existence of outer boundaries that block the nature of contact between the exterior and interior of such blocks.

(3) Where I write 'you' this applies in a personal sense to *all* team members. If only a few members don't embrace these principles, that can be enough to make it very difficult for the remainder of the team to maintain a healthy thinking space.

(4) The term 'boundary' is used in a common language sense in this article, as equivalent to 'barrier, envelope, fence etc., and not in the psychoanalytic sense.

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Martin Ringer, socio-analyst, consultant, stone carver.
Email martinringer@groupinstitute.com

6.
Attention as a basis for thinking in Groups

Robert French, Peter Simpson

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Attention

Wilfred Bion had a remarkable capacity for attention – that is, for attending to what *is*, rather than to what *used to be* or *might be*, to reality rather than to his or others' aspirations for reality. It enabled him to see things that most of us simply do not notice. This capacity for insight seems to have been based on an ability to give a particular kind of attention, by which he sought to understand his emotional experience *in the moment* while in the presence of the group – free from hope and expectation, and without memory, desire, or even understanding (Bion, 1970, p. 43).

Typically, people act as if they *know*. Bion, by contrast, lived according to a much more radical assumption: that what we know is likely to blind us to a far larger territory where, quite simply, *we do not know*. Attention to this *un*known dimension of experience is at the heart of our approach – that is, to the truth or reality of the present moment and to questions as much as to answers. It is a disciplined way of thinking and being in groups that goes beyond what is required when told to "Pay attention!"

Bion borrows from Freud in describing the pursuit of truth as requiring an approach rooted in "evenly suspended attention" (Freud, 1912e, pp.111). More commonly attention is understood as being "focused", for example on problems, issues, or events. Whilst both forms of attention are important to the work of groups, attention that is "evenly suspended" allows for a greater openness to truth. Milner describes discovering this distinction, finding "that there were two kinds of attention, both necessary, a wide unfocused stare, and a narrow focused penetrating kind, and that the wide kind brought remarkable changes in perception and enrichment of feeling" (Milner, 1987, p. 81). As Williams (2014, p. 35) puts it, "We need to attend, in order to allow what is in front of us to make its impression – not just to scan it for what fits our agenda and interest." Once the "wide kind" of attention has changed how we perceive the truth of a

particular moment then focused attention can allow its implications to be explored.

Evenly suspended attention implies an openness that is adequate for engaging with reality in its full sense: it does not focus on anything in particular but pursues truth in completeness. Such truth cannot be known in the sense of being pinned down but it can be disclosed and any disclosure of this kind is transformative for the individual who is exposed to it. Just as a thermometer is predisposed to respond to temperature and a barometer to air pressure, different individuals have a tendency to respond to different aspects of reality. In this sense different individuals tend to pick up, or be transformed by, certain aspects of truth. As a consequence, whilst truth is complete our engagement with it is always only partial.

There are times, however, when strong emotions, such as anxiety or frustration, can cause individuals and whole groups to lose touch with their capacity for either focused or evenly suspended attention. As a result, they can become distracted from their purpose and end up dispersing their energies in ways that are not productive. At such moments, working in groups can involve members in a lot of effort to little effect.

In relation to groups, Bion is best known for theorising this dynamic of distraction. He showed how the complex tensions of group life can cause group members to lose the focus of their attention and to divert their efforts *away from* their intended purpose onto something else. In the following chapter we will describe in detail this state of mind, which Bion called "basic-assumption mentality" (1961) – an impoverished form of attention that is not directed to the pursuit of truth. A characteristic and perhaps surprising feature of this kind of distracted group mentality, or failed attention, is that group members seldom notice what has happened. If it is pointed out to them that they have allowed themselves to be sidetracked some or all may recognise that they were indeed feeling uncomfortable and may as a result change direction. However, they are just as likely to be convinced that they are working well and already doing what needs to be done.

We have chosen the following story to illustrate something of the relationship between these two states of mind: attention on the one hand and distraction or misplaced attention on the other. It involves Robert's first ever consultancy assignment when he facilitated a two-day group workshop for the staff of a small business. It shows how he and the group members lost the focus of their attention and allowed themselves to be distracted from the agreed purpose. It turned out to be an object lesson in just how easily such shifts of attention can happen.

I was consulting to a small co-operative, which was stretched financially. Group members were uncertain about their guiding vision and also experiencing some strain inter-personally. In fact, relationships had deteriorated to such an extent that it had even proven difficult to get everyone together in one room at the same time. However, bringing in an outsider – a "consultant" – was felt by some to be an admission of failure and a betrayal of their co-operative ideal.

It was the first day of the two-day workshop. Right at the start of the morning, before everyone had even arrived, an issue arose in relation to the refreshments. One of the co-op's founding members tasted the coffee and thought it was undrinkable. I felt totally responsible, even though this coffee-loving individual and I had chosen the venue and planned the arrangements in detail. Almost before I knew what had happened I found myself cycling through the town centre searching for a bag of strong, "real" coffee. At 9 a.m. on a Saturday morning I was surprised to find the place almost empty and all the obvious shops still closed.

We will return in a moment to tell the second part of the story but would like to comment first on this turn of events.

This was a moment of real, physical distraction. Robert was literally separated from the group, "pulled" out of the room and into the street. If the pressures or discomfort in a group are strong enough then it is by no means uncommon for group members to shift their focus away from these emotional difficulties. As in this case, they then disperse their energies instead onto some other issue – sort out something to eat or drink, for instance, just get out of the room or push someone else out, anything to escape the uncomfortable moment. For Robert and the group this manifested as a seemingly innocuous quest for some decent coffee.

What was unusual and somewhat bizarre in this instance was the fact that this literal dispersal happened before the workshop had even begun. On the one hand, Robert felt he was caring for the group in a way that was entirely appropriate; hospitality and mutual care were clear values for co-op members, as well as for him in his role as consultant. At the same time he was unable to care for the group because he was not actually in the room to work with them. He was so quickly put off his stride that it is hard in retrospect to believe he did not notice what was happening; that he had shifted attention from the actual purpose of the workshop – to help co-op members to cooperate more fully – onto providing sustenance for the group.

This series of events points to a key characteristic of such moments: the group dynamic can be hard to spot because you are *in it*. It operates at a deep level, both conscious and unconscious. Paying attention is not always as easy as it sounds. In this case, it seems that in the run-up to the workshop Robert had already experienced a range of emotional tensions that led to his attention being immediately distracted. The strength of the emotions underlying this experience and the reasons for them became clearer as the day progressed.

> During the workshop it became evident that the high anxiety levels that surfaced at the start had their roots in several years of difficult experiences and may even have been present from the very foundation of the company. In addition, the deep-seated fears of individuals and sub-groups had been boosted by discussions and gossip in the weeks that led up to the event itself. It proved hard to get going before the lunch break and to focus on the task at hand and the group kept being pulled away from difficult issues and encounters. Jokes and flippant comments were frequent distractions.

> However, the tensions gradually eased as the morning progressed especially when certain key individuals saw that their worst fears were not being realised, and that they could talk directly to each other without being blamed or attacked. The emotional issues that had been festering beneath the surface could be aired and understood. Consequently group members were able to address some important political and practical challenges. In addition, specific action points were developed on the final afternoon and deadlines, roles, responsibilities, and financial implications identified and agreed. As things turned out, the two days went well.

At this time the co-operative was on the brink of collapse but now, twenty-five years on, it is thriving. For us, this experience has proven to be a most powerful piece of learning. It was a very early training in the speed and ease with which attention can shift from one thing to another. In one moment, the focus of attention can be lost and the group's energies dispersed onto something else. However, the situation can also be reversed: if the group's anxieties are well enough contained then awareness of purpose and a sense of task can be re-established. In fact, despite Bion's main focus on distracted states of mind he retained great confidence in the group's capacity to perform its tasks effectively and in the "vigour and vitality" of group cooperation (1961, p 100).

Robert's wild coffee-chase illustrates the way that attention can shift seamlessly and apparently quite naturally from one purpose to another. In this case, the

quest for improved cooperation was replaced by the quest for satisfying refreshment. Ironically, one of the problems the group had identified before the event was lateness and now, even before the workshop had begun, Robert's absence made it impossible to start on time. There is little doubt that something was lost as a result but it is also possible that the levels of tension and anxiety in the group at the beginning of the workshop made it necessary for something to be pushed out, as it were. As with a pressure cooker, there may have been a need to let off steam in order to avoid the whole from exploding. For the group even to stay together, they may have needed to put to one side for a moment their fear of the more or less hidden conflicts that might be about to emerge.

This dynamic movement between attention and distraction lies at the heart of Bion's insights: the recognition that when humans come under pressure we tend to respond in one of these two ways. We either stick with it, which requires attention, or we allow ourselves to be distracted from the purpose in order to escape the situation, physically, emotionally, or mentally. Whether we remain attentive or become distracted depends on just what it is that we experience as a threat, on how we experience anxiety, and on our inner capacities and resources as individuals and as a group.

Although it is individuals who maintain or lose attention these individual responses are influenced and become amplified by the responses of others. As a result, whole groups can appear to demonstrate attention or to lose it. The way any particular group works or does not work can therefore be attributed to the interplay between its members' capacity for attention and their ability to manage the dynamics of distraction.
Bion insisted that these two "states of mind" or "mentalities" exist alongside each other at all times but he also observed that at any one moment every group tends to be dominated by one or the other. The emotional state of the group is the trigger for movement between the two. Thus, a group dominated by attention will be working more or less well whereas a group that is distracted will tend to make only limited progress in relation to its task because without anyone realising it some new purpose has been assumed in place of the real one. In the story above, the new purpose – the quest for coffee – might be taken as a symbol of the quest for the comfort and security of the known. The group avoided the "something" that they were meeting to do because of a fear of conflict and the emotions evoked by the new and unknown.

Working with attention

Attention, then, means sticking with what *is* – present now, in the moment – however unsettling that may be. If this mentality can be sustained then new patterns of thought and understanding may emerge. Attention depends on *the capacity to stay with the experience of the unknown as well as the known.* In a sense, this formula encapsulates our approach.

The following story illustrates what it can take and what it can feel like to stay in touch with the reality of one's experience. The challenge is to continue to think in the moment when confronted with considerable pressure to be distracted from the purpose and to retreat from the discomfort of the situation. We see this demonstrated in the way Stephanie did not allow herself to be distracted by the pressure to conform. Instead, she stuck with a question that encapsulated her lack of certainty and, most importantly, she did not give up on what she did not know.

> Stephanie was a part of a team that was working under significant time pressures. Her consultancy company's range of services was a little outdated and the management team had made the commitment to redesign the key development programme they ran for senior executives. The design team included four senior client managers, Rupert, Nigel, Miriam, and Stephanie, and was led by the Director of Programmes, Beatrix. Rupert was also working with Beatrix on the design of an innovative programme for the company's most recent new client, an international media company.

> Early in one meeting Rupert suggested that the principles underpinning the design of his new programme could form a good starting point for the redesign of the existing senior executive programme. Stephanie thought this was an interesting idea and made a note of it. Miriam said something but Stephanie lost concentration after about 30 seconds, unable to follow the point. She reflected on Miriam's reputation for talking for too long and rambling without any sense of direction. Rupert eventually interrupted seeming a little irritated and leaning back in his chair with both hands behind his head. Stephanie noticed his foot was twitching as he outlined the design principles he had developed with Beatrix for the media company. Nigel, who had managed several of the most highly rated senior executive programmes in recent years, responded by reminding the group of some of the successful features of the existing design. The discussion continued in this vein for twenty minutes with contributions from various

group members, some adding to earlier suggestions, others treading new paths.

Then Stephanie asked the question that had been forming in her mind: "Do the principles of the media company programme actually match the needs of the market for the senior executive programme?" There was a brief pause before Miriam began another monologue, this time on the changing nature of the market. Eventually an opportunity arose for Stephanie to interject and say she felt it was the specifics that were important – and she repeated her question. Rupert's foot started twitching again. Beatrix explained once more the principles behind the new programme and emphasised how excited the client was about the design so far and Nigel commented positively about the aspects of the design that he particularly liked. However, no one answered Stephanie's question about the market – whether a generic senior executive programme had the same needs as those of the media company.

Stephanie was made acutely aware of her own sense of calmness in contrast with the continuous twitching of Rupert's foot. She asked her question for a third time, on this occasion adding, "This is a genuine question. At the moment I just do not see it and I need someone to explain it to me." Rupert blustered that it was "obvious" and that "we just need to get on with it". Nigel, however, looked at Stephanie thoughtfully and replied, "I think I see what you mean. I'm not sure we really understand well enough the needs of the potential market for the senior executive programme. Perhaps we need to commission some research."

We see in this story how the pressure to simplify a complex situation can lead to taking an answer from elsewhere and applying it to a new problem. The group was behaving as if the two markets were the same, in effect diverting the focus of attention away from the unknown onto a different and better known object. This dynamic involves an *escape into explanation* and is a common response to an experience of the unknown – a flight into "knowing" by means of a ready-packaged solution. In Rupert's behaviour by contrast, and perhaps in Beatrix too, we observe a response based on the frustration of thwarted certainty caused by the inability of others in the group to understand what they see as simply being "obvious". This reaction is also an attempt to escape from the discomfort of the moment; it can be understood as an *escape into emotion.*

Stephanie's approach, on the other hand, was motivated by the desire for truth. Having become aware of her own uncertainty she is able after a period of

listening to articulate a clear question, which contains a hypothesis about an aspect of the truth: that there is greater uncertainty within the group than is currently being acknowledged. The hypothesis is uncomfortable for the group because it implies the need for delay, for further thought and debate, and inevitably more expense. Other group members find it hard to respond positively to her question because they just want to get on and *do* something. This reaction represents a third common way to try to avoid the pressure they are feeling: the *escape into action*. (On "dispersal" into explanations, emotional reactions, and physical action, see Needleman, 1990, p. 167.)

When a group is compelled to admit *"we do not know what to do"* it can provoke high levels of anxiety. Stephanie countered the anxiety within herself through disciplined attention to her experience in the present moment. As well as being attentive to the content of what was being said she also monitored her own feelings of irritation and competitiveness and the feelings and behaviours of others: Rupert's restless foot, Miriam's rambling, Nigel's desire to offer support, and Beatrix's repetition of the benefits of the new programme. Each on its own may have been a reasonable behaviour or intervention but together they formed a pattern that produced in Stephanie a niggle, which would not go away. By carefully attending to her inner process she slowly became certain of the importance of her growing sense of uncertainty so that eventually her feelings coalesced into a question.

Stephanie's capacity for *evenly suspended attention* enabled her to stick with the awkward reality that none of them knew what to do. In this way she took an important step towards a possible answer by formulating a good question, thus giving the group the option of making this question and its implications the object of their more focused attention.

Nigel appeared to understand what Stephanie was getting at and his suggestion of commissioning research into the needs of the market marked a significant shift in direction for the group's work. However, Stephanie did not know in that moment whether this was enough to change the dynamic of the whole group and get her colleagues to appreciate her understanding of their purpose. This was certainly what she hoped when she left the meeting; she even allowed herself to believe it would lead to new thinking from the whole group.

We had no more contact for some months so when we met Stephanie again in another context we were interested to hear how things had turned out. It transpired that shortly after that meeting the company had restructured a range of roles and responsibilities; amongst other things Stephanie had been moved

out of this particular group. She told us that the programme review had been scaled back and the market research idea dropped altogether. Instead, Beatrix and Rupert were adapting the format of their new client's programme to match what they thought were the needs of the wider market. In this case, it seems that her intervention as an individual had not been enough to shift the dominant group mentality.

Of course, as we share this illustration we do not know which solution would have been most cost-effective or successful for the purposes of this consultancy group – to follow Rupert's lead or Stephanie's. What we do believe, however, is that as the meeting unfolded it was Stephanie's approach that was most clearly based on attention in the moment.

The two forms of attention

"Attention" and "inattention" are classed in *Roget's Thesaurus* (Kirkpatrick, 1987) as exercises of the mind that underpin the way we form our ideas. The words and phrases listed reflect a significant depth and richness to the idea and indicate that the word can be used in both active and passive senses:

> give attention, pay attention, devote/ give one's attention to, think worthy of attention, be attentive; draw/ attract/ hold/ engage/ focus the attention, strike one's attention, arouse notice, interest/ excite/ invite/ claim/ demand attention, make one see, bring to one's notice/ attention, call attention to, point out, point to.

The word also has certain overtones that help to bring out the contrast with distraction. It can suggest "standing alongside" as an "attendant" does; that is, cultivating a certain detachment from results or outcomes and putting one's own ego or needs to one side for a moment in order to meet the needs of another or of the situation: "A well-developed capacity for attention allows us to be present to what is other than ourselves ... without trying to turn that other into ourselves." (Paulsell, 2005, p. 136.) Bion's approach suggests a further level to this idea: that a certain quality of attention allows us to be present not only to what is other *than* but also other *in* ourselves. It allows us to become aware of aspects of our inner experience in the moment that have their origins in the group or the wider situation. The capacity for attention makes it possible to perceive these connections making it less likely that we will simply assume that the other is to blame for our feelings.

The image behind the idea of attending also carries a sense of "waiting" – French, *attendre* – rather than just reacting. To wait can create a space in which

new thoughts or insights may arise, a pause during which habitual ways of responding may be suspended. This is an emotional and intellectual stance that is often not easy or comfortable, which may, for example, require me to "bite my tongue". Although waiting can involve difficulty and sometimes extreme discomfort, faith in its potential also makes it possible to hold open a hopeful space in which something new may emerge. In his book, *The Stature of Waiting*, Vanstone vividly captures these conflicting aspects of the experience: "an agonizing tension between hope and dread, stretched and almost torn apart between two dramatically different anticipations" (1982, p. 83).

The idea that attention can open a space in our minds is reflected in its etymology. "Attention" is derived from the Latin verb *tendere*, to stretch or extend, implying two positions or forces pulling against each other. Many aspects of the natural world, from the tides to the upright stature of a tree, only function as a result of tension. In animals the tendons – also derived from *tendere* – help to translate muscle power into movement. Over time, as so often happens with language, this image from the physical world began to take on more abstract or mental and emotional associations. In Latin, the literal sense of stretch came commonly to be used together with the word for mind, *animum*, in the phrase *attendere animum*, that is, to stretch the mind or apply it to something. Eventually, *attendere* on its own came to mean pay attention or listen to, implying an enlargement of one's inner capacities, a stretching and broadening of the mind, which can then be applied to the object of attention (Barnhart, 1988).

The words and phrases in *Roget's Thesaurus* can be read as reflecting the two forms of attention we have described as evenly suspended and focused. The former is more receptive and suggests an initial process of "taking in", while the latter is more active and implies a secondary process of "working on" whatever has been received. In *Roget*, however, the descriptors of these contrasting modes of attention are merged but they can be distinguished by creating two separate lists.

First, evenly suspended attention – the ability to observe and take in all manner of sense impressions – is reflected in *Roget* in the following terms and phrases:

> take notice of, listen, sit up and take notice, take seriously, miss nothing, watch, be all eyes, be all ears, look into, hear, keep in view, not lose sight of, read, notice, mind, care, take trouble/ pains, put oneself out for, be mindful, have time for, not forget.

Second, focused attention – the capacity to process what has made its impression on us and been taken in – is reflected in *Roget* in the following:

> give one's mind to, think, keep one's eye on the ball, focus one's mind on, concentrate on, review, revise, study closely, reread, digest, keep track of, note, recognize, spot, keep/ bear/ have in mind, think of, take care of, have an eye on, take into consideration/ account, consider, reconsider, weigh, judge, comment upon, remark on, talk about, mention, recall, deign to notice, acknowledge.

There are many contexts in which a central role is given to methods for *developing the capacity for attention*, although they rarely distinguish between these two movements in the dynamic of attention. For example, the first movement in the development of knowledge is the scientist's capacity "to hold in contemplation the self-regulation at work in nature" (Stephenson, 1995, p. 8), which can in turn form the basis of the second movement, the minute and focused observation of natural phenomena. The Kalahari bushman's intense observation of and identification with his prey precedes the focused activity of the hunt. The trained attention of open meditation found in all spiritual traditions – "mindfulness, bare attention, a capacity to be in the moment" (Emanuel, 2001, p. 1082) – can be the basis of a disciplined religious practice. The state of mind Freud described as evenly suspended attention, "an open mind, free from any presuppositions" (1912e, pp.114), precedes and is the source of the detailed and rigorous formulation of hypotheses concerning the patient's condition.

All too often, however, the distinction between these two forms of attention becomes blurred or lost as a result of the tendency to move too quickly, even immediately, to focused attention. Distraction or "failed attention" can arise when focused attention is not based on the observation of truth. Evenly suspended attention is therefore fundamental for sustaining the pursuit of truth and awareness of the group purpose. Without this the scientist develops knowledge that works against nature as much as with it; the hunter fails to acknowledge the delicate balance between all living creatures and respect for *all* life is forfeited, not merely the prey's; disciplined religious practices become an iron cage of rules that imprison and restrict rather than giving life and freedom; and the analyst merely avoids having to do any more thinking in the diagnosis of the patient's condition.

This state of evenly suspended attention – "*gleichschwebende Aufmerksamkeit*" – which has been described as "the analytic attitude", also translates as "evenly distributed", "hovering", "circling", "free-floating", or "poised" attention (Snell, 2013, p. 39). Bion talked of this mental capacity in the analyst as "reverie", describing it as "paying attention to what is happening here and now" and involving respect for truth, for oneself, and for others (1994, p. 139). However, he was not thinking only of the psychoanalytic attitude; he believed that attention of this kind is also "of value in many tasks besides analysis" even stating that it is "essential to mental efficiency, no matter what the task" (1994, p. 216).

Attention, then, is a mentality that is central to the group remaining purposeful and reality-based. Its presence can help a group to do what it is there to do, to stick to its overall intention or task, even when under pressure, and to deal with internal and external difficulties and differences without being thrown off track. It is "reality-based" because it does not hide from the truth, however uncomfortable, including the truth of what is not known.

Evenly suspended attention is rooted in the desire to seek the truth and expresses itself in a range of mental dispositions that have been variously described as: patience, observing, waiting, listening, reverie, watchfulness, discernment, and the capacity to stay in the moment without memory or desire. These states of mind have one feature in common: they depend on the capacity to contain emotion without being unnerved by it. This capacity is captured in the phrase "negative capability", which Bion borrowed from the poet John Keats who described it as "as a state in which a person is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact & reason." (Keats, 1970, p. 43).

Negative capability is only negative in the sense that it implies holding back from making a judgement or taking action, if only for a moment. Cornish suggests that this is achieved by suspending "the active intellect which seeks to categorize and therefore limit what it finds", thereby making it possible to refrain from forming "a premature understanding and interpretation of what we experience" (Cornish, 2011, pp. 142-143). Bion argues that underlying a lack of quality of attention in groups is "the failure to observe and [this] is intensified by the inability to appreciate the significance of observation" (Bion, 1970, p. 125). Negative capability underpins the capacity to observe in this way. To work effectively in groups therefore requires the capabilities to practice both forms of attention: first, negative capability which underpins the capacity for open, free-

floating attention or contemplation; second, the positive capabilities that allow one to sustain focused attention.

It is worth quoting at length from Freud's description of psychoanalytic technique (1912e, pp. 111-112) because he describes so clearly how the capacity to notice is the precondition for the ability to go on thinking afresh:

> The technique … consists simply in not directing one's notice to anything in particular and in maintaining the same "evenly-suspended attention" (as I have called it) in the face of all that one hears. In this way … we avoid a danger which is inseparable from the exercise of deliberate attention. For as soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material before him; one point will be fixed in his mind with particular clearness and some other will be correspondingly disregarded, and in making this selection he will be following his expectations or inclinations. This, however, is precisely what must not be done. In making the selection, if he follows his expectations he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive. It must not be forgotten that the things one hears are for the most part things whose meaning is only recognized later on.

These words reinforce the idea that there are different levels to our intention and experience. At one level, we can bring a very focused and minute attention to detail, and at another the kind of broad, unfocused attention described by Freud and Bion. Simone Weil described the former as "a kind of muscular effort", as in the instruction: "Now you must pay attention". However, she viewed the broad and specifically human faculty of contemplative attention as having a far deeper importance. She described it in terms that are reminiscent of the analytic attitude: "Attention consists of suspending our thought, leaving it detached, empty and ready to be penetrated by the object", adding, in an evocative phrase with strong echoes of Bion's writing, "it means holding our minds within reach of this thought" (Weil, 1951, p. 58). In perhaps her most extreme formulation we are challenged to consider that, "Absolutely unmixed attention is prayer." (1986, p. 212.)

Attention therefore implies a depth of awareness and level of engagement beyond just focused concentration. It means accepting the need to work with both conscious and unconscious phenomena and with the tension between the longer-term purpose and the experience of the here-and-now. As a result, its impact can be wider than discovering a solution to immediate problems; it can

also be seen in terms of development, learning, movement, openness to change, and moments of refreshment in knowing.

Care and Attention

When attention is practised in pursuit of the truth and in both its forms – evenly suspended and focused – it demonstrates a quality of care that is unusual and can lead to surprising outcomes. The everyday phrase "care and attention" captures an important dimension of attention in a group context as it raises questions about motivation: *What* are we attending to and *why*? What do we care *about* or *for*? Bion's concern was to attend to and care about the truth or reality of *this* group at *this* moment with the implication that attending in this way can make a difference.

In a group setting the texture of care can often be seen in the attention given to detail – where the devil is said to be. However, according to tradition, the devil cannot influence humans without our collaboration; his talent is to exploit any gap where a detail has been missed. Because it seeks to ensure that the complex reality of this situation at this moment in time is kept in mind, evenly suspended attention is the precursor to focused and detailed attention. The work is thorough, short-cuts are not taken, and previous experience is not necessarily assumed to be a reliable basis for understanding the needs of the current situation.

Sometimes we find ourselves in a group situation which, given the choice, we would rather not be in. However, there are occasions when it is necessary: institutionally and individually we are committed to a course of action and we need to see it through. Such occasions can arise, for example, in groups that have to manage situations where there is a high likelihood of failure, disappointment, or trauma – parts of the health care system, for example, such as a hospice or an accident and emergency department, or those parts of the judicial system that deal directly with the trial and sentencing of offenders. At times, of course, all organisations and communities will have to deal with very difficult situations and they will need groups to meet and take responsibility for doing the right thing. A high quality of attention in such circumstances can be extremely helpful in ensuring that a difficult situation is not made worse by the carelessness that can arise from a climate of distraction. Indeed, it is possible to bring a certain beauty to a difficult experience that is handled with genuine care and attention.

The following illustration tells the story of a challenging situation of this kind in an educational context.

Appointed as Independent Chair at a forthcoming PhD viva voce examination, Martin was preparing for what promised to be extremely challenging for all involved. It seemed likely that this would be the first occasion in his experience where the candidate would be given an outright fail – despite having had a year to rework her dissertation after a difficult first viva. Martin did his usual preparations but with an added level of care and attention. He made sure that he understood with absolute clarity his role, responsibilities, and the relevant regulations in relation to a failed second viva (never having had to use them before). The week before the viva he visited the room that had been booked making sure that it was appropriate (seating, noise levels, etc.).

On the day of the viva, he arrived fifteen minutes early and noticed that drinking water had been provided by catering services, organised by the research office. At first sight this did indeed seem like care – glasses and water for all. Then, however, he realised that there were only five glasses for six people. (The director of studies, who sits in as an observer and support to the candidate, is not infrequently overlooked.) He also noticed that there was only one bottle of water. Aware that the event as a whole might last for several hours (in the event, it was four hours long), he arranged for an extra glass and more water to be delivered.

The event was indeed just as difficult as he had anticipated but also went about as well as the situation allowed. After the viva had finished and the candidate had left the room the examiners would normally take a maximum of thirty minutes to reach their final decision. In this case they deliberated for an hour and a half. Typically the Independent Chair's role requires him or her to keep quiet, only answering specific questions or clarifying procedural issues that seem not to be understood. However, after an hour the examiners were going around in circles, seeming to know what they must decide but unable to finally commit. Martin used his knowledge of the regulations to ask pertinent questions. They answered each one clearly and decisively. After several questions Martin informed them that in his judgement there were no other avenues for them to pursue. He suggested that this meant that under the regulations they were judging the thesis to have failed. They agreed. With difficulty they made the decision.

When it is good news, the honour of telling the candidate the result typically falls to the senior External Examiner. Bad news is delivered by the Independent Chair. Martin checked that the examiners understood the process. He prepared himself by rehearsing the particular words that he would use. He was aware that by taking up the authority of his role with care and clarity he could make this easier for all parties. Martin

tidied the room and before calling the candidate and the director of studies to return he made sure that there were two seats side by side for them to sit in. In the event, the candidate was gracious in her response to the result. It was clear that she was still hoping against hope that the result might have gone in her favour but she understood why it had not. Martin looked at the examiners – all male, all with tears in their eyes. This was hard for everyone. After the candidate had left, the examiners thanked him with real sincerity.

The anxiety provoked by emotionally difficult situations like this can sometimes provoke attention that is focused but misdirected. Without evenly suspended attention Martin might have missed important aspects of this situation and fixated, perhaps, on his own feelings and the challenging aspects of his role. By attending to the details of the meeting and demonstrating care for the process and for all those involved, Martin was able to establish a containing environment for the difficult emotions evoked by the failure of a student. We see the tension in the situation, particularly manifest in the examiners who clearly did not want to do what their roles required them to do. This tension between their individual desires and the group purpose was eventually overcome by attending to reality – by pursuing truth in the moment.

Care and attention therefore require work from the start, which may imply giving attention to detail long before a group actually meets. Typically, such preparation can include not only clarifying broad, contextual issues, such as the purpose, roles, and tasks but also more down-to-earth matters, such as the physical conditions of the setting. In the example below, a manager described to us her first experience of a group relations workshop as a result of which she came to understand in an entirely new way the importance of giving care and attention to detail and the impact of doing so. (See Chapter VII for an extended discussion of this approach to experiential learning influenced by Bion.)

The first session of this eight-day group relations workshop began at 2.30 p.m. There were around forty of us and we continued to chat as we filed down the narrow staircase from the coffee room. When we sat down the workshop director who was sitting with the seven other staff members facing us, the participants, said something like, "At 2.30 I set a time boundary but as there was only one participant here I decided to wait before beginning." Now I guess it was true that we had all left the coffee room at around 2.30, thus making it impossible to arrive on the dot of 2.30, but it cannot have been more than a couple of minutes after. Compared to the rest of my working life we were on time and I felt as if I had been metaphorically slapped on the wrist!

This opening seemed to me to be slightly aggressive and definitely controlling. It just did not seem necessary. This initial impression was reinforced in my mind by the way the staff behaved generally. I found them distant, uncaring and even manipulative, so that it was hard to trust them. However, on the fifth day there was another event in the room in which we had first met. It started on time as every other event had done up till then except for that opening session. The only difference was that one member of staff had to pop out to fetch a chair because the room was one chair short.

One chair missing. In the normal run of group life mistakes of this kind are so common that it is unlikely anyone would even have noticed it, let alone read any significance into it. However, this experienced manager described the moment as a total revelation. She suddenly realised that for five days, with around six different events each day, each of which required a different number of chairs and always laid out in a different configuration in every one of the eight or so rooms that were being used – over all of this time, this was the first time that the staff had not put out exactly the right number of chairs in preparation for a session.

Scales, she said, that had grown over her eyes for more than forty years of life in groups and organizations instantly fell away. She realised with a shock that, far from being controlled and manipulated as she had thought, this was the first time she had experienced a group of managers who were trying with as much integrity as possible *actually to do what they had said they would do*. On this occasion they had got it wrong because one chair was missing but their slip-up only served to make her recognise that for the rest of the time they had stuck to what they said – to the letter. If we say we are beginning at 2.30 p.m. then that's what we mean and what we will do; what you, the participants, do is your responsibility. And what applied to the details of timing and chairs applied to everything else. The staff members' attention to detail was not a nit-picking over unimportant details, as she would have thought before, but rather an expression of care for the enterprise as they understood it; that is, care for the kind of learning the whole conference was designed to bring into view. She began to see that this was a complex undertaking and required considerable effort on the part of the staff team. Working effectively with this level of complexity requires a high quality of both evenly suspended and focused attention.

To take one example of this learning, it was the first time that this manager – and many other participants, as it turned out – had had the opportunity to examine the impact of lateness and absence and the hidden motivations that can

lie behind them. She realised that the observation of timeliness was not merely a rule to be obeyed but was an opportunity to observe habitual patterns of unthinking behaviour. Until then, she had always described lateness and absence as "just one of those things". Now she realised that her projections onto the conference staff as being devious and manipulative belonged rather to the rest of her life – including her own behaviour and assumptions as a manager. From feeling taken for granted and controlled, she now felt cared for. However, she also had to re-evaluate what exactly she meant by "care" because it certainly had not *felt* like care in the everyday sense of the word. She realised that it was the expression of genuine care for the task or purpose of the conference. The staff's attention to the complexity and detail of the learning process represented care for everyone – but in relation to the overall purpose, not in terms of trying to protect them from pain or discomfort. As the missing chair showed, this did not mean they always "got it right", but attention was certainly the dominant approach of the staff group.

Her final comment to us was enlightening:

> *I saw in a kind of flash that they meant what they said. They had made it clear from the start what they were there to do and had done it as best they could – even if on this occasion they had "failed" by counting the chairs wrong. I had come along with a completely different mind-set. I wanted to learn but in reality I somehow expected them to be responsible for what I learned. Now I saw that all they could do was to "offer an opportunity", as the brochure put it so clearly. It was up to me to take that opportunity.*
>
> *Those two moments – "trivial" lateness and "just" one chair short on one occasion – completely changed how I viewed my whole role as a manager and team leader.*

References

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Robert French, Writer, organizational consultant and visiting research Fellow
Peter Simpson, Associate Professor in Organizational Studies, Bristol Business School
Corresponding Author:
Peter Simpson mailto:Peter.Simpson@uwe.ac.uk

7.
Action and thought in the Work group

Mario Perini

Abstract

Action and thought are almost always described as being in a dialectic relationship, if not in an open conflict. This paper re-examines this assertion and shows how in a work group (in Wilfred Bion's terms) "thinking" and "acting" co-exist in the individual mind as well as in the organizational and societal mind. Notions of a "Language of Achievement" and "Negative capability" are introduced to support notion that thought and action can usefully coexist. This paper, supported by relevant research, shows how in a work group or an operating team these two polarities, although different, can turn into co-working energies.

The language of achievement

In a previous work (Perini, 2007) I explored some of the difficulties that hamper the dialogue between psychoanalysis and the world of social institutions and businesses. In particular focus were "the risks that discourage the organizations from turning to psychoanalysis as an instrument, and the psychoanalysts from venturing into social institutions in their analytic stance", even when they hold a consultative, managerial or educational role. Then I highlighted the analysts' fears - actually well-grounded - when thinking they would have to challenge their method and mentality within an "institutional setting", which is by default turbulent, extended, complex, substantially unmanageable and impossible to transform just through relationship and interpretations. I suggested how psychoanalysis, in entering the social field, might find itself on particularly uncomfortable ground, also because this is

> "...inhabited by "bizarre objects", mainly strange to the culture of analytic work, such as power, money, productivity, politics, outcomes, leadership, rules and regulations, technologies, all items which would be quite hard to refer (and clearly illegitimate to reduce) to the inner object dynamics of the people belonging to an organization." (Perini, 2007)

The above reflections, and others, are mainly linked to observing a job market where groups of supervisors and consultants working with a "clinical approach to organizations", especially from a psychoanalytic perspective, are increasingly emerging. This led my attention to focus on one crucial and problematic point concerning the encounter of psychoanalysis with the organizational world: the relation between thought and action. In regard to this question I would mainly rely on the line of research initiated by Bion in Attention and Interpretation, where he describes a "language of achievement" (Bion, 1970). By this term Bion means a state of mind and at the same time a relatedness, both of which are essential in order to get an experience of the basic elements of truth (what he calls "O", the "thing-in-itself") and to bring about a transformation of thought.

Despite its abstract nature this theoretical concept is deeply rooted in practice and experience, as it refers not only to the analyst's mental operations supporting the interpretation and the communication with the analysand, but also includes apparently "extra-analytical" elements such as action, outcome, narration, artwork.

> "Language of Achievement includes language that is both prelude to action, and itself a kind of action; the meeting of psychoanalyst and analysand is itself an example of this language. (Bion, 1970)"

In other words, it is a specific kind of experience - emotional as well as cognitive - that may promote a *capacity for action and reflective decision-making* both in the internal world and in the external reality (Gooch, 2001), an experience that patients need to use analysis as an opportunity of learning and transformation.

> "The 'language of achievement' - as Neri comments - is a characteristic of people or groups that do not judge, but let themselves be fascinated by reality and keep its evolutionary potential open. It is the language of one who does not describe what is talking about, but actually interacts with it." (Neri, 1996)

Bion makes clear that the language of achievement may find expression by means of a thought or an action (Bion 1970). It is a common experience for analysts working with adolescents to observe how often they use this kind of language. It is a language that operates more on the level of action than on words, but with a peculiar effectiveness - an "achievement" - mainly because it can be prelude to a change, a moment of growth and evolution. Within a group the language of achievement often takes the form of an "effective narration", a

narration that can help the listener to get in touch with the thoughts, emotions and feelings that are present in the group field. (Neri, 1996)

Although the wording above may suggest strength and pragmatism, almost a "business-oriented" philosophy, the thinking quality at stake here is actually "weak", doubtful, exploratory, and has very little to do with triumphant languages such as those of the rocket sciences or corporations. The language of achievement stems from the capacity to tolerate doubts, mysteries, half-truths (Lucaccini, 2000), and in this sense is linked - or maybe after all is equivalent - to what Bion, drawing upon a passage by Keats (1), called "*Negative capability*".

Yet "negative capability" is an oxymoron, it seems to be a logical contradiction, yet it conveys precisely that mix of power (heuristic, narrative, containing, transforming) and weakness (an unstable, volatile, doubtful, relative thinking) which belongs to all psychoanalytic operations, from insight to interpretation, from working hypotheses to the problem of outcome validation.
Power and weakness, a couple of opposites rooted in the analytic thinking, make themselves evident in practice in the structures and cultures in the external world, namely with institutions and organizations. The major strength of negative capability is the capacity that it affords to bear uncertainty and the difficulty to understand without resorting to defensive acting out, comforting explanations, lies (Bion, 1970), or a "*delusion* of *clarity* of insight" (Meltzer, 1976). With negative capability it is possible to keep a mental presence instead of withdrawing. I find it quite meaningful that these "psychoanalytic" qualities appear to coincide with one of the key managerial capabilities, that is for leaders to be able to make sensible decisions even in extremely uncertain or unpredictable situations, without sure data that may orient them, under psychic conditions of anxiety and solitude, with no support or comfort from followers, nor any approval from above.

In his/her dialogue with a client group or organization one of the main difficulties for a consultant trained psychoanalytically is to legitimate and preserve a non-directive, observing stance, while resisting the relevant group pressures that force him/her to take a magic, all-knowing, omnipotent role, and to perform an apparently miraculous managerial function. This may gratify the members' needs for dependency, especially in highly hierarchical organizational cultures, but will impair their creative qualities and the possibility for them to find out "their own answers" to dilemmas and problems.
In the previously mentioned work (Perini, 2007) I also argued how the "hard dialogue" between the two weltanschauungen, the psychoanalytic and the organizational perspectives, was essentially impeded by a dialectic view - if not

an open conflict – each confronting the other: the "culture of action" and the "culture of thought".

Work group and the language of "doing"

People join all the time to form groups, thus confirming the well known sentence that man is a "social animal".

Unlike casual meetings (i.e. people finding themselves at a given moment in the same subway car) groups are formed to perform a common task, which in most cases is work. At a deeper and unconscious level, however, people also join in order to meet individual or collective personal needs. Bion (1961, 1962), thoroughly explored this twofold modality of group functioning, a more rational, task-oriented one and another one mostly irrational, unconscious and intended to fulfill group members' emotional needs. He made the hypothesis that all groups are working under the combined influence of these two configurations, a condition he compared to the binocular vision. In his conceptualization of group dynamics Bion called "Workgroup" the first configuration, and "Basic assumption group" the second one. The Workgroup, mainly based on a conscious and rational co-operation between members, plays within the group mind a role which is similar to the one performed by the Ego in the individual psyche. It is important to notice how these concepts, which Bion introduced to describe collective states of mind anonymously and unconsciously created by group members, may also be applied to some aspects of organizational cultures and patterns of social functioning. The concept of Workgroup could therefore also provide new paradigms to the reflection about leadership and the governance of complex social systems.

Psychoanalytic and socio-psychological studies have paid particular attention to the "emotional group" and Bion's conception of Basic assumptions, as starting points from which have been developed fruitful ideas concerning group psychotherapy, organizational analysis and theories of thought and knowledge.

On the other hand the psychoanalytic research on the Workgroup has not developed much past the early stage reached by Bion, thought of both as a group mental state, and its more widely significant existence as an internalized social object and an elementary particle of the organizational structure and life. (Bernabei & al., 1987)

The lack of progress in the studies on this theme partly depends on a banalization of the concept itself of Workgroup, that is generally taken for granted has to be seen as a normal condition, where the group simply does its job without having problems; the problems, if any, emerge from its being infiltrated by Basic assumptions. Bion nevertheless tried to specify the features of the mental state which had given the name of Workgroup: the first is an "idea

of development", an evolutionary quasi-instinctual drive that enlivens the group and its activity; the second is "the idea of the value of a rational or scientific approach to development"; the third, which inevitably derives from the previous two, is "an acceptance... of the validity of learning from experience". (Bion, 1961 p. 136) A fourth characteristic is the *commitment to action*, or, in Bion's words, "the development of thought designed for translation into action", because "action inevitably means contact with reality and contact with reality compels regard for truth and therefore scientific method and hence the evocation of the work group." (ibid.) Unfortunately for decades these observations were not further developed either by Bion or by other scholars. It is only during last years that some interest about the Workgroup has been aroused again by researchers working in connection with or within the "Tavistock method" (Stein, 1996; Gabriel and Hampton, 1999; Long, 2000; Armstrong, 2003, French and Simpson, 2010).

Briefly the Workgroup has two basic functions:

a. Performing the actual task for which the group has been created;
b. Managing the group's emotional life in such a way as to encourage cooperation among members

The second function brings us again in touch with the world of feelings and instinctual drives, but this does not mean that the discourse has shifted to the level of the emotional basic assumption group, a misunderstanding that might derive from seeing the Bionian Workgroup only in conscious, realistic and rational terms. Just as the Ego, although representing in the individual's mental life, the governing agency and a negotiator with the reality, appears nevertheless deeply rooted in the instinctual matrix and is itself mainly unconscious, so similarly the Workgroup also presents inevitably affective unconscious aspects.

David Armstrong, an astute reviewer of Bion's thought, highlights the emotional and instinctual nature of the drive to development that supports the Workgroup in its functioning, including the painful side of work and the related learning. He describes how its creative pressure is always at risk of being subverted by basic assumptions and their capacity to spare people the anxiety and pain of growth (Armstrong, 2003). In this sense the Workgroup as a super-individual mental function would represent the emotional basis for rational, task-oriented group leadership, carrying out for the group and the organization the following roles:

a. playing a core "managerial" role, which could be summarized as managing *task, time and territory*, (Miller, 1989);

b. creating and taking on responsibility, authority and leadership, on both an individual and a collective level;
c. managing boundaries (of time, space, role, inter-personal, inter-group, between role and person, individual and group, inside and outside, organization and environment, reality and fantasy etc.);
d. relating, negotiating and exchanging with external reality;
e. providing and managing necessary material, human and knowledge resources;
f. managing conflicts;
g. promoting learning from experience;
h. developing a reflective thinking oriented towards action;
i. sense-making (Weick, 1995) and containment of anxiety.

Another obstacle to the progress of research about the Workgroup has been the very poor interest for the human work dimension manifested by psychoanalysis. It is surprising to observe how little this issue seems to have stimulated the psychoanalytic thinking, and even the rare analysts who were studying it in the past ended up reaching a deadlock, and eventually abandoned the field. Freud himself, who passionately and acutely explored sexuality and love, paid instead very little attention to work psychology, although all along his researches he went on to consider the capacity to work - together with the capacity to love - as a basic requirement of psychic health (Freud 1903, 1912, 1916-17). This was despite his frequent turning to the word *arbeit* (work) to describe relevant internal processes such as the dream work the work of mourning, and in general the "*durcharbeit*", the working through as the processing function of the mind. (2)
Bion, as we said, through the concept of Workgroup opened a new and promising field of research, but quite soon dropped it (together with his interest in groups) turning his inquiries to thinking processes and a re-examination of psychoanalytic theory. Elliott Jaques, another British analyst, who dedicated unforgettable pages to exploring human work and organizational dynamics, also left behind after a while not so much the object of his studies but rather the instrument, namely the psychoanalytic method as a "royal road" to an understanding of organizational processes. (Jaques 1951, 1955, 1970, 1995)

Maybe psychoanalysis, whose origins derive from Freud's giving up the hypnotic influencing approaches to experiment a "talking care", ended up developing a sort of idiosyncrasy, or more simply a prejudicial disregard towards all that concerns "doing", the dimension of action and intervention upon reality. Since the time when Ferenczi's active technique had been condemned, the discipline of abstinence and the warning against acting out probably enhanced the mistrust of any form of active behaviour. It was as if "doing" was constantly labeled as

acting out which was considered as having a malignant capacity to unhelpfully evacuate mental functions or to attack the relationship.

The challenge that official psychoanalysis had dropped - exploring the deep nature and psychological meaning of individual and collective work - was at least partly met by social psychology, by a "psychodynamic" fringe among organizational theorists, and by community mental health. When psychoanalytic thinking proved to be able to engage with, accept and incorporate elements of other disciplines (systems theory, social sciences, economics) without falling into an easy eclecticism, then new pioneering experiences of great scientific and social value could arise. Among those are the Tavistock Institute in London, the William Alanson White and the A. K. Rice Institutes in the USA, French socio-psychoanalysis and the "Argentinean school" of group and institutional analysis.

It appeared suddenly possible for the psychoanalytic method to give birth to a "clinical theory of organizations" that might provide responses to many unresolved questions and problems. Equipped with these new lenses and reading keys, researchers, educators, supervisors and consultants moved their inquiries forward into many different institutions, like schools, hospitals, prisons, factories, churches, public administrations, bringing relevant contributions and constantly putting an emphasis on the primary role of the group as a space for learning and a drive for change.

Unfortunately it is with the pragmatics of change that the psychoanalytic approach to organizations revealed its limits, being able to offer great opportunities for exploration and understanding, but few tools for action intended for solving problems, overcoming institutional defenses and transforming social reality. This is actually the most common charge that scholars and managers make against this modified psychoanalytic approach: that it knows the diagnosis but does not know how to cure the disease.

> The psychoanalytic tradition - argue Gabriel and Hampton - enhances our understanding of [the] characteristics of group life by exploring the unconscious processes, notably regression, splitting, defence,
> identification and idealization which underlie them. In Bion's theory of basic assumption and its subsequent elaborations, we have one of the most convincing explanations of numerous the group dysfunctions and also a powerful instrument for explaining the great power which groups have over our lives... Less successful have been attempts to define the healthy group, as one which balances emotions and rationality, independence and belonging, task and process. To the question "How can groups be helped on the way to psychological health and effective task performance?"

psychoanalytic approaches can hardly offer ready answers. (Gabriel and Hampton, 1999).

Yes, admittedly, for what concerns the Workgroup and the institutional setting we should acknowledge that nothing equivalent to what in the analytic treatment is represented by "mutative interpretations" (Strachey, 1934) has been found yet.

About psychoanalysis as a "blunt weapon" in organizational contexts Elliot Jaques himself wrote some twenty years ago in *Human Relations* a confronting paper entitled "Why the Psychoanalytical Approach to Understanding Organizations is Dysfunctional" (Jaques, 1995). His

"recantation" is even harder because it comes from a psychoanalyst and moreover one of socio-analysis' founding fathers. However in less radical terms, other scholars of psychodynamic orientation also do not conceal the many difficulties in the encounter between psychoanalysis and business world. Gould (1991), for example, points out how the great distance, the different experiences and the tough prejudices that separate those two cultural universes, may create a "dialogue of the deaf" that fosters a mutual persistent basic distrust. One of the sharpest contrasts is certainly the one opposing a culture of reflection and interior life to a culture of action and concrete results, doing vs. thinking. That is why these two vertices - the analytic and the managerial - look so distant from one another even in viewing and handling the concept of work itself. As Gould says,

> ...The core clinical modes in psychoanalysis are the *processes* that result in healing and transformation. In the organizational sphere an emphasis on results or outcome is the prevailing norm - among practitioners as well as clients. (Gould, 1991)

Doing and thinking in institutional work

Susan Long, in her exploration of the processes of identification and introjection which create and support the Workgroup, defines the essence of work from a psychological perspective as "[a set of] transformative and representative processes that engage the psyche with reality" (Long, 2000). Baum goes further, arguing that "work requires acting on an object aggressively enough to change it in desired ways, but lovingly enough to preserve it from destruction". (Baum, 1990)

Mind and reality, emotions (aggression, love) and transformative actions are at the interface between thinking and acting in work organizations, no matter

whether in factories or therapeutic communities or in the core of system management and governance. I would even say that the doing/thinking dilemma is a founding element of mature organizational cultures, a dilemma that sometimes materializes in the confrontation or clash between "thinkers" (strategists, visionary leaders, consultants, psychologists) and "practitioners" (managers, technicians, doctors, nurses), that is between on the one hand those who mainly deal with reflection, fantasy, knowledge and mental world, and on the other hand those who are more in touch with the day-to-day life needs, with action, money, body and practical results. Although these two cultures obviously have distinct, non-interchangeable identities, they should nevertheless be able to complement each other to some extent around a common task and a shared object. Integration is indeed not an easy job, and yet it is necessary just because none of the mentioned cultures can work alone without contributions from the other. How could we imagine a team of technicians or social workers totally absorbed by action and practical tasks, with no "slack" for taking a pause to reflect on the meaning and the direction of what they have done or are going to do? Has it not been said by someone that thought-less action is blind?

Perhaps too, action-less thinking is barren and that it seems impossible to generate any significant thought while being entrenched in an intellectual retreat without being concerned about application outcomes, and how what has been thought about may turn into decisions, results, and experiences. Yet such dissociation is unfortunately a recurring phenomenon. Although this is a problem for all organizations, it appears much more critical in healthcare institutions because actions and decisions have a significant impact on the therapeutic process in itself. According to a central assumption of the Therapeutic Community model what actually cures is cooperative action. That is, *doing* together with others, and developing through experiencing what is going on while doing - namely "learning from action", to use an expression of Bob Hinshelwood's. The old concept of "socio-therapy" (Edelson, 1970; Napolitani, 1978) is related, and clarifies that the cure comes through the social experience of collaborating, living together, sharing everyday tasks, spaces and relations.

A partial synthesis of both the universes is provided for example by the concept of *acte parlante* (talking act), which was elaborated by Jean-Claude Racamier, a pioneer of the psychoanalytically oriented institutional treatment of psychotic patients (Racamier, 1990); by this term he describes a process where, by means of practical decisions, actions or facts it becomes possible to convey to patients or groups a variety of meaningful mental contents that have the value of an interpretation and can give them the opportunity to work through their experience. For example, instead of telling a patient, say, "you seem terrified", a

nurse choose to hug him tightly for a while. If the nurse's insight about the patient was that he was undergoing a psychotic panic attack, then his action was not just a surge of affection or a caring attitude, but a profound relational interaction and a true reflective communication mediated however by a behavioural rather than a verbal language.

Such an intervention, which may be considered the equivalent of a countertransference-based deep interpretation, did not come from the application of a technical guideline, but was at the origin the instinctive response by a very experienced nurse, however not trained in psychotherapy, who had anyway been able to empathize with the patient's need in that moment. Having understood that need, he had "acted in" his understanding without resorting to the interpretative instrument, which he did not actually possess and the patient probably would have been unable to use or to tolerate.

Through the concept of talking act, Racamier reminds us that acting might be as important as talking and thinking, in fact sometimes it is the only thing one can do. When we are overwhelmed by panic or psychotic confusion in relation to our patients, even for us therapists thinking in a reflective and sensible way may become impossible. Talking also becomes at times if not impossible at least empty or senseless. We may start to use words as a defense and so find ourselves telling the patient, in an obsessive, masturbatory or intellectual manner, something that cannot reach for him/her. In those moments our only possibility is "doing" something. The Workgroup, as the potential repository of a collective mind, may help us to avoid the risk of impulsive behaviour or a short circuit reaction. At this point it is no longer a simple question of doing a job, being active, making entertainment or occupational rehabilitation, as the culture of action deeply fits into the psychotherapeutic programme, supporting and nourishing it with experience. Nevertheless the dividing line remains, and this boundary between doing and thinking becomes a constant dilemma for any therapist, no matter in what role: "Should I do something? or, shall I tell him something?".

In the business world also there are sometimes primitive psychotic anxieties that need to be contained as they spread within teams - especially in large groups or when the paranoia emerges - harming the organizational climate, the people's psychic balance and the production. Leaders and managers who are capable of making this containment - and the consultants who can help them in doing that - certainly will not use so much the language of words (still less a psychologic-psychoanalytic jargon). Rather they will use a language of behaviour and action and by making such decisions in a timely and attuned manner, would probably act upon systemic anxieties with at least as much effectiveness as "talking acts".

The issue appears more complicated by the fact that, as it is well known, acting may be a defense from thinking; the most evident example are individual cases of acting out, but even some teams' hyper-active frenzy might represent a defensive organization where action exonerates and gives shelter from the need to reflect on a potentially uncomfortable experience, like impotence or uncertainty. On the other hand there is also a case when thinking works as a defense from action, as it occurs in obsessive neuroses. This is also a recurrent bad habit of some mental health professionals who may meet and discuss for hours the meaning of a situation whilst in the meanwhile that very situation may be going on unheeded outside the meeting room. It is as if talking of a symptom or analyzing a behaviour spares us to some extent the painful task of going out there and to face them.

The fact that each one of the two poles of this dilemma may be used against the other is problematic, as it rules out the possibility to give either of them a definite prominence to provide a permanent sense of direction. Thus we have to decide time and again which process is possibly involved, whether we are reflecting in order to evade action, or acting to avoid the challenge of thought. I do not believe that there is an easy way out of this dilemma, at least not if we wish to keep alive what Hinshelwood calls the "culture of inquiry" (Griffiths and Hinshelwood, 1995), and Bion simply names as "patience" (Bion, 1970).

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Notes

(1) "I had not a dispute but a disquisition with Dilke on various subjects; several things dovetailed in my mind and at once it struck me what quality went to form a Man of Achievement, especially in Literature, and which Shakespeare possessed so enormously - I mean Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason." (Keats, 1817, quot. by Bion, 1970).

(2) Although Freud valued the "capacity to work" as one of the pillars of psychic health, and despite his frequently venturing into the fields of sociology and cultural anthropology, did never elaborate a psychoanalytic theory of society and institutions, while limiting himself to develop other preferred themes, like the origin of human civilization and the control of education on instinctual drives (Freud 1927, 1929, 1934-38).

Mario Perini, MD, Psychoanalyst
Email: maper@tin.it

7.
Testo originale italiano
Azione e pensiero nel gruppo di lavoro

Mario Perini

L'analista senza la sua stanza e il linguaggio dell'effettività

In un precedente lavoro (Perini 2007) ho esplorato alcune delle difficoltà che ostacolano l'incontro e il dialogo tra la psicoanalisi e il mondo delle organizzazioni sociali e produttive, e in particolare "i rischi che trattengono le organizzazioni dal ricorrere allo strumento psicoanalitico e gli psicoanalisti dall'avventurarsi nelle istituzioni sociali come tali, nel loro ruolo analitico", ancorchè in veste di consulenti, dirigenti o formatori. Ho poi sottolineato i timori dell'analista – peraltro del tutto fondati – all'idea di cimentare il proprio metodo e il proprio assetto mentale con il "setting" istituzionale, che di regola è turbolento, di grande estensione e complessità, e in larga misura impossibile da padroneggiare e da trasformare con i soli strumenti della relazione e dell'interpretazione. Ho ricordato come addentrandosi nel campo sociale la psicoanalisi si ritrovi su un terreno per essa particolarmente disagevole anche perché

> popolato di oggetti "bizzarri", largamente estranei alla cultura del lavoro analitico, come potere, denaro e produttività, relazioni politiche, risultati di gestione, leadership, leggi e regolamenti, tecnologie, che sarebbe

veramente arduo ricondurre (e chiaramente illegittimo ridurre) alle dinamiche degli oggetti interni delle persone che fanno parte di un'organizzazione. (Perini 2007)

Queste riflessioni, ed altre ancora, connesse soprattutto con l'emergere nel mercato del lavoro di gruppi sempre più consistenti di supervisori e consulenti che praticano un "approccio clinico all'organizzazione" – e in particolare un approccio clinico basato sul metodo psicoanalitico – mi inducono ora a soffermarmi su una cerniera cruciale e problematica dell'incontro tra psicoanalisi e mondo organizzativo: il rapporto tra pensiero e azione. Rispetto a questo tema vorrei appoggiarmi soprattutto alla linea d'indagine che Bion ha inaugurato in "Attenzione e Interpretazione" (1970) là dove parla *linguaggio dell'effettività*".
Con questo termine Bion indica uno stato della mente e insieme una modalità relazionale cruciali per arrivare a sperimentare gli elementi essenziali della verità (che egli chiama 'O', la "cosa-in-sé") e per produrre trasformazioni nel pensiero. Nonostante il suo livello di astrazione tale costrutto teorico è profondamente radicato nell'esperienza e nella pratica, riferendosi, certo, prima di tutto alle operazioni mentali che sostengono l'interpretazione e la comunicazione tra analista e paziente, ma includendo nel proprio perimetro anche elementi apparentemente distanti dal lavoro analitico, come l'azione, l'esito, la narrazione, l'opera d'arte.

> "Il linguaggio dell'effettività – scrive Bion - è sia un preludio all'azione sia esso stesso una sorta di azione. L'incontro tra psicoanalista e analizzando costituisce un esempio di questo linguaggio" (Bion 1970).

In altri termini si tratta di un tipo specifico di esperienza (emozionale non meno che ideativa) che promuove la *capacità di agire e prendere decisioni in modo riflessivo* sia nel mondo interno che nella realtà esterna (Gooch 2001), un'esperienza di cui i pazienti hanno bisogno per utilizzare l'analisi come un'opportunità di apprendimento e di trasformazione.

> "Il 'linguaggio dell'effettività' – commenta Neri – è proprio della persona o del gruppo che non giudica, ma si lascia affascinare dalla realtà e ne mantiene aperte le diverse potenzialità evolutive. É il linguaggio di chi non descrive, ma interagisce con ciò di cui parla." (Neri 1996)

Bion precisa che "il linguaggio dell'effettività si può esprimere con un pensiero o con un'azione" (Bion 1970). Nel gruppo spesso prende la forma di una "narrazione efficace", "una narrazione capace di fare entrare chi ascolta in

rapporto con i pensieri, le emozioni ed i sentimenti presenti nel campo del gruppo". (Neri 1996)

Oppure la forma di un'opera d'arte o quella di una scoperta:

> "Un capolavoro così come una grande teoria scientifica rappresentano una profonda intuizione che viene comunicata attraverso un linguaggio efficace (il linguaggio dell'effettività) che permette ai membri di una comunità di condividere i significati che sono stati afferrati e di svilupparli. Secondo Bion l'analista dovrebbe saper dipingere un quadro di ciò che sta accadendo nel suo studio quando è al lavoro, e individuare i colori che meglio vi si adattano". (Castelo Filho 2003)

È esperienza comune in chi pratica l'analisi con gli adolescenti osservare con quanta frequenza essi utilizzino questo tipo di linguaggio, addossato più sul versante dell'azione che su quello della parola ma con una sua peculiare efficacia – una "effettività" – proprio perché può preludere ad un cambiamento, a un momento di crescita e di evoluzione: in questo caso "il nodo non sta soltanto nel fatto di un analista in grado di comunicare il linguaggio dell'effettività al proprio paziente ma di poter accogliere ed esser in un contatto immediato e diretto con il linguaggio dell'effettività del proprio paziente" (Jaffé 1997)

Nonostante la formulazione verbale adottata ("effettività" in inglese fa "*achievement*") evochi l'idea di un pensiero pragmatico, forte e assertivo, quasi "aziendale", la qualità mentale messa in gioco è in realtà "debole", dubbiosa, esplorativa, e ben poco ha a che fare con il trionfalismo dei linguaggi scientistici o di quelli dell'impresa. "Il linguaggio dell'effettività deriva dalla possibilità di tollerare il dubbio, i misteri, le mezze verità" (Lucaccini 2000), e in questo senso si lega e forse in definitiva coincide con ciò che Bion, riprendendo un passo di Keats (1), chiama la "*capacità negativa*".

Ecco il punto, siamo in presenza della fondamentale natura "ossimorica" del pensiero e della pratica psicoanalitici: "capacità negativa" è un ossimoro, sembra una contraddizione in termini, eppure esprime fedelmente quel misto di potenza (euristica, narrativa, contenitiva, trasformativa) e di debolezza (pensiero instabile, effimero, dubitativo, relativo) che appartiene a tutte le operazioni analitiche, dall'insight all'interpretazione, dalla costruzione di ipotesi di lavoro al problema della validazione e dei risultati.

Potenza e debolezza, coppia di opposti incardinati nel pensiero analitico, si manifestano in modo particolarmente evidente allorché questo si confronti con le strutture e le culture del mondo esterno, ovvero con le istituzioni e le organizzazioni. Ed è singolare scoprire come il suo principale punto di forza stia proprio nella capacità di tollerare l'incertezza e l'ansia di non capire senza

passare ad azioni difensive – come l'acting out, la spiegazione consolatoria, la bugia (Bion 1970), il "delirio di chiarezza dell'intuizione" (Meltzer 1976) – e di mantenere una presenza mentale senza lasciare il campo. Non è privo di significato che queste qualità "analitiche" si rivelino coincidenti con una delle più cruciali capacità manageriali, quella che richiede ai leader di sapere prendere decisioni sensate anche in circostanze di estrema incertezza, in assenza di dati sicuri che li possano orientare, in situazioni imprevedibili e in condizioni psicologiche di ansia e di solitudine, senza l'appoggio o il conforto dei collaboratori e l'approvazione di qualcuno sopra di loro.

Nel "dialogo con l'organizzazione" una delle difficoltà più rilevanti per il consulente di formazione psicoanalitica sta nel riuscire a legittimare e a mantenere una posizione di tipo "osservativo", insatura e non-direttiva, resistendo alle intense pressioni ad assumere un ruolo magico, onnisciente ed onnipotente, ed a rivestire funzioni di tipo manageriale e salvifico, che gratificano i bisogni di dipendenza dei membri, specie nelle culture organizzative di tipo più gerarchico, ma sacrificano le loro capacità creative e la loro possibilità di trovare "le proprie risposte" agli interrogativi e ai problemi. Nel lavoro precedentemente menzionato (Perini 2007) sottolineavo anche come il "dialogo impervio" tra le due visioni del mondo, quella psicoanalitica e quella organizzativa, si declini essenzialmente intorno alla dialettica – se non al conflitto – tra la "cultura dell'azione" e la "cultura del pensiero".

Gruppo di lavoro e linguaggio del "fare"

Le persone si riuniscono continuamente a formare gruppi, confermando la nota affermazione che l'uomo è un "animale sociale".

Diversamente dagli aggregati casuali (ad es. le persone che si trovano in un dato momento nello stesso vagone della metropolitana) i gruppi si formano per realizzare un compito comune, che nella maggior parte dei casi consiste in un lavoro. A un livello più profondo e segreto però le persone si mettono insieme anche per soddisfare bisogni personali, individuali o collettivi. Bion (1961, 1962) ha studiato approfonditamente questa duplice modalità di funzionamento gruppale, una più razionale ed orientata al compito ed una più irrazionale, inconscia e rivolta all'appagamento dei bisogni emozionali dei membri del gruppo, ed ha formulato l'ipotesi che tutti i gruppi operino sotto l'influenza congiunta di queste due configurazioni, che ha paragonato alla visione binoculare. Nella sua teorizzazione egli chiama "gruppo di lavoro" la prima configurazione e "gruppo in assunto di base" la seconda. Il gruppo di lavoro, basato sulla cooperazione cosciente e razionale dei suoi membri, svolge nei confronti della mente del gruppo una funzione simile a quella che l'Io esercita nella mente individuale. E' importante sottolineare come questi costrutti, che

Bion ha introdotto per descrivere degli stati mentali collettivi, generati anonimamente e inconsciamente dai membri del gruppo, si prestino bene a rappresentare anche aspetti delle culture organizzative e modelli di funzionamento sociale. Il concetto di gruppo di lavoro può quindi offrire nuovi paradigmi anche alla riflessione sulla leadership e sul governo dei sistemi sociali complessi.

La letteratura psicoanalitica e quella socio-psicologica hanno dedicato grande attenzione al "gruppo emozionale" ed alla concezione bioniana degli assunti di base, a partire dalla quale sono state sviluppate idee feconde per la psicoterapia di gruppo, l'analisi delle organizzazioni e la teoria del pensiero e della conoscenza.

E' invece rimasta fino ad oggi per così dire ferma ad uno stadio embrionale – quello sviluppato appunto da Bion - la ricerca psicoanalitica sul "gruppo di lavoro", sia nel suo significato più specifico di stato mentale del gruppo sia nella sua valenza più allargata di oggetto sociale interno e di particella elementare della vita e della struttura di un'organizzazione (Bernabei e al. 1987)

La stagnazione delle indagini su questo tema deriva in parte dalla banalizzazione del concetto stesso di gruppo di lavoro, rispetto al quale si tende a dare per scontato che si tratti di una condizione di normalità, in cui il gruppo semplicemente fa il suo mestiere senza problemi; i problemi nascono semmai dalla sua infiltrazione per opera degli assunti di base. Eppure Bion aveva cercato di precisare le caratteristiche dello stato mentale a cui aveva dato il nome di gruppo di lavoro: la prima è un'"idea di sviluppo", una spinta evolutiva quasi pulsionale che anima il gruppo e la sua attività; la seconda è "l'idea del valore di un approccio razionale o scientifico allo sviluppo"; la terza, corollario inevitabile delle prime due, "l'accettazione della validità dell'apprendimento dall'esperienza". Una quarta caratteristica è l'*impegno nell'azione* o, per dirla con Bion, "lo sviluppo di un pensiero destinato a tradursi in azione" perché "l'azione inevitabilmente significa contatto con la realtà, il contatto con la realtà obbliga alla considerazione per la verità e quindi al metodo scientifico, e da tutto ciò viene evocato il gruppo di lavoro" (Bion 1961). Queste osservazioni di Bion purtroppo non sono state ulteriormente sviluppate né da lui né da altri studiosi; solo negli ultimi anni si è assistito a un certo risveglio dell'interesse per il *workgroup* da parte di alcuni ricercatori operanti a ridosso o all'interno del "modello Tavistock" (Stein 1996; Gabriel e Hampton 1999; Long 2000; Armstrong 2003).

Un altro ostacolo allo sviluppo della ricerca è stato lo scarso interesse mostrato dalla psicoanalisi per la dimensione del lavoro umano. E' sorprendente constatare quanto poco esso sembri aver stimolato il pensiero psicoanalitico, ed anche nei rari analisti che in passato se ne sono occupati l'esplorazione parrebbe

essere giunta più o meno rapidamente ad un punto morto, inducendoli ad abbandonare il campo. Freud stesso, che si era votato con passione ed acume all'esplorazione della sessualità e della vita amorosa, prestò invece assai poca attenzione alle componenti psicologiche del lavoro, sebbene lungo tutta la sua opera egli abbia continuamente identificato nella capacità di lavorare - in congiunzione con quella di amare e di provare piacere - un requisito basilare della salute psichica (Freud 1903, 1912, 1916-17); e nonostante il suo frequente ricorso al termine "lavoro" (*arbeit*) per descrivere processi interiori di grande importanza come il lavoro del sogno, quello del lutto e, in generale, il "*durcharbeit*" o "*working through*", l'attività elaborativa della mente (2).

Bion, come abbiamo detto, con il concetto di "*work group*" avviò un filone d'indagine innovativo e promettente, ma lo abbandonò quasi subito – insieme con l'interesse verso i gruppi – per rivolgere le proprie ricerche ai processi di pensiero ed alla revisione della teoria psicoanalitica. Un altro analista inglese, Elliott Jaques, dedicò pagine memorabili all'esplorazione del lavoro umano e delle dinamiche organizzative, ma anch'egli dopo qualche tempo si lasciò alle spalle, nel suo caso non tanto l'oggetto quanto piuttosto lo strumento di studio, ossia il metodo psicoanalitico come "via regia" per la comprensione dei processi organizzativi. (Jaques 1951, 1955, 1970, 1995)

Forse la psicoanalisi, nata dalla rinuncia di Freud all'influenzamento ipnotico e dall'esperienza delle "cure parlanti" (*talking care*), ha finito con lo sviluppare una sorta di idiosincrasia o più semplicemente una posizione di disinteresse pregiudiziale verso tutto ciò che concerne il fare, la dimensione dell'azione e quella dell'intervento sulla realtà; fin dal tempo degli anatemi contro Ferenczi la disciplina dell'astinenza e la vigilanza contro gli "acting out" l'hanno probabilmente resa sospettosa verso ogni forma di comportamento attivo, come se il "fare" recasse stabilmente in sé lo stigma del passaggio all'atto e la sua maligna capacità di evacuare le funzioni della mente o di attaccare la relazione.

Il guanto della sfida che la psicoanalisi ufficiale aveva lasciato cadere – esplorare la natura e il significato psicologico profondo del lavoro individuale e collettivo – venne almeno in parte raccolto dalla psicologia sociale, dalle frange "psicodinamiche" degli studiosi di teoria dell'organizzazione, e dalla psichiatria di comunità.

Là dove il pensiero psicoanalitico fu capace di accettare senza scadere nell'eclettismo il confronto e la contaminazione con altre discipline (teoria dei sistemi, scienze economiche e sociali) nacquero esperienze pilota di grande portata scientifica e sociale: per tutte voglio ricordare le ricerche sviluppate del Tavistock Institute di Londra, gli studi americani del William Alanson White

Institute e dell' A.K.Rice Institute sulle dinamiche organizzative, e la "scuola socioanalitica francese" raccolta intorno alla rivista *"Connexions"*.

Sembrava davvero che, come già accaduto sul terreno della sofferenza individuale, il metodo psicoanalitico stesse dando alla luce una teoria clinica dell'organizzazione in grado di offrire risposte a molti interrogativi e problemi irrisolti. Armati di queste nuove lenti e griglie di lettura, ricercatori, formatori, supervisori e consulenti spinsero le loro indagini e portarono i loro contributi all'interno delle più diverse istituzioni, scuole, ospedali, carceri, fabbriche, enti religiosi, pubbliche amministrazioni, enfatizzando in ogni caso il ruolo primario del gruppo come luogo di apprendimento e motore del cambiamento.

Sfortunatamente è proprio rispetto al secondo di questi due compiti cruciali che l'approccio psicoanalitico alle organizzazioni ha mostrato i propri limiti, offrendo accanto a grandi capacità di esplorazione e comprensione ben pochi strumenti di intervento per risolvere i problemi, superare le difese istituzionali e trasformare la realtà sociale. Questa è in effetti l'accusa che con più frequenza gli viene mossa da studiosi e da manager: di conoscere la diagnosi ma di non saper curare la malattia.

> "La tradizione psicoanalitica – scrivono Gabriel e Hampton – accresce la nostra comprensione delle caratteristiche della vita di gruppo mediante l'esplorazione dei processi inconsci, in particolare delle regressioni, scissioni, difese, identificazioni e idealizzazioni che li sottendono. La teoria degli assunti di base di Bion e le successive elaborazioni ci hanno offerto una delle spiegazioni più convincenti di numerose disfunzioni del gruppo ed anche un potente strumento per comprendere la grande influenza che i gruppi esercitano sulla nostra vita… Meno riusciti sono stati i tentativi di definire il gruppo "sano", cioè quello in grado di bilanciare emozione e razionalità, indipendenza e appartenenza, compito e processo. Alla domanda 'come incoraggiare i gruppi sulla via della salute psicologica e dell'efficacia delle prestazioni?' gli approcci psicoanalitici possono ben difficilmente fornire delle pronte risposte" (Gabriel e Hampton, 1999).

Dobbiamo riconoscerlo, nell'ambito del gruppo di lavoro e del setting istituzionale non è stato ancora trovato nulla di equivalente a ciò che nel trattamento analitico è rappresentato dalle "interpretazioni mutative" (Strachey 1934).

Della psicoanalisi come "arma spuntata" nei contesti organizzativi ha scritto qualche anno fa lo stesso Elliot Jaques in un articolo pubblicato su "Human Relations" col titolo-choc *Perché l'approccio psicoanalitico alla comprensione dell'organizzazione è disfunzionale?"* (Jaques 1995). La sua sconfessione è

ancora più dura perché proviene da un analista e per di più da uno dei padri fondatori della socioanalisi. Ma, sia pure con toni meno radicali, anche altri studiosi di orientamento psicodinamico non nascondono le molteplici difficoltà dell'incontro tra psicoanalisi e mondo dell'impresa. Gould (1991) ad esempio mette in evidenza la grande distanza, le differenti esperienze ed i pregiudizi tenaci che separano i due universi culturali generando un "dialogo tra sordi" che nutre una persistente reciproca sfiducia di fondo:

Uno dei contrasti più stridenti è senza dubbio quello che contrappone la cultura del pensiero e dell'interiorità a quella dell'azione e della concretezza dei risultati, il fare e il pensare; è per questo che i due vertici – quello analitico e quello manageriale - sembrano così distanti anche nel concepire e maneggiare il concetto stesso di lavoro, laddove

> …gli aspetti clinici fondamentali della psicoanalisi sono costituiti dai *processi* che portano alla guarigione e alla trasformazione; nel lavoro all'interno delle organizzazioni invece sia gli operatori che i clienti pongono prevalentemente l'accento sui *risultati* o sugli *esiti*. (Gould 1991)

Fare e pensare nel lavoro istituzionale

Susan Long, esplorando i processi di identificazione e internalizzazione che creano e sostengono il gruppo di lavoro, definisce l'essenza del lavoro dal punto di vista psicologico come "[un insieme di] processi trasformativi e rappresentativi che impegnano la mente con la realtà" (Long 2000). Baum va oltre ed afferma che "il lavoro implica la capacità di agire su un oggetto in modo sufficientemente aggressivo da poterlo modificare ma con sufficiente amore da proteggerlo dalla distruzione" (Baum 1990)

Mente e realtà, emozioni (aggressività, amore) e azioni trasformative: nell'organizzazione del lavoro, non importa se in fabbrica o in una comunità terapeutica, il nodo centrale del management, del governo del sistema, si colloca a ridosso dell'interfaccia tra pensare e agire. Direi persino che il *dilemma tra fare e pensare* è un elemento fondativo delle culture organizzative evolute, un dilemma che a volte per così dire si materializza nel confronto/scontro tra i "pensatori" (strateghi, leader della "visione", consulenti, psicologi) da un lato e gli "operativi" (manager, tecnici, medici, infermieri e educatori) dall'altro, cioè tra chi presidia maggiormente il versante del pensiero, della fantasia e del mondo interno e chi è invece più a contatto con le necessità della realtà quotidiana, dell'azione, del denaro, del corpo e dei risultati pratici. Queste due culture hanno evidentemente identità distinte e non certo intercambiabili, ma dovrebbero anche essere capaci di integrarsi in qualche modo l'una con l'altra intorno al compito comune e all'oggetto condiviso. L'integrazione è compito tutt'altro che semplice, e d'altra parte è necessaria proprio perché nessuna delle

due culture è in grado di lavorare da sola senza i contributi dell'altra. Come immaginare un gruppo di tecnici od operatori totalmente immersi nell'azione e nel lavoro pratico senza disporre di un momento di pausa per riflettere sul senso e sulla direzione di ciò che hanno fatto o che si accingono a fare? Non è stato affermato che l'azione senza il pensiero è cieca?

Ma si è anche detto che il pensiero senza l'azione è sterile, e in effetti non è possibile pensare nulla di significativo restando arroccati su un Aventino intellettualistico senza preoccuparsi degli esiti applicativi, di come ciò che è stato pensato possa tradursi in decisioni, risultati ed esperienze. Sfortunatamente è invece assai frequente che si riproduca tale dicotomia, e se questo è un problema per qualunque istituzione, nelle istituzioni di cura esso appare tanto più grave, in quanto le azioni e le decisioni operative hanno una grandissima influenza sul processo terapeutico come tale. Un assunto centrale nel modello della Comunità Terapeutica è che ciò che cura è il fare insieme con gli altri e il fare esperienza di quello che si sta facendo ("learning by doing" per usare un'espressione di Bob Hinshelwood). Il vecchio concetto di socio-terapia (Edelson 1970, Napolitani 1978) non è molto distante e indica con chiarezza che la terapia passa attraverso l'esperienza sociale del collaborare, del vivere insieme, del condividere compiti, relazioni e spazi quotidiani.

Una parziale sintesi tra i due universi è offerta dal *concetto di azione parlante* elaborato da Racamier, uno dei pionieri del trattamento istituzionale degli psicotici ad orientamento psicoanalitico (Racamier 1990); con questo termine egli descrive un processo per cui mediante delle decisioni pratiche, delle azioni o dei fatti è possibile veicolare ad un paziente o ad un gruppo una serie di significati e contenuti mentali che hanno valenza interpretativa e possono offrire l'opportunità di elaborare un'esperienza. Invece di dire ad un paziente, ad esempio, "mi sembra che tu sia atterrito", un operatore decide di abbracciarlo e di tenerlo stretto per qualche momento. Se aveva intuito che il paziente era in preda a uno stato di panico psicotico allora quella sua azione non era più soltanto uno slancio affettivo, un segno di disponibilità, ma diventava una comunicazione riflessiva ancorché declinata con il comportamento, e l'evidenza di un contatto profondo dell'operatore con l'aspetto esplosivo del panico, dove l'abbracciare e lo stringere in un corpo a corpo senza dire una sola parola era anche offrire contenimento e fungere da artificiere per impedire che il sé esplodesse in milioni di pezzi. Un intervento di questo genere, equivalente a un'interpretazione profonda, non è stato l'applicazione di una formula tecnica, ma all'origine un'idea venuta d'istinto ad un operatore esperto e tuttavia sprovvisto di una formazione psicoterapeutica, il quale però aveva colto empaticamente quale fosse il bisogno del paziente in quel momento; compreso il bisogno egli aveva "agito" la comprensione senza usare strumenti interpretativi,

che non possedeva, e senza mettere in parole qualche cosa che forse non sarebbe stato in grado di articolare e che comunque non sarebbe mai arrivato alla mente dell'interessato, invasa dal panico e incapace di attingere al sistema simbolico e al processo secondario. Nell'impossibilità di comunicare verbalmente l'operatore ha quindi usato il corpo come veicolo di senso, non soltanto come lo strumento più "naturale", ma anche quello più appropriato perché operante sul livello del funzionamento psichico proprio di quel momento della crisi del paziente.

Sassolas descrive in dettaglio questa modalità di comunicare con il comportamento:

> "Si tratta per i curanti di essere convinti dell'esistenza di queste due realtà negate – le capacità e i disturbi – e di esprimere questa convinzione sia con gli atti che con le parole. Soprattutto con gli atti, nella misura in cui per questi pazienti la comunicazione attraverso gli atti è spesso più pertinente di quella verbale.
> Si tratta di ciò che [Racamier] ha designato, già molto tempo fa, col termine di atti parlanti. Così in una comunità terapeutica, lasciare a un paziente il libero uso della chiave della sua camera senza che noi ne disponiamo è un atto parlante che esprime la nostra convinzione che egli sia capace di gestire quello spazio materiale e il suo vissuto all'interno di quello spazio. Allo stesso modo esigere che partecipi al gruppo di verifica che ogni settimana riunisce i residenti della comunità e i curanti che vi intervengono, e eventualmente sanzionarne l'assenza con un'esclusione temporanea, è un altro atto parlante che gli ricorda la dimensione terapeutica di questo soggiorno, dunque indirettamente l'esistenza in lui di disturbi psichici che tale soggiorno ha lo scopo di attenuare." (Sassolas 2001)

Con il concetto di azioni parlanti Racamier e Sassolas ci ricordano che l'agire è almeno altrettanto importante che il parlare e il pensare e anzi in alcuni casi è la sola cosa che si possa fare. Quando siamo immersi insieme con i pazienti nel panico o nella confusione psicotica anche per noi operatori pensare in modo riflessivo e ragionevole può diventare impossibile; anche parlare a volte diventa se non impossibile vuoto o insensato, perché usiamo le parole difensivamente e allora parliamo in maniera masturbatoria, ossessiva, o del tutto intellettualizzata, di cose di cui al paziente non arriva nulla. In quei momenti abbiamo solo la possibilità di "fare" qualche cosa. Il gruppo di lavoro, potenziale custode della mente collettiva, può aiutarci ad evitare il rischio di un fare impulsivo, a corto circuito, e a quel punto non è più solo questione di lavoro, darsi da fare, intrattenimento o riabilitazione occupazionale: la cultura

dell'azione viene ad inserirsi profondamente nel disegno psicoterapeutico, lo sorregge e lo nutre di esperienze. Ciononostante il discrimine resta; questo confine tra il fare e il pensare è anche un dilemma che si pone continuamente a ogni operatore, qualunque sia il suo ruolo: "Dovrò fare qualcosa? o gli devo dire qualcosa?"

Anche nelle realtà aziendali occorre a volte contenere ansie primitive di marca psicotica, che proliferano nei team – specie nei grandi gruppi o quando serpeggia la paranoia - danneggiando il clima organizzativo, l'equilibrio psichico delle persone e la produttività. I leader e i manager capaci di attuare questo contenimento – e i consulenti in grado di aiutarli a farlo – sicuramente non useranno tanto il linguaggio della parola (e meno che mai quello psicologico-psicoanalitico) ma piuttosto quello del comportamento e dell'azione, prendendo decisioni che quando si rivelano efficaci probabilmente operano anche sulle ansie di sistema con meccanismi analoghi a quelli delle "azioni parlanti".

Il problema è complicato dal fatto che, com'è noto, l'agire può essere una difesa dal pensare; gli acting-out individuali sono il caso più evidente, ma anche l'attivismo forsennato di certi gruppi di lavoro può rappresentare un'organizzazione difensiva in cui l'azione esonera e offre riparo dalla necessità di riflettere su qualcosa di potenzialmente scomodo, come l'esperienza dell'impotenza o dell'incertezza. Viceversa esiste anche un pensiero che funziona come difesa dall'azione, come nelle patologie ossessive: è questo un vizio ricorrente degli "psi" (anche se certo non una loro esclusiva), ai quali può accadere di riunirsi per ore a discutere il significato di una situazione che intanto continua a svolgersi inascoltata fuori della stanza della riunione. E' come se parlare del sintomo o analizzare un comportamento in qualche misura ci risparmiasse il compito penoso di andare di là ad affrontarli.

Che ognuna delle due polarità del dilemma possa essere usata contro l'altra costituisce una bella sfida, perché ci nega la possibilità di assegnare definitivamente il primato ad una di esse e farla così diventare la nostra bussola; dobbiamo decidere ogni volta quale processo sia verosimilmente in gioco, se stiamo riflettendo per evitare di misurarci con l'azione, o agendo per evitare di cimentarci col pensiero. Non credo che esista un modo semplice per uscire da questo dilemma se non con il tenere viva quella che Hinshelwood ha denominato la "cultura dell'indagine" (Griffiths and Hinshelwood 1995) e che Bion chiamava "pazienza" (Bion 1970).

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Note

(1) "Non ebbi con Dilke una disputa, ma una discussione su diversi argomenti: molte cose mi si agitavano nella mente e ad un dato punto fui colpito dall'idea di quale dovesse essere, soprattutto in Letteratura, la qualità essenziale dell'Uomo dell'Effettività, qualità che Shakespeare possedeva in modo così eminente. Mi riferisco alla **Capacità Negativa**, cioè quella capacità che un uomo possiede se sa perseverare nelle incertezze, attraverso i misteri e i dubbi, senza lasciarsi andare ad una agitata ricerca di fatti e ragioni." (J. Keats, 1817, cit. da Bion, 1970, 169).

(2) Pur avendo valorizzato la "capacità di lavorare", che considerava con quella di amare uno dei pilastri della salute psichica, e nonostante le numerose incursioni nel campo della sociologia e dell'antropologia culturale, Freud non tentò mai di elaborare una concezione psicoanalitica della società e delle istituzioni, limitandosi a sviluppare altre tematiche a lui più care, come l'origine della civilizzazione umana e il controllo dell'educazione sulle pulsioni istintuali (Freud 1927, 1929, 1934-38).

Mario Perini è Direttore dell'associazione IL NODO Group di Torino. E' psichiatra e psicoanalista (SPI – IPA) e consulente IPSO (International Society for the Psychoanalytic Study of Organizations) e consulente scientifico per il Programma della Conferenza Italiana sulle Relazioni di Gruppo. Svolge numerose attività private di terapia e consulenza. E' docente di Dinamiche di gruppo e organizzazioni presso l'Università di Torino, Dipartimento di Psicologia.

Email: maper@tin.it

8.
Managing unsettled states: From entanglement to relating

Barry Jones

Introduction

Difficulty in managing inter-personal relationships is by definition a central component of a 'personality disorder' (American Psychiatric Association, 2013). Engaging in a psychotherapeutic relationship therefore brings with it a challenge for the patient. Dropout rates from treatment range from 23% to 50% (Crawford et al, 2009; Giesen-Bloo et al, 2006) are reflective of this difficulty.

Anyone working with those suffering from personality difficulties or disorder can likely attest to frequently having to deal with uncertainty. Whilst this offers us the possibility for such work to be both difficult and stimulating, I wish to further suggest that being attuned to a particular quality of uncertainty may lead to a redressing of the difficulty of engagement and to additional creative gains within the therapeutic encounter.

Beginning therapeutic contact

Einstein may seem like an unlikely starting point, yet his grappling with the concept of uncertainty does have some relevance. Within the field of Quantum Physics, Einstein and his colleagues (Padolsky and Rosen) famously considered a situation wherein two particles that had previously been 'entangled' were now separate. These particles could still be simultaneously and accurately measured as a function of their continued relating. This accurate, simultaneous measurement was precluded by Einstein's theory of relativity, as it suggested that the movement of one particle was instantaneously known by the other particle, in turn involving information being exchanged faster than the speed of light. Further, this contradicted the 'uncertainty principle', wherein there exists a fundamental limit to accurately knowing two simultaneous physical realities. It appeared as if the distinction between these two realities had been effaced. The resulting 'EPR paradox' proffered that the existing quantum-mechanical description of reality was therefore incomplete and that 'elements of reality' (hidden variables) must be added to adequately account for this phenomenon (Einstein et al, 1935, p780). For Einstein, the EPR paradox and the need for hidden variables was in support of his belief that 'physics should represent a reality in time and space, free from *spooky actions at a distance*.' (Born-Einstein letters, 1971)

The instantaneous exchange between two apparently separate entities and the resultant effacement of a distinction between the two becoming imbued with a 'spooky' unfamiliar quality, are I believe of the utmost relevance to our psychotherapeutic work with personality disturbance. Within the field of psychoanalysis, the potentially unsettling and unfamiliar quality to inter-personal contact first received attention in Freud's discussion of the uncanny, where he differentiates an un-homely 'unheimlich' state from a frightening experience. He writes that "The word 'heimlich' [belongs] to two sets of ideas, which, without being contradictory, are yet very different: on the one hand it means what is familiar and agreeable, and on the other, what is concealed and kept out of sight... Thus heimlich is a word the meaning of which develops in the direction of ambivalence, until it finally coincides with its opposite, unheimlich" (Freud, 1919).

For Freud, it was not simply the novel quality to an experience that accounted for the 'unheimlich state'. Rather, its basis lay in early infantile conflicts and the residues of an 'omnipotence of thought' in bringing about a reality; something previously 'out of sight' being brought to light and then 'an uncanny effect is often and easily produced when the distinction between imagination and reality is effaced. Crucially, he writes that 'The infantile element in this, which also dominates the minds of neurotics, is the over-accentuation of psychical reality in comparison with material reality—a feature closely allied to the belief in the omnipotence of thoughts' (Freud, 1919).

When visiting Rome, Freud recounts himself inhabiting what he would later term an unheimlich state of being, in encountering Michelangelo's Statue of Moses. He says of the encounter:

> "...no piece of statuary has ever made a stronger impression on me than this. How often I have mounted the steep steps from the unlovely Corso Cavour to the lonely piazza where the deserted church stands, and have essayed to support the angry scorn of the hero's glance!...But why do I call this statue inscrutable? (Freud, 1914)."

The 'spooky', inscrutable and unheimlich quality to his encounter has its origins within the 'hidden variables' of Freud's own psyche. That is, his ambivalent relationship with what Rome symbolized for him (he often tried and failed to visit), the ambiguous relationship with his own Jewish roots laid bare within the shadow of Moses and the sudden juxtaposition of himself as a pioneer against Michelangelo's own creative genius. Thus was triggered an instantaneous

exchange between apparently separate (internal and external) entities suddenly bringing previously hidden variables - inner rivalries, conflicts and avoidances - into his awareness, with an unsettling effect.

The evolution of the understanding to the transference-countertransference relationship within psychoanalysis is also centrally important in bringing the concept of the 'unheimlich' further to the fore in our therapeutic work. Freud set the benchmark for the classical view of countertransference when he stated that 'no psycho-analyst goes further than his own complexes and internal resistances permit' (Freud, 1910). Here he recognizes that the 'hidden variables' within an analyst's own psyche might limit his or her objective understanding of the patient. This places a requirement upon the analyst to attend to his or her own 'hidden variables' lest these interfere with an understanding of the patient. Up until the 1950's, counter-transference was thus seen as an obstacle and the required 'attending' was in the form of monitoring oneself to limit blocks to the understanding of the patient. Beyond that initial view, as Parsons then puts it, 'it has become steadily clearer that the analyst's internal situation is continually in resonance with that of the patient. An analyst's internal **_listening_** [my bold italics] needs to be just as continuous and free from preconceptions as the external listening to a patient's words.' (Parsons, 2014).

In this progression, from viewing counter-transference as an impediment towards seeing it as potentially enriching to analytic work, the analyst is tasked with shifting from simply 'monitoring' his or her self to the additional process of 'listening' internally. Moreover, the origins of counter-transference are brought into consideration. The classical view of counter-transference remains in operation, in that it may indeed originate from the analyst's own psyche and prove an impediment to analytic work, or from the patient's internal world as something projected into the analyst to be understood. But the process of analysis itself is considered as having the potential to evoke unconscious elements within both analyst and patient that might benefit the analysis. Ogden offers such a view when he outlines that '...contemporary psychoanalytic thinking is approaching a point where one can no longer simply speak of the analyst and the analysand as separate subjects who take one another as objects...vicissitudes of the experience of being simultaneously within and outside of the intersubjectivity of the analyst–analysand...I refer to [this] as the analytic third' (Ogden, 1994) The generation of this 'third', I would add, is requiring of both analyst and patient at times inhabiting a state of unheimlich 'entanglement' wherein experiences are instantaneously exchanged and within which the boundaries to self/other and

internal/external are not yet clear. Each must develop the capacity to listen to themselves and one another from within this entangled place if new creative

gains are to be made in relationships and in relating.

What relevance does this have in working with people suffering from personality disorder? The over-accentuation of psychical reality over material reality and effacing of the distinction between imagination and reality, which Freud attributes as a feature of the neurotic, has even more pertinence to borderline pathology. For the borderline patient, the propensity to experience dissolution of the boundary between internal and external realities (psychical and material) brings the likelihood of an unheimlich quality to contact further into the foreground. Fonagy and colleagues have, in recent years, conceptualized the capacity for a reliable distinction between internal and external reality as one aspect of the capacity to 'mentalize'; i.e. to think about both one's own impulses and behaviour in terms of underlying intentional mental states (Fonagy et al, 2002). This capacity to mentalize is gradually acquired through an adequate early care-giving experience through which the child may grasp that he is being shown a representation of his feelings by a carer, rather than being overwhelmed by affect reflected back in an un-modified form. In this way, this 'marking of affect' by another allows the child incrementally to acquire confidence that his own mind is capable of representing internal states to another, whilst remaining differentiated from the other.

In the absence of such adequate care, the borderline patient displays a propensity to enter into earlier modes of representing their internal world experience that pre-date an awareness of thoughts, feelings and wishes as aspects of their mind. Unable to experience their mind as representational, the patient displays a proclivity towards assuming that what he/she thinks also exists in the real world (Fonagy & Target, 2006). In this state of 'psychic equivalence', internal and external realities are thus equated and the distinction between the two effaced. This effacing brings with it the potential to experience a 'spooky', unheimlich quality to contact that risks upsetting therapeutic engagement. Sensitive attention to that potential, by contrast, may promote engagement and the emergence of a new, 'third' experience:

Clinical example

Anna had experienced numerous moves during her early life, her mother misusing drugs and entering into violent relationships with a succession of men, some of whom sexually abused Anna. She had, in mid-adolescence, been removed into the care of her biological father, there displaying a precocious quality to her relationships wherein she demanded to be treated as an equal. Any attempt by her father to set boundaries to Anna's behaviour, which included

promiscuous sexual activity and drug misuse, was intolerable to her and resulted in conflict and violent self-harm.

In her contact with previous mental health services, Anna had generated significant anxiety in others, who typically responded by acquiescing to her various demands for 'special' treatment. Limits could similarly not be set and followed. For example, the reporting of her past sexual abuse – a mandatory procedure – had not followed local protocols for fear of her reaction, and her acts of self-harm had generated the odd management plan that included stipulating that she must self-harm regularly, because she had stated that she needed to in order to cope. Despite these 'special' arrangements, Anna regularly disengaged from support services, only later to represent. Similarly, she had moved through a succession of schools, disengaging from each.

Upon referral to our therapy programme, Anna began in sessions to actively question the assessing therapist in a pressured way, without waiting for a reply, to the point that the therapist silently noted feeling intruded upon. No space was available to reflect upon this experience together, with Anna moving quickly from topic to topic, occasionally voicing that the therapist of course would understand her, or else could not possibly understand. In this state of psychic equivalence, any distinction between internal and external realities was effaced. Through this style of relating, the therapist gleaned some awareness of Anna's intellectual abilities, though hampered by her evident anxiety and a rather manic propensity to identify with an aggressor in assuming a position of illusory control. None of these insights were available for interpretation, given the lack of space afforded the therapist.

After several sessions, the therapist was able to remark, quickly, that he felt in danger of being lost in chaos. Anna stopped in her tracks, asking for clarification. The therapist then added that Anna had helped him to become aware of a feeling that involved trying to reach an understanding of what was being presented, only to have it disappear from between his fingers and have it replaced by something else that required urgent attention. This pattern, he said, had never resulted in him feeling any more solid inside, in his developing understanding. Instead, he voiced feeling unsettled at best, whilst at times approaching a feeling of chaos, as if on the cusp on madness.

> Anna became quiet. She asked for clarification about whom the therapist was speaking:
>
> A: Do you mean me, or you?

T: I'm talking just now about how I feel.

Anna looked perplexed.

A: But that's how I feel, all the time! How did this happen? How did you know? Did I just do that?

T: You helped me, sure. And I can see it's unsettling for you, too, to have that happen. I wonder if we can be safely unsettled together, just now.

Anna became less agitated, falling into a comfortable silence. After a while, the therapist asked what was on her mind.

A: I was thinking about Quantum Physics. I don't know why, but I'd like to be a physicist one day.

Limit-setting has being suggested as being a pre-requisite activity in therapeutic work with patients suffering a personality disorder, bringing the destruction of the omnipotent self directly in relation to the therapist to be grappled with and in so doing, the emergence of depressive functioning is expected. (Mclean & Nathan, 2007). By depressive functioning I am describing an integrated view of the other, that allows for both good and bad qualities of the other to be recognized, with the hallmarks of sorrow and concern for the potential loss of the 'good object' (Klein, 1940).

Whilst not arguing against the need at times for setting limits, Anna's case nonetheless highlights the need a priori to attend to the *experiential process* of contact. When the therapist spoke from *within the process* of a difficulty in developing a 'solid' understanding, he was aware of the likely contribution to that experience by Anna's abuse history, her multiple placements and resultant lacking 'solid' sense of self. In turn, helping Anna to give up an illusory sense of omnipotence and establish a differentiation between internal and external (and an awareness of a relationship between these two 'entities') first required careful attention to the unheimlich experience of being noticed. Her perplexity in having her experience recognized was palpable in the session. However, unheimlich anxiety is not simply developmentally novel. It further requires the inhabiting of a particular space and the teasing out of a boundary between internal and external realities; a state within which (for the borderline patient) the very existence of both a self and an 'other' is not yet clear. The resultant lacking sense of safety underlines the need to respect the origins of omnipotence as a means of relating to external reality in a safe, manageable way.

Anna engaged well in the therapeutic programme, completing therapy and with a gradual cessation to her self-harm and engagement in a creative vocation. Her remark about Quantum Physics is also noteworthy, generating as it did an unsettled reaction in a therapist who was just beginning to formulate such ideas within his therapeutic practice. It is therefore not just the patient that must at times inhabit an unheimlich state, but the therapist too. Indeed, Parsons attaches great clinical importance to the ability to bear contact with this unfamiliar state, noting it to produce 'a particular quality of anxiety . . . [calling] into question the framework of understanding within which we feel safe' and he suggests that 'being fully alive means being open to the unheimlich' (Parsons, 2009).

The emerging discipline of neuropsychoanalysis similarly offers the potential for the psychotherapist or psychoanalyst to have his framework of understanding called into question and enriched in the process. Neuropsychoanalysis places itself as a link to the findings of the 'science of the mind as an object with those of the mind as a subject', again offering a bridge between two distinct entities: psychoanalysis and cognitive
neuroscience. (Solms et al, 2015) In doing so, Solms and colleagues seek to redress a perceived imbalance; specifically that neuroscientific research has not historically recognized as important the nature of the subjective experience.

So what can neuropsychoanalysis teach us that might be of relevance to working with those suffering with personality disorder? The answers no doubt extend beyond the confines of this paper, but some notable highlights might at least be permissible. Of special interest is the proposition arising for an affective consciousness, generated by the id and forming a background state of being. Neuropsychoanalysis thus conceptualize three levels to conscious experience:

a) The subjective level of the...self as affect.
b) The representational level of the...self as object, no different from other objects.
c) The re-representational level of the...self in relation to other objects: a third person perspective.

One major conclusion is that the id is actually conscious. Moreover, the ego is itself considered unconscious. However, the ego stabilizes the core consciousness generated by the id, transforming (a) affects into (b) object representations and (c) verbal object re-representations. This stabilization transforms 'affective consciousness' into mental solids, or object

representations, such that we ordinarily consider ourselves conscious in the latter sense.

However, this process obscures the fact that our conscious thinking is constantly accompanied by low level affects. Neuropsychoanalysts suggest, then, that the goal of all learning is to reduce uncertainty and surprise, such that learning becomes automatized. In turn, the experience of surprise **requires** the affective presence of the id, which then highlights a prediction error about the environment, from which new learning can then arise. The learned experience is then automatized. It is only in the presence of such surprise that a 'memory trace must be brought back to awareness, through hyperactivation by upper brainstem mechanisms...and evaluated afresh. This process coincides with the re-emergence of lability, until the revised trace is reconsolidated.' To put it another way, only when we experience uncertainty is there the possibility of learning and true adaptation to external reality. (Solms et al, 2015) These findings add weight Parsons' suggestion as to the importance of the unheimlich, not just in promoting therapeutic engagement, but further in *learning to be* creatively alive.

Case example

Jennifer was born with profound congenital deafness, to a single mother. At age two years, her hearing difficulties were picked up at a routine check-up, resulting in the provision of a succession of hearing aids and intensive speech and language therapy input. As a result, Jennifer could hear and attended mainstream school.

However, despite being bright, she experienced difficulty learning, often becoming embroiled in conflicts with others and dropping out of school. Self-harming consisted initially of head banging in childhood and later cutting in adolescence. Upon entry to the therapy programme as a young adult, she had no job and reported no confiding peer relations, with a sense of being aggrieved at the perception of being generally badly treated by others.

Her attendance was sporadic, often voicing when she did attend a preference to leave early to follow a clashing pursuit of the latest deal for an exercise class, or else to shop for food. Gradually, this experience was understood as Jennifer's response to partial gratification by her objects, as a function of her hearing impairment, such that she could never experience a 'full' contact with others. Instead, she had experienced others an unfairly withholding from her. She would set about compiling a composite gratifying experience, derived from multiple contacts, but in a rather indiscriminate way that limited her enjoyment.

A similar functioning infiltrated her attempts at learning, such that she would move from one incomplete task to the next.

Within the French school of psychoanalysis, 'mentalizing' is defined as a 'preconscious ego function that transforms basic somatic sensations and motor patterns through a linking activity' (Lecours and Bouchard, 1997). Through this lens, non-mentalizing describes a characteristic lack of symbolization of mental states and a style of thinking that is too close to sensory experiences and primary unconscious fantasies observed first in psychosomatic patients (Luquet, 1987) Jennifer's emphasis upon motor activity and sensory activity, at the expense of therapeutic work, might be understood in this context as a limited capacity to mentalize.

At one point in therapy, Jennifer announced that she would be going on holiday and would like to retain contact through Skype sessions for the duration. Her request was accommodated. During her subsequent contact with the therapist over Skype, the following exchange occurred:

J: Hello. Can you hear me?
T: Yes, though with some difficulty.
J: Is that you or is it me?
T: Maybe it's the connection between us?
J: The connection? Yes, the connection's not good.

The Skype call drops. Jennifer calls back a few moments later.

J: Really! This is so frustrating. Did you do that?
T: You're worried I might badly treat you in that way?
J: I can't cope with this. It's awful!

There is a pause:

J: Hello? Can you hear me?
T: Yes. I was registering just how difficult it is to have equipment between us that can't be relied upon, how hard it then is to unpick what is the fault of the equipment versus the fault of the other person.
J: That reminds me of what it's like with my hearing aids.
T: I was wondering the very same thing.
J: I'm so glad I have you, you know.

Jennifer begins to cry.

This was the first moment that Jennifer voiced valuing the therapist. It had required the therapist first to inhabit a novel position – Skype therapy – something that he had never done before, but further to call into question what was occurring between the pair within the session, in the absence of a solid frame of reference. The unheimlich quality resulting allowed a meaningful contact to be created by Jennifer.

In subsequent sessions, Jennifer attended on time, without distraction and for the duration. She began to describe how often she had felt 'lost' in changing hearing aids, as if the very perceptual fabric to her understanding of the world was constantly changing from outside her control. In neuropsychoanalytic terms, the use of Skype had generated an affective response, allowing a memory trace to return to awareness and a new 'mental solid' to be generated in therapy. Increasingly, Jennifer appeared able to reflect upon her experiences and to display curiosity about her experiences in relationships with others: to inhabit the position of a third person perspective. She entered University, eventually gaining a 1st degree in her chosen subject and entering into a long-term relationship and with no continued self-harming.

To make developmental use of others in this way, one requires the ability to recognize and tolerate that the object is outside the realm of omnipotent control. In this regard, Winnicott writes that "'the capacity to use objects is more sophisticated than a capacity to relate to objects; relating may be to a subjective object *but usage implies that the object is part of external reality*' (Winnicott, 1971). Jennifer had difficulty in knowing that her objects were part of external reality, because her perceptual system was constantly changing due to her hearing aids being regularly replaced. As a result, what she had internalized was an inherently unstable representational system, itself of specific relevance to borderline pathology (Bateman & Fonagy, 2004). Knowledge of 'mentally solid' objects could thus not be generated and true relating was hampered.

Contact in groups

I have thus far dealt with some aspects important to individual therapeutic work, these being no less relevant to groups. But what might be of additional concern to therapeutic work in groups?

The notion that group work may be therapeutic for people suffering personality difficulties is in keeping with the premise that each group member diverges from the social norm in differing respects (Foulkes, 1975), thus retaining strengths in

differing areas. Further, as difficulties are not generally encountered simultaneously, a group member in crisis will tend to perceive any given situation differently from members free of crises, in the moment. In this way, the group may function as "ego training in action" for its members, wherein the group provides "a stage for actions, reactions and interactions within a therapeutic situation [...] the ego [of the individual being] activated and reformed" (Foulkes, 1957).

By contrast, mentalization based therapy (MBT) theorists hold that "Foulkes held an idealized concept of the nature of humans and group dynamics and that he underestimated the power of their destructiveness". They raise the caution that in groups, one may encounter confusing self-states and affects that are extremely difficult to mentalize and that can promote regressive propensities (Bateman and Fonagy, 2012). This sentiment echoes Bion (1961), who similarly held that being called to enter into a self-reflective position within a group is a frightening experience that "is charged with emotions which exert a powerful, and frequently unobserved, influence on the individual [...] his emotions stirred to the detriment of his judgment" and provoking regressive functioning in the group. Worse still is the potential for the group environment to reinforce and "malignantly mirror" an individual's psychopathology (Zinkin, 1983), so that interactions spiral into a destructive toxicity.

For the Foulksian belief to be realized and the concern of MBT theorists reduced, I hold as important the development of 'core to core contact' (Jones, 2015), wherein group members develop the capacity to safely recognize and tolerate similarities and difference, based upon the sense of discovering a shared set of values. The milieu of a therapeutic community setting is particularly suited to this development. Within it, group members move between structured therapeutic spaces and more informal communal spaces. This movement includes simultaneous changing between external spaces and change along a spectrum of internal affective arousal. It affords the potential for individuals to gather awareness of a structuring *process*, in which they are jointly involved.

Clinical example

Jane had experienced protracted physical abuse by a succession of her mother's partners during childhood. She had retained a relationship with her mother, but existed on the periphery of the family. As an adolescent, she had shown potential as an artist, but any attempt in this direction had previously been precipitously dropped, with associated forays into drug misuse that continued into adulthood to the detriment of her creative potential.

Claire displayed a propensity towards frequent dissociative episodes, within which she significantly self-harmed but without any conscious recollection following the event. Early attempts, within group therapy, to support Claire in exploring her experiences were thwarted by Claire stating that she could not describe her feelings, as if, she stated 'someone is speaking a foreign language' to her in those moments.

One day, the group therapist encountered Claire in a communal space, enjoying regaling her peers, including Jane, with stories of seemingly little consequence. She clearly delighted in the experience, which was well received. The group therapist remarked that the group seemed to be joining in the fun with Claire, whereas his own attempts had failed. Claire paused, smiling tearfully and remarking that she remembered how in childhood she had often tried to engage her own mother in play, but her mother had simply appeared disinterested in her.

Subsequently, within group therapy, the therapist took up a concern that Jane had called the therapy programme in distress the day prior, wondering if there might be a possibility of further exploring that experience together. As in her own family, Jane sat in silence, on the periphery of the group. The therapist wondered aloud why it might be easier to communicate distress from a distance. Claire took up the question, stating that she thought that speaking on the telephone might allow Jane to be free of the worry of the impact of her distress upon others, much like she was during her own dissociative episodes. In the group, she said, both were brought face to face with the having to acknowledge that others cared and could be affected by them. They exchanged a smile, as if a mother sensitively attuned to her child's distress: a new developmental experience emerging.

Claire's dissociative episodes abated following this exchange and she displayed a striking ability to articulate aspects of her internal world in relating to others. It was no longer a foreign language. Jane resumed her interest in art. In a subsequent encounter in a communal space, Jane showed the group therapist her artwork. He noticed the question mark and asked Jane about the image above it. 'It's a mechanical chicken" Jane replied. The therapist looked quizzically at the image again and Jane laughed, shrugging her shoulders. 'Spooky', she replied, comfortable in the uncertainty of where the image came from and what it meant.

Entering into the structuring *process* in this way is distinctly different from entry into a structure. This is an important distinction. Internal and external structures may be simultaneously perceived as a potential source of threat and a

secure base, resulting in an 'approach avoidance dilemma' (Bateman & Fonagy, 2006). The experience of being noticed itself may precipitate a 'core complex anxiety' and a withdrawal from contact (Glasser, 1986). This is common within the therapeutic work with people suffering personality disturbances and disorder. So too is early developmental trauma, with the "personality disordered' features of affective dysregulation, inter-personal and social difficulties all be accounted for by a disruption to the early care-giving experience (Westen et al, 2006). In discussing the impact of a failure of the mother to provide the potential for a primary identification for the infant's developing sense of self, Winnicott discusses a resultant unsuccessful balance between the basis of a sense of being (which he terms the 'female element') and a more active element that pursues the satisfaction of instinct derivatives (the male element). He is pointing to a disruption to the integration of mental processes, with the result that "instead of being like, the baby has to do like or be done to' (Winnicott, 1971). An emphasis upon the structuring process allows for a shared 'doing' to pave the way for shared 'being' and a redressing of the imbalance between male and female elements in the patient. This redressing allows uncertainty to be better tolerated, just as Claire demonstrated in her move away from dissociative episodes and as Jane highlighted in her artwork. New developmental gains are then possible, arising out of a novel 'third' inter-subjective experience.

Temporality in groups

I have put forward the suggestion that only when we experience uncertainty is true adaptation to external reality possible. But those suffering personality disturbance frequently encounter situational crises and a perceived threat to ongoing psychic survival. In these resultant moments of high affective arousal, uncertainty is intolerable. It is as if there is no past, nor future, but only the present potential for annihilation. The quality of coping is supplanted by the need to survive.

Winnicott (1971) directs attention to the quality of coping that is achievable by an individual, with a fundamental distinction between two ways of living. He points to the act of 'creative apperception' as affording a creative engagement with the world, as distinct from a futile compliance with it. Creative apperception requires us to perceive something and consider it in relation to past experience in order to create an imagined future.

As the future counter-part of creative apperception, Parsons describes as an element of 'avant coup' the process of the "present experience acquir[ing] a greater range of possibility by being imagined from the standpoint of a future

that has not yet taken form" (Parsons, 2014).

Through attention to these two processes within groups, the re-establishment of a continuity of self that exists between temporal poles becomes possible.

Clinical example

Within a large group 'community' meeting, the patients were taken up by a feeling of hopelessness at the imminent entry of a new cohort as an addition to the group. Powerful feelings of terror and rage dominated the discussion, mounting to a crescendo of loudly voiced dissatisfaction.

The therapist noted the level of shared distress, asking the group members how they typically would manage such distress and what sort of support they might want for each other as they continued together. Some group members became quieter, beginning to describe past acts of self-harm as well as hoping that still others in the group could now be supported differently in their distress, without suffering the same fate as them. The therapist then asked the group members to imagine themselves into a future ten years from the present, asking first where they would like to be. "I'll be dead by the time I'm thirty" replied one member, to the nodding agreement of many others. The therapist asked them just to consider their twenties, then, and there emerged a gradual collective fabric to the imagined realities, with fantasies of houses by the beach, pets and partners being traded by the membership. The therapist then invited the participants to wonder what it would be like for their future self if walking into the current discussion. The group became quieter still. One member eventually spoke. "It's hard to imagine…hard to think about. If I try, I guess I'd feel it was so sad that a young girl could do such damage to her body. I'd weep at the scars.' The other members nodded in silent agreement and set to comforting one another. The therapist commented that perhaps the new group members would also need support in their tears, with more nods following on.

The establishment of the temporal poles of past, present and imagined future involved the process of creative apperception and avant coup. Through their creation, the addition of new group members, perceived as a potential threat to their collective survival, gave way to depressive functioning.

Uncertainty and the Organizational Exchange

Typically, the process of therapeutic work that offers a move away from 'entanglement' and towards a creative relating occurs within a wider healthcare

setting. How that setting manages the spooky, unheimlich quality to uncertainty within relationships is no less important to the hope for therapeutic gains.

Sarkar (2009), however, suggests that healthcare organizations are prone to scapegoating because of the existence of anxious and rigid bureaucracies, together with an incoherent admixture of rigid dominant hierarchies and flattened team approaches. Uncertainty is not easily tolerable within such as structure. Further, the difficulties with impulse control, self-harm and aggression to others that characterize cluster B personality types (dramatic, emotional and erratic) are frequently encountered as major burdens to psychiatric settings, heightening anxiety and frustration and further limiting tolerance.

Organizational example

During a meeting of peers, a colleague voiced dissatisfaction in having to attend meetings with our therapy service, at which ongoing care plans were discussed. The perception voiced was of having to comply with the demand for continued care made by the therapy team on behalf of the patients, beyond the term of therapy, in a manner that took little account of the separate needs of the other service. This was simply unfair, the peer stated angrily. I noted, silently, that my own first internal response was to set my peer straight, that no such demand was ever made and that our service was merely seeking a shared discussion around future plans.

In first setting myself to silence, I was attempting to limit my own felt pressure to obliterate any uncertainty, to tell my peer that this account just wasn't true. What emerged, then, in the wider peer group was a call for 'blending' between us as neighbours, with the potential proffered that if our services we were more alike, such difficult exchanged would be ended. Working as I do within Australia, I was eventually able to suggest that blending had already been tried, that this was in fact inherent to Australian history wherein the 'blending' of the Aboriginal population with white settlers had given rise to the 'Stolen Generation.' Surely, I said, the mistakes of the past should not be repeated. If this were to happen, we would have to accept as a fantasy the notion that difference is to be obliterated, rather than tolerated, lest individual 'therapeutic cultures' be stolen away.

Some group members gasped audibly at my attempt to promote a creative apperception in the meeting. However, the effect was to silence the

'scapegoating' that had been occurring in favor of a discussion around the difficulty in tolerating difference, as a result of the uncertainty generated. I could have offered a more calming and placatory presence, of course.

Kernberg helpfully summarizes my reasons in not doing so, in his discussions of the collective findings of earlier authors considering the concept of destructiveness as a social phenomenon evident within both small and large groups. In speaking of the group members, he states that:

'They show the immediate activation of intense anxiety...an effort to escape that anxiety by some soothing *ad hoc* philosophy expounded by a friendly, mediocre, grandfatherly leader *who calms down the* group's anxiety *with clichés*...[and then] a tendency to the development of intense violence, the search for a paranoid leader, the division of the group itself, or its perception of the surrounding social environment, into an idealized and a persecutory one, with active aggression directed against what is perceived as the hostile segment of the world in order to protect the perfection and the security of the ideal group.' (Kernberg, 2009)

In highlighting the discussion around 'blending' as being indicative of a fantasy, I had promoted for consideration the notion that something was being defended against that demanded attention. This was a containing act, from which the group's capacity to discuss the uncertainty inherent in difference emerged. H ad I offered instead platitudes, as Kernberg warns against, the group would likely not have experienced me as 'real' and a descent into a more hostile and paranoid exchange would likely have resulted.

Considering the following, example, by contrast:

Within a relatively newly established organization, the Executive group (**Particle One**) consciously seeks individual expertise (**Particle Two**) from the wider organization in the development of new services: a new relating. This may however be both wanted and unwanted, given the developing organizational 'sense of self'. A potential conflict is thus inherent to the developing group, with support required amidst a fear that the same support may be destructive. Typically, three things follow:

1) One or two of the members begin to talk over and interrupt the newly invited 'other', demanding with increasing fervor that anything offered complied a priori with what already exists, such that a homeostasis is maintained: **two realities**

cannot be simultaneously known, because existing laws do not allow for it.

2) The ensuing conflict results in a leader being called to arbitrate, but when the leader seeks to offer soothing cliché's as a solution, the group knows these to be falsehoods. The leader is being sought to speak from a position of collectively known illusory expertise, because at the same time as the group is acknowledging lacking expertise in a specific area though the invitation of the 'other' into the group. No containment can be offered **because this paradox is known**.

3) The resultant inter-personal conflict serves as justification to strive further to maintain homeostasis and the expert 'other' is excluded as a threat, in a bid to protect a developmentally limiting narcissistic ideal. The inhabiting of an 'unheimlich' place together is intolerable and cannot be entered into. **The 'spooky' action of one 'particle' upon the other cannot be tolerated and the 'hidden variables' cannot be further mentalized.**

What informs the different outcomes between these last two examples is the extent to which the following are present:

   a) The capacity to anticipate and respond to the uncertain, unsettling effect that contact may bring.
   b) The resultant potential to encounter two simultaneous realities.
   c) The possibility of retaining a differentiation between self and other as a result.

Paranoid reactions may be averted and ongoing 'mentalized' relating made possible when these aspects are attended to adequately, just as in the clinical encounter with patients.

Summary

I have suggested that for those suffering from disturbances to their personality structure, the effacing of the distinction between internal and external realities and the resultant difficulty in 'dis-entangling' self from other results in a 'spooky', unsettling and unheimlich state of being. A sensitive awareness in the therapist to this propensity, as well as an ability to inhabit the unheimlich position alongside the patient may offer creative gains in both individual and group therapy. Patients may then be released from the shackles of an illusory

omnipotence in a manageable way, as a new developmental experience unfolds. There then emerges a creative freedom to engage in and relate to reality.

The move towards depressive functioning and can be further promoted by the re-establishment of temporal poles, along which a continuity of self can be more fully established. The potential to both reflect upon a history and imagine a potential future emerges; to create a future based on experience.

Such developments do not rest solely on the capacities within the therapeutic work of the team in tolerating unsettled states. Without this work being stabilized by a wider organisational capacity to tolerate unsettled states as a function of its own development, creativity risks being supplanted by a call to comply, but to the potential detriment of the 'creative aliveness' of patient and clinician.

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Barry Jones: Psychoanalyst, Consultant in Psychotherapy & Child and Adolescent Psychiatry
Email: scottishshrink@gmail.com

9.

Intersubjectivity between groups and research on the setting: an experience of concentric groups with varying therapeutic gradients in the experience of Basti-Menti APS

Francesco Comelli

I thought about communicating an experience of a "community of practices" to think about possible treatments and their settings, in light of the relationship between culture and psychopathology, for patients who are so-called "resistant" to what culture has identified as treatment (Plakun 2010). If the current cultural and scientific contexts have constructed the tools to treat, I wonder if they can still be useful for resistant patients, and, if so, how some tools can be transformed without betraying the principles they were inspired by, which helped us before we became the helpers. Services for patients today re-enact to the utmost extent their crisis through evacuative indifference, or through custodial or pharmacological frameworks, created for psychoses but not for the new symptomatology that is mainly characterised by addictions, compulsions, and personality disorders (Verheul et al.2000). They often offer either biological scenarios (guidelines, pharmacological prescriptions) or scenarios of illness administration, by developing areas of entertainment or parking for the subjects (Fowler et al., 2010). Moreover, patients are easily induced into becoming "technologically" chronic, frequent users of services that turn the patient's identity more and more into that of the 'typical patient' (Comelli, 2015), moving away from the person and the subject. The expulsivity of many institutions in Italy (Tomasi, Ramella, 2015; Comelli, 2015) reflects a scarce ability to think in group: this has induced me and others to dedicate ourselves to group/individual relations, to dialogue between different groups, and to the transformation of the patient's function from that of helped to that of cultural worker, and finally to the study of spaces outside analysis or therapies. The experience underway in Milan (Associazione Basti-Menti) develops integrated group and individual projects without a standard method, but with projects thought for every single person, to bring back to light talents that have been forgotten by the subject or repressed by conformist treatments, and promoting his redemption by empowering his cultural skills.

These practitioners, in time, came together starting from the patient's request, acknowledging his basic authority (according to Austen Riggs experiences, Plakun 2011), and adapting treatment contexts to these needs, often also by refraining from applying pre-determined frameworks as such.

So in the case of journalistic blogs, born from idea of patients and practitioners, some patients can question contemporary reality to restore their cultural presence beyond the role of the patient. In fact, many patients are considered to be only patients: the work of these groups does not refute the technical element (diagnostics, drugs, etc.), but it goes further, in an attempt to also integrate a cultural voice beyond diagnoses and beyond the condition of the patient, consumer of drugs or patient services. Cultural containers could be important for containing function , which imply an emotional work to be part and to belong to a group.

This also arises from wondering what has happened to the patients' resources, how these have been mortified, but the same could be asked about the therapists as well.

The therapeutic offer therefore becomes a process, which can be limited purely to the therapeutic groups or to classic individual therapies, or stretch to the development of extra-analytical or post-analytical spaces, usually treatment groups through cultural activities. We start with the extreme lack of available means, to then deal with severe mental/existential illness with ethically appropriate – yet courageous – strategies with regards to the relationship between interconnected analytical spaces and post-analytical spaces of a cultural nature. Often, in fact, after the session or after the end of analysis, the patient experiences unhealthy situations or ones that are difficult to deal with alone: "after-analysis" is then the space outside analyses that may require a reflection on the patient's extra-analytical containers.

Thus, the space of "after-analysis", both as the space after the session, or of life after the end of therapy, raises the issue of separation from the analyst, and of the extra-session containers, with an invitation to therapists to imagine how our patients will inhabit familiar spaces, or their solitude.

The extra-analytic spaces therefore require spaces for group cultural work shared by patients and practitioners, in an attempt to think as a group. This is partly based on the fact that contemporary collectivity, in Milan as in many places in the West, manifests symptoms of destructive individualism, based on unhealthy groups and the absence of contexts to represent such phenomena. As an alternative to groups, if the patient cannot attend these, there are individualised projects that start from the patient's forgotten existential talents, to help him find a forgotten or denied love for his own truth.

In fact, on many occasions, for many patients culture has been an element of treatment. This was true as long as it was able to create real and effective cultural products that were valid for all, in other words not as rehabilitation for

rehabilitation's sake, only for patients, but something that could be shared by patients and practitioners with a common ground for

Basically, we try to work on the patient's containers as a reparative element with regards to the lack of symbolisation and the introspective request.

Patient Type

The patients being treated have different diagnoses, from personality disorders to the area of psychotic disorders, and are often referred to as resistant to treatment that has taken place in other psychiatric and psychoanalytic services.

In fact, on a social – as well as therapeutic – level, psychoanalytic group thought, along with its transformative experiences, offer a social alternative to the polarisation between a political left wing (which has historically been linked to groups but is now in crisis and is often hypocrite and devoid of the historical contents of the left), and a conformist political right. Instead, this experience, on the whole, aims to create a homeostasis between individual and group phenomena to limit - as much as possible - the dynamics of the group invading the subject or, vice versa, the subject excessively dominating the group. All the facts – big and small – that arise from this, aim to comprehend and share, wherever possible, one's own non-traumatic transformation (Bion 1996). The field that arises from these practices and dynamics favours a corrective emotional experience (Yalom, 1995) in those cases in which presumably the family group has massively invaded the subject; or in cases where pervasive traumatic experiences have impacted those subjects whose self is too fragile to integrate those group elements that have penetrated the confines of the self and cannot be processed.

Simply put, one of the current problems may be precisely the fact that one cannot see his own subjectivities as different and personal in the face of the invasion of a group object (family mentality, social ideology), and this leads back to the ability to dream and to encounter one's own emotional heritage and a good separateness from invasive and non-significant objects.

This means that the subject's identity is a function of the elements of the unhealthy group, or is contained in unhealthy groupalities within the subject.

Other assumptions are the crisis of institutions, patients who are difficult to treat with traditional settings, studies on the family field, the recovery of psychoanalysis through group psychoanalysis, the treatment of containers, the contemporary de-subjectivation/de-culturation of people and the cultural re-integration of patients, including through so-called cultural initiatives.

The restlessness that drives us to create new containers is linked to the crisis of institutions, including psychoanalytic ones, and of containers in general, overcoming the common sense that often tends to create areas of collusion with non-thinking or non-subjectivation (Plakun, 2010).

As analytically trained practitioners, one may ask how to work in the world of evidence-based medicine, or within the bureaucratization of the mind, beyond a private practice; or how to respect the subject's individuality in the midst of the standardisation of psychiatry, as well as psychoanalysis, which struggles to find applications and development "outside the private practice" without betraying its inspiring principles.

Social context

I believe it is important to say something about the social context we are currently involved in. An important point is the relationship with death, where today well-being and the illusion that technology can fix anything make it difficult for the subject to come into contact with death, pain, loss and the possibility of transforming depressive experiences (demonstrated by the high number of suicides in first-world countries) into experiences of growth and relationships; this can translate, psychopathologically, into the fact that these themes, excluded from social and cultural contexts, re-emerge in the subject through self-harm, anorexias, and other illnesses that lead to death more evidently when they come into contact with family systems (Benasayag and Schmit, 2009).

Hence the new predominantly anaesthetic symptoms, as an attempt to protect oneself from representations of suffering.

The contemporary social context has trouble thinking or representing separateness, also because of unhealthy family bonds. An issue that seems to cross the boundaries of large groups, families and the subject is: which containers can represent or dream pain and separateness, so that these may be felt and not foreclosed, fundamentally ensuring that anaesthesia not be the only alternative, but allowing mental and/or relational functions to share and transform them.

In the contemporary West, it seems that death and separation anxiety are not tolerated, dealt with, or integrated in the relationship; they reappear in the form of illnesses that implicate a race towards death, such as anorexia (with the possible death of the patients) or self-harming behaviour. It is a timely and tragic return to those traumatic elements that have not been understood, encountered, or dealt with in family or intra-psychic relationships. In the Western world, in fact, mourning and coming into contact with otherness seem to be difficult

themes to navigate, and there is a social certainty that the mind struggles to carry out the process of mourning without resorting to destructiveness.

The Western kamikaze (De Clercq, 2016), or, in other words, Western adolescents set on hurting themselves, confidants with death (often just like Oriental adolescents, albeit with different motives), are fascinated by evil for themselves and others, and express through these behaviours the need for a relationship with death, which is for the most part socially blocked and denied. In broad terms it seems that hardness and destructiveness turn into actions aimed at eliminating the pain and suffering that derive from separateness when this cannot be thought, processed or conceived on verious levels.

Following the slang of young people, which often refers to positive and negative polarization, one could say that these two dimensions need containers that can represent them and organise them in areas that are sustainable for the subject. In our experience, through the dialogue between groups, it's possible to syphon positive and negative experiences between one group and the other, or between the individual to the group, so that the more difficult experiences can be processed.

We therefore thought of working with patients to seek the most common and most shared areas where the themes of those who suffer can become elements of cultural reflection for all, and for a less explicit social re-integration.

On a metaphorical level, this amounts to the de-idealization of the therapy room as the only transformative centre, and to its connection to other areas, designed by therapists nonetheless, but more related to cultural realms. This perhaps may echo the de-idealization of last century's omnipotent parental figures, with the mourning and pain for the loss of familiar - as well as social - certainties, but perhaps to the benefit of the development of codes of fraternal relationship.

In the individual setting, the metaphorical or real loss of the breast can generate depression, and psychoanalysis calls for work on loss, thus favouring the passage from the great child-breast self, to the loss of the breast, with the aim of helping the subject tolerate frustration. For symbolizing patients, this can be an efficient and effective working model.

In this experience with patients who lack the ability to symbolise, this process can take place as a community, with group representations, and fluctuations between participation in a large group (one large group per month, or cultural group experiences) and personal therapies (both individual and group therapies), so as to the be able to go back to the experience of the large group: this fluctuation is important to guarantee good group-individual relations.

This poses an element of the setting which we usually see in residential care, in other words the presence of practitioners with different significances in different spaces within the community.

Some individuals in fact take part in different containers and different experiences on the basis of a decision made by the team, or following a spontaneous decision based on the subject's affinities or wishes.

How the idea of treatment through cultural experiences came about

The idea of treatment beyond psychotherapeutic groups, through a connection with so-called cultural groups, comes from specific patients who were able to re-think their talent as well as their broader cultural passion (artistic, literary, social). These individual patients often used cultural metaphors or complained about biological reductionism, or refused psychotherapeutic treatment, but expressed a great interest in cultural fields.

The numbers of our experience are small, around 50 members in the Association, and an additional 30 people who participate as non-members.

An example of contamination between different layers

One aspect that seems interesting in terms of the relationship between the layers of the "multilayer" (Margherita G.,2012), is the function of inter-subjective commuting between different spaces in this experience: I will try to offer here an example by referring to the contamination of the experience of the so-called "invisibles".

A patient, who was an engineer, came to my notice after 15 years of individual analysis; She was severely depressed and did not know what to do anymore, except probably commit suicide (the patient was considered resistant to analysis). Her clinical history reported a previous suicide attempt. She took a significant amount of prescription drugs in all the chemical categories, as is common in cases where doctors no longer know what new therapy to introduce.

Rather than immediately suggesting individual therapy, which she had just come out of and was mistrustful of (she would not have accepted this, she was very critical of analysis and wasn't ready for a group either), I tried to listen to her a few times, and saw that the family situation was very difficult and conflictual. I suggested she continue talking to me, but tried to refer the mother and father to a colleague. The mother refused and said she would only speak to me. Given the severity of the situation I decided to listen to her (the patient-daughter's risk of suicide was high) and a very interesting story emerged: the father is a childish

person, very needy with regards to his wife; he had emotionally blackmailed her in several ways. Moreover, the patient's mother expressed her relief at the death of her parents, who she considered to be harassing, but this had not been something she could express, as she had to carry out her duty as the good daughter and the good wife.

Moving on in her stories, the patient's mother agrees to participate in a family group led by myself. Meanwhile, the patient, who was in favour of her family undergoing treatment, took part in a group experience. This phase of the situation, which awaited a more defined course, lasted about a year and halted the patient's decline, who in time reduced the drugs, and now no longer takes any. After five years of group participation, the patient, feeling significantly better, decides to stop attending, perhaps because she is aware of the risk of plunging back into a state of illness. In fact, at the end of the group, she was decidedly better, and this brings us back to the theme of the "after-analysis". Many patients are decidedly better after analysis, and at least this as true for her (although I believe more work should have been done with her, in any case many significant transformations had taken place), but there may be a need for further spaces designed by an analytical mind, that can accompany the subject in a way that can contain, satisfy, and protect. I decided, at her request, to have a pedagogist support her social inclusion, and this pedagogist, also an ex-patient (who had terminated her analytical work long before), involved her in a theatrical group that the association was organising. The patient felt contained by this experience and wrote a play that touched upon several themes discussed by journalism group she was attending: this is how her after-analysis proceeded, in a participative way. The theatre group decided to use the patient's writings as plays, and this produced an exchange between groups, as well as the continuation of the shared work, in a way that could culturally express many of the patient's internal themes, as well as those of the groups themselves.

A result that is not unrelated to all this is the engineer-patient's brother undertaking analytical psychotherapy.

Both the theatre group and the journalism one in this case exchanged experiential elements, and some people acted as "elevators", or commuters (Neri, 2000) between one group and the other.

Patients who undertake analytical work don't usually take part in cultural groups right away, as with the patient who was supported for years and did not participate in groups outside her own, but in other cases this seems important precisely because of a need for socialisation. Even family members of service users who may have gone through years of psychotherapy can subsequently participate in the cultural group.

A few issues regarding method

An analyst's work outside their private practice is nothing new (Racamier, 1996; Sassolas, 2001), and may be a way to come out of an enclosed realm, or move away from an idealisation of one's individual role, but it may also rise out of an interest in the patient's post-analytic space.

The analyst's shift from the space of a room to a cultural space (for example, a therapist who sees a patient as an analyst then takes part on an equal level in a cultural group) can be similar to that of the patient, who may fluctuate between these different spaces.

The group framework prevails – in terms of quality - over the school setting, in that the whole of the association's therapeutic framework has different levels of inclusion and participation. The group dynamic or the theme of the group seems to prevail over the theme of the sole therapy room. In a way, we could say that although what happens in the therapy room is certainly a common therapeutic fact, the room is itself contained in a larger group container, or may not be the only tool. So, for example, in the difficult case of a resistant patient who refused any psychotherapy, we kept an individual space, but the element of success was a small group composed of parents, grandparents, practitioners, and the analyst who worked with the young man. This analyst needed group experience to be able to work both on the patient as well as on the container that allowed the significant family themes to be revealed, which were useful to the. A previous space for analysis with a colleague of mine, for several weekly sessions, had stirred nothing, and actually made the situation worse. In this case a young psychologist who supports the young man during the day was a further important element, in that he somehow made up for the lack of the father figure. The father, who had died years before, had in fact been "substituted" by the maternal grandfather, who, in order to compensate for the pain of the boy's loss, had done everything to guarantee the boy's well-being, and among other things had marginalised the boy's mother, his daughter, from the parental role.

In cases like these, family members can counterbalance the situation, and the group in question should be seen and thought of as dynamics, although this was possible after a year of work (the family was resistant to work on these themes). It should also be noted that before this approach, the patient had been progressively worsening, and was being cared for by both public and private services.

In some cases, after years of work, or after significant steps taken, in addition to the room for individual or group analysis, patients (though not in the case of the

patient just mentioned) can take part in other spaces, and this can be linked to an evolution and a transformation of the relationship.

While maintaining the functions and meanings of each person's role, the patients may be able to see first hand how the analyst participates in group moments, and how to integrate in different contexts depending on what goes on in the groups, developing therapeutic functions instead therapeutic settings.

In this way we speak of different spaces with different therapeutic gradients: this seems to help a process that deals with fundamental problems on different levels depending on the meaning of the group; if everyone can individually deal with their own existential problem in a clinical setting with a therapist from the association, they can then extend this treatment to a cultural level, and then come back to the traditional setting in a constant fluctuation that can give voice to the various layers of the personality in accordance with the fact that the person can benefit from belonging to a multi-layer system (Margherita, 2012).

In conclusion, this approach is based on the effectiveness of therapy among groups with different meanings, bringing out the subject's analytical and extra-analytical talents through group dynamics. These dynamics can be seen as having an effect of exchanges between different groups, carried out by "commuters" between various groups in the subjects' mental space.

The development of different groups in this experience, some of which are therapeutic, other cultural, has generated a multi-layered community, which metaphorically recalls a psychic building with "elevator"-people between different layers, who promote a dialogue between these different levels.

These functions of commuting (Neri, 2000), of "transitional subjectivity", or of "elevators", take place between different floors of the same mental house, and this offers a diffused experience of a healthy-enough container that is able to process phenomena of a destructive nature.

Study of the family group

Among such groups or containers is the familiar one, which becomes an important object of study, but once again with some adjustments with regards to the single patient setting.

Our clinical interventions can therefore take place even before the actual treatment of the so-called patient, with the family group, but all this still requires analytical thinking, without which this discourse would not make sense: so our working group reflected on how the theories and practices in use today are suitable to treat contemporary adolescents, or if we are in need of new

models that can help better understand the importance of "inter-generational gaps" and the "trans-generational unspoken".

In summary, we had to reflect on contemporary psychopathology, which requires at least a change in the relationship with mourning, with separation and the sense of limits.

As therapists, compared to our "grandparents" – the authors that started psychoanalysis a century ago, many of us are wondering about the possibility of exploring paths that are more inter-subjective, and of being able to "mourn" and transform with regards to treatment approaches that are no longer in line with people's way of being and of suffering. Today, adolescent patients may be technicised or experts in performative areas, but the tools they possess to face mourning, separation and limits are different from those used three generations ago. With regards to the aforementioned patient who had lost his father, I have to mourn the fact that I was not able to help him individually in a classic setting because of his absolute intolerance towards any sort of frustration, but I was able to devise a small group with his family and one or two involved practitioners as a working tool, in addition to the presence of two day-time workers.

In this case, the treatment had to evolve and move closer to the primary areas, like a mixed group capable of providing a primary container: in essence, as therapists we had to undergo a transformation and be able to abandon all certainties; in other words, we had to mourn the methods and theoretical beliefs that thought of the analyst as being distant from inter-subjective and group modalities. This is precisely what some categories of adolescents find themselves unable to do, that is to mourn, to be able to face the small or big deaths we may encounter.

We can ask ourselves what the subject goes through when the infant-mother experience, the experience of belonging to the family group, does not allow for an object relation that can sufficiently protect symbolic abilities and contain persecutory objects.

In simpler words, how the absence of a limit has allowed an intimate experience of pain, to what extent the family has been able to not create the illusion that protection is infinite and complete, how pain has been avoided or tolerated, how the children's cries have been heard only as a hardship, or still, how traumas may have been treated and not silenced, how the parent's bonds with their children have been motivated by un-resolved issues with their parents, how a world that is only good has been fostered without helping children face pain within reason or in the absence of a paternal figure (perhaps in reaction to the previous century's masculine ideal, producer of wars and of authorised

violence), or of a hypertrophic maternal protection in which pain and separateness are considered not as elements to be experienced, but as elements to anesthetise.

Many of these patients are resistant to asking for help, although it is possible that it is requested by the family, with the subsequent need to understand what kind of thinking the analyst develops around the family members' requests.

The case of the boy without a father is a good example of resistance towards any kind of treatment, and a need for a corrective family group experience around him as a thinking – and therefore therapeutic - function.

As Bion teaches, tolerating the absence of an object can generate thoughts, and so, moving away from the idealisation of certainty in psychoanalysis is akin to the absence of the breast, and thus sparks a representation of the analytical non-breast.

In other words, the loss of the perfect psychoanalytic breast could transform it into a different breast, with a process of mourning that can make it more suitable to contemporary patients and the great social changes. For example, the transformation from individual analysts to group analysts: there is very often, in psychoanalytic societies, the issue of the group, like the easy creation of sub-groups or different parishes. I believe this is human, but I also think that this is linked to the difficulty in thinking in transformative and uncertain ways, or in any case ways that are constantly changing, while maintaining the goal of treatment.

The concept of enactment or self disclosure actually moves in this direction, that is towards the study of the analyst's position in the inter-subjectivity of the relationship, or the research on the setting (Pellizzaro, 2015) in family group therapies, or the work of Francesca Borgogno (2015) on multifamily groups, or even those of Austen Riggs in the USA (Plakun, 2010), where the analytical settings are deposited in an extended group community setting. The degree of deprivation of many patients, of primary needs and the changes in the care of children in modern societies must be re-thought on the basis of the all-too-rare good holdings, of family groups that can tolerate and process trauma, of the inversion of the parent-infant role, with the request that in many ways children look after their parents.

This seems to have exposed many children to very early separations. In this sense the roles of working mothers have changed in the past decades, towards women's greater commitment, and this may imply different consequences in children's exposure to neglect or abandonment, or simply exposure to excessive anxiety.

This is why our practice requires long periods of holding and case management of the patients or the family group, with an effort to understand the containers of the family group or the contents themselves, which are not so easily visible or detectable, either by the subject or by the therapists.

It is therefore thought that a high level of freedom and a high level of silence, which have always been experienced as appropriate respect and attentive listening in analysis, are today often experienced as abandonment, in the realm of a separateness that cannot be experienced or represented yet. Furthermore, in this historic phase, parents have changed in their role, often adhering to the Western model of well-being, of the denial of the concept of death, of narcissistic pursuit as a form of social success, with implicit narcissistic pacts with children who often reverse their position, becoming metaphorically their parents' parents. In these areas, the traditional analytic model can also be applied to the study of the containers that facilitate such processes, namely families or natural or therapeutic social groups. It is possible that social containers have a key role, and although this is a long discourse, it can be summed up as an attempt to ward off the feeling of guilt or the representation of pain, the negative, in the context of a difficult encounter between man and his destructiveness, so manifest in the last century (Comelli, Ramella, Bocchiola, 2012).

This can often be transmitted to the micro-social areas of families (Borgogno Francesca, 2015), fundamentally opening up to the treatment of the family group, with the study of the family as a group, over multiple generations or with the horizontal group.

Badaracco and Narracci (2011) state that in the identified patient, one can observe the presence of "un-digestible" mental states (such as acting out, compulsive ideas, reiteration of functions), as if the patient were the final destination of this material, which actually originates and transits through the parents, who are themselves struggling with the intractability of the traumatic nuclei or of unprocessed pain.

In an experience of working with a family, Pellizzaro (2015) proposes differentiated moments of the setting, depending on the process under way, with the entire family group in the session and alternating individual moments with one of the members. This is motivated by the process under way in the group and with the unconscious choice made by the group of the member to focus on, being able to then go back, in the following sessions, to the groups in which the entire family is present.

This signals a move away from the normal and codified systems of care for the psychoses, which have been fairly "tried-and-tested", and poses a question about the development of new therapeutic structures, or about the systems that allow

methodologies that are more suitable for patients and not aimed at the validation of individual theories or schools, which are almost always "encrusted".

For example, the continuous acting out based on pathological bonds raises the issue of tools that should not only explore the subject's inner life, but should also provide containers that are less pathological than those that make up the internal group of the patient or the family.

In this sense, it's interesting to note the apex of family groups as arenas for the study of the functions of containers, "broken containers" according Leoni, (2014).

For those patients with a deficit in the request for help, and with whom – as had already been noted since the pioneering research of Mara Selvini Palazzoli (1988) –the family context is an integral part of the subjective suffering, the type of treatment intervention must be articulated on multiple levels, involving in a significant way the patient's family - namely the parents - with a strong coordination and collaboration between multiple therapists who met weekly in the therapists group (Comelli 2015). A fundamental idea is that several of these patients, who are often treated individually, manifested - through their symptoms - areas of the multi-generational family group that had not yet been resolved by the family group itself. Hence the idea to verify and assess the existence of these areas and their relationship with resistant symptomatology, so as to avoid treating only separate subjects (e.g. only the son or only the parent), but also the unresolved family areas over the generations. Such structuring of the work allowed the patients to greatly reduce the drop-out rate and flight from therapy: a key element was not only the rescue of the parent function, but also the work on the therapists' group dynamics: the therapists were able to deal with the family conflicts in a separate space and, ultimately, reflect back to the individual patient's therapist an idea of the conflictual areas of the designated patient's family, which had been reproduced 'live' in our group. We focused our clinical-theoretical discussion and our treatment and research on subjects who, in addition to not presenting a request for help, are partly or completely unable to symbolise emotions and make massive use of self-harming types of acting-out, as opposed to more evolved mechanisms of processing psychic pain.

The shift to cultural groups

For some patients in this experience there may also be moments of traditional treatment, perhaps lasting years, and moments in which there is a shift from the patient-analyst relationship to one in which the patient enters a group.

What do I mean by this shift? I mean a shift from an individual setting to a group setting, or from a purely analytical setting to a post-analytical group, or a group that is not (directly) therapeutic, in which there is a group conductor and a cultural conductor, and in which everyone, analyst included, can put forward their life heritage in an exchange of experiences. The idea is that, in due course, a link forms between therapeutic spaces and cultural group spaces, with points of interchange and contact between various areas, some of which are directly therapeutic, and other are so only indirectly. This can become necessary by the patient's particular resistance, or by the necessity to adapt to the patient's needs. The case of the young man who improved only after a mixed family-practitioner group that acted as a container is an example of how we become interpreters of the patient's needs, while working with the group at the helm (in this case, a mixed family-practitioner group). The motivation, which is often evident, is therefore the resistance to psychotherapy or traditional treatment, which is then dealt with using methodologies that the patient or the therapist see as being effective, though they use multiple settings. The same is true for therapies in the family field: the same starting point, patients who are not changing but are usually getting worse, who are highly resistant and need something more effective and more responsive to the patient's actual demands, which have not yet been expressed. Another element that orientates this type of flexibility of settings is the fact that many patients have already undergone several years of individual therapy with no outcome, through endless analysis that usually leads to the deterioration of the situation, reduced autonomy, and pathological dependency on the analyst.

Clearly, the cases are quite different, but it must be said that there are usually two types: the first type is resistant patients with severe diagnosis, borderline or compulsive; the second is patients who undertake good psychotherapy and analysis, and after years of work need to evolve in other areas with different containers as an evolution of the theme developed in analysis.

In addition, a guiding element for this association is the possibility of working in groups and with groups, thereby favouring group functioning in its different forms.

Cultural Groups

These arise from the patient's talents their wish to experiment: in these groups the analyst is certainly less central than in the individual space and can learn much from the group while maintaining his own idea and internal framework on the issues of the group, which, while it is not therapeutic, still brings up issues of group dynamics. The fact that there are various group experts interspersed in

the various spaces can help share the role of conductor or of sharing that opens up to different experiences based on the functioning of the groups.

This is necessary when the analytic space is not sufficient for severe or compulsive patients to undertake transformative work where they can tap into vital representations and processes. This is basically what happens in residential care, though here there are no real walls or rooms or apartments, only similar functions.

The chronological progression of this work has seen the growth of a journalism group, then cultural groups that work on specific projects, such as interviews, a blog, a book, cultural evenings in large group, an theatre and musical group, and more still. For these cultural groups there is, in the majority of cases, a participant with experience in group therapy.

The mutual transfer and the possibility of exchange of experience takes place very naturally and on an on-going basis, also with the setting of a monthly large cultural group. In other words, it's possible to spread a group culture that includes the ability to think of group objects. For example, it quite clear that the large group, though it deals with cultural issues, is a group: the fact that there are various groups and that some people participate in more than one experience allows an involuntary exchange and passing of themes and topics from one group to another, in an area of group inter-subjectivity. In this way, for example, the problem of destructivity can be gradually "processed" by passing through various areas so as to be diffused and become an experience that belongs not only to the protagonist of such sentiment, but can be useful to all.

The physical spaces, with their respective elevators and passages, evoke the utility of a mind that is surely extended, but is also on the move, as an antidote to the chronic nature of always thinking the same thoughts.

This experience, on the whole, tends to transform patients from "only-patients" to cultural practitioners.

Although it is yet to be studied, it must be said that this multiple and multidimensional setting appears as a setting for research into the relationship between groups, family, institutions and society, in the view of a study on the illnesses of containers. In Italy there is a strong need to study and gain experience in social groups that do not evolve towards a Mafioso or corrupt thought, and therefore it's a workshop where psychoanalysis tries to converse with various research settings, a need highlighted by Marco Sarno (2015).

This has also gradually developed into a dialogue on the unconscious representation of mental illness and its possible treatments, taking the form of a community of practices related to each other, without a conscious and

predefined design, if not for the idea of the group, with its applied therapeutic assumptions.

Ownership

Another implicit consideration is that there is no manifest owner of the experience itself; there is no precise school (if anything, the presence of professionals from different schools is encouraged), nor is there a well-defined individual or a given ideology, if not for the training of some of the professionals in the field of groups, or the participation of many patients in different therapeutic groups. From this comes a predisposition to renounce narcissism, not so much as a moral drift, as much as it is the result of group psychoanalytic processing and group life experiences extended to the participants.

The absence of an owner of this experience originates from the risk of institutional pathologies (see Kaës's disavowal pacts); or, as Gramsci (1990) points out, from the ease with which the theories we believe in become tools of power in the hands of a "party" or of an unhealthy group in power. The absence of an element of ownership does not exclude good parenting or good moments of reflection through the diffusion of psychotherapeutic principles linked to groups.

Power and ownership seem to be the opposite of the negative capability (Bion, 1963), which instead evokes non-ownership or non-unhealthy power over the other that is manifested by tolerating the unknown, benefiting the development of a good-enough group experience.

Although we cannot do without power, or without good forms of power which are intrinsic to the parental figure (Aulagner, 1994), the abuse of power, dictated by a variety of reasons, can greatly influence the development of mental illness, both within and outside of the family: in all these cases the boundary between the two subjects becomes distorted or changes its permeability, thus threatening a healthy identity due to a disruption in the relationship between the containers of the psyche and their contents. In severe illness, a container that is invasive and pervasive for the subject has not kept that homeostatic degree between subject and group which appears to be so important for mental health. To avoid all this, a good balance of these processes must be kept to integrate mental facts and their representation.

This is important also on a social level: for example, some Oriental youth are nurtured in contexts that are already invaded by war themes, or, in the case of Western youth, they are removed from a relationship with the negative, with death and with un-representable pain. In many adolescents, both Oriental and Western, there has been a race towards death, which requires a clinical thought.

Thus, the emotional totalitarianism of elements which cannot yet be faced may become a plurality which cannot be integrated into one, and therefore leads to the disintegration of the person; while a plurality that can be integrated with the self becomes an expression of what Socrates called man as *polis*

The pluralities that cannot be integrated would then give rise to internal forms of abuse of power, where fragility would not be a constructive expression of the subject's development. On a social level, this would lead to phenomena of explicit destructivity or latent corruption. Our work then is to retrieve those fragilities and the emotions that ensue, such as shame (Amati Sas, 1995).

The pathologies of power, precisely at the intra-psychic or family-group level, would thus substitute possible good separation and separateness, in the form of positive parental or fraternal experiences.

An example of inter-subjectivity between individual, group and container

A patient in an individual setting expresses his non communication of anger, which disrupts the communication of various feelings: he cannot communicate his feelings to his father nor to his family. He takes part in individual sessions, in a multifamily group and in the theatre group.

In the theatre group he works on dreams, starting with a script that was written by the participants (patients and professionals), starting from people's dreams. This will become the material of the play, but it originates from the dreams of the people who usually have undertaken analytical work. Our patient goes from the individual setting where he works on the theme of experiencing emotions of love or anger, to the multifamily setting where this theme is seen in the families' interdependencies, to the theatre group in which these themes become more closely linked to how to act or how to work together. Over the years, the patient has been hospitalised multiple times, with substantial pharmacological prescriptions, which are today significantly reduced. He has not been hospitalised for years, he's gotten married and has had a daughter, and is facing important social experiences.

The container of the theatre group is currently experiencing what follows: they are deciding whether to act from scripts or writings by others, or if they should write the scripts themselves. The group decides for the second option and our patient takes on the role of coordinator, as he has extensive experience in the artistic field.

This way the group appreciates the subject's cultural experiences (for example, his artistic experience) which becomes a dialogue with other experiences from

the people in the group. The group itself puts on a cultural production, interweaving dreams and internal and relational experiences.

A methodological element of this experience thus consists in being able to express different parts – some are individual, others are group parts, others still are cultural – in an inter-subjective realm starting from different settings. This opens up to work that isn't exclusively analytical work with groups or individuals, but work on the containers.

Every group, even the non-therapeutic one, is seen by many as a group to be thought of in its emotional trajectory and dynamics, rather than as simply a group linked to a task; for example, the writing of the tabloid has an explicit task, which corresponds to the operational group, while the dynamics at play are emotional and linked to that specific group.

One challenge lies in responding not based on roles or chains of command, but by thinking about the meaning of the individual positions as clinical elements.

This journey has been, for me, an evolution of my studies and of Bion's experience, also remembering Grotstein (2007) and his message on becoming, or in other words in knowing the risks of religious positions. Paradoxically, even a school or society based on Bion's thought can become rigid and religious or develop aspects of power, just as any other group, for example Unions or political parties.

For example, the wish for one or two people to write the script themselves or to come up with an idea for the group is put to the group as an element to understand and discuss in relation to the group, beyond any authority figure that decides what is best.

Everything is seen from the clinical and group levels, and not as a decision of power.

I want to say that working with Bion has helped me evolve towards:

1 – working without excessive institutional roles. These would foster an excessive bond to a person and to a role, as opposed to applying to the life of the institutions those very principles that are so important in therapeutic groups. In these groups, the conductor does not renounce his function but is at the service of the group, in a non-vertical position, and the exchange of roles is lively and dynamic. Investing excessively on the role verticalises knowledge and does not allow it to circulate, and corresponds to the need to conserve knowledge. The analyst who has a non-vertical position can guarantee vitality for himself and others, so as to be able to express himself in the group as he would to himself.

2 – working without rigid separations between professionals and the people they care for, just as a therapeutic group does, where the common object is thought together.

3- working in the absence of proprietorship, or of specific brands, such as Bion, Lacan, etc., again, like what happens in a group with a conductor but no proprietors of ideas.

4- a strong clinical and analytical training connected to contemporary or resistant patients.

Thinking about the common container of the carers and the cared-for links is equivalent to a thought in serach of a thinker, where there are common thoughts that inhabit the thinkers of a place that is defined and circumscribed by different settings.

This implies that the analyst's psychic life is visible in an open context, as opposed to an often excessive protective stance from others: this way the analyst's excessive narcissism is reduced, as is his power, something that is oftern evident in psychoanalyitcal societies where power takes the place of the role of the therapist.

This position resonates with Walt Whitman's statement (in Bion, 1987) that there is value in the pupil who surpasses the master. But where can this be seen in Italy, a country where power is genetically abused?

This work in general can help us in the transformation of a community of groups that can be non-violent, by renouncing destructivity and experiencing conflict without resorting to power or narcissism.

An example of inter-subjectivity between groups (sample material taken from the week of 14 March 2016 – 21 March 2016.

In terms of methodology, it must be said that the non-therapeutic groups, while also having an operational task, proceed in an associative way like the therapeutic groups.

The writing group (9 people) discusses the creation of a tabloid, with various tasks, and this turns into a discussion on the issue of the difference between the contribution of a doctor as an expert, and that of the same doctor as a person. Are the experiences of the doctor those of Dr. Francesco Comelli or those of Francesco Comelli's opinions on the tabloid? We are discussing the case of a man who works against any sort of conformism, and the extent to which, in that case the separation from the mother allowed for a good civil critical expression.

The editorial is discussed: it must express leadership. We think about the need to clearly express what we think as people, and about the ability to communicate our own feelings and mood.

Running at the same time as the writing group, in another room, is the multi-family group, where the theme was the need – also on behalf of the child - to know the parent as a person.

In the blog group, the following day, Tuesday afternoon, there are 12 people (only two people were present the evening before: one is an ex-alcoholic who stopped drinking at the same time he started participating in the association; and a psychotic patient who has recovered his social functioning skills). The topics discussed are those around the relationship with death, Western kamikazes, with the possibility of interviewing the last surviving Japanese kamikaze. The discussion moves to the contexts of associations of small countries where supposedly anxieties are better managed, there are town with a lot of room for associations, but in this case too it becomes apparent that leadership does not belong to the most educated person, but to the person with greater ability in associations and groups. I think and say that we often speak of models of leadership, of how it is possible to think of the function that holds together, and of who has this style among us.

In the Tuesday evening's therapy group (9 persons, none of which attend the groups described above), the group functions as a regulator of frustrations for a patient who always seems to be too narcissistic to defend his areas of fragility, which he feels he cannot bring out or that may be judged. The group is very effective in this work, and everyone is satisfied.

In Thursday morning's project group (some were present either at the writing group or the blog group) the theme is the difficult period the theatre group is going through: they have put together a wonderful play, but now, with the resignation of the coordinator, the group is struggling to find a conductor. The group is able to understand that perhaps the theatre group is difficult to conduct, there are 20 people, and they may need a person who can support the director, who seems to be too directive. Once again we speak of leadership, in this case a leadership that is too directive, and needs someone who can help her understand the group: that is a group therapist who can work alongside her to help her. Here, too, there is a preference for the role of a director who is neither too directive nor too professional, as a figure that can support and help represent the group's emotional themes, while the current director seems to be too busy in her role beyond the people. The issue is the non-definition of authority, or whether it should be a professional or whether the group should have more freedom, etc.

In the Thursday evening therapy group (there are two patients who participate in other groups), the group discusses the theme of competitive spirit in groups and the possibility of healthy individualism, individual spaces, like an expression of the anxieties related to the group, but finding – at the end of the session – a good way to oscillate between subjective and group experiences, like commuters, with relationship as something that helps both in being alone and in being together. The subconscious element of the group could be the anxiety of being together and the difficulty in thinking about the resources of the group itself.

During the week there have been other groups.

The current groups

After an appropriate clinical or pre-clinical period, the following might happen:

> a) the patient decides to participate in group meetings
> b) the patient finds out about the cultural activities and asks to participate
> c) the professional team or a professional suggest the patient participate in an activity

Subsequently, although there are no mandatory courses of action, the subject will presumably undertake traditional psychotherapy and participate in group or large group meetings, in an "accordion", an oscillation between the clinical setting and gatherings of a more socio-cultural nature.

The spaces of culture groups are

The Borderblog: an editorial staff of patients and professionals who make free associations on key cultural issues in current events (for example, readings of newspaper articles which have sparked their interest). The aim is to conduct an activity of emotional journalism following a patient's exclusion, as a form of re-entry into a cultural and social environment; in other words, these people, who have experienced severe traumas or internal difficulties, can go back to reading reality with different eyes, in a way that is more complete than those whose eyes have become conformist and indifferent. The issues discussed are then proposed as issues of the culture group. Meeting every 15 days.

The "care-through - culture" large group

A large group open to society in which the issues selected or discussed in the editorial group are then developed in a large group, which meets once a month.

The group is open to patients, relatives, professionals or anyone who is interested. People, speakers and many patients are invited, and many come prepared on the subject, studying and producing competencies.

Acting, music and video group
This group prepares formats using texts emerging from the editorial group, evening gatherings, or individuals who write, to represent these elements in the form of a script, musical score, or video. The group takes part in public performances or projects for specialised institutions. Every 15 days.

Tabloid Writing group
This group reflects on writing and is producing a text. At the experiential level, the group discusses the way things are written, whereas the actual writing is done individually. Meeting every 15 days.

Knitting and fabrics group
This group deals with fabric, knitting, and sartorial repairs.

From body to voice
This group start from playing actor body exercises until up to the voice.

Evening events (dinners, dancing, etc.)
Sailing (simple amateur excursion, with the implicit transmission of sailing notions or skills)

Project Group

is a group that studies possible joint projects with patients and practitioners.

Open space

non-structured afternoon, with the possibility of using the facilities for various purposes.

Individual pedagogical school support and support for subjective talent..

Make up group, female room where to meet and chat about make up.

On the clinical front we have

- The team

There are four team spaces with different meanings:

- one is a team composed of therapists and cultural practitioners (who may be ex-patients).

- another is the "Trans-generational" group, with only psychiatrists and psychoanalysts who analyse families on the basis of non-integrated or unprocessed elements in the three generations: occasionally some colleagues also treat the parents, in addition, of course, to the patient himself.

- the third is group supervision for group conductors

- the fourth is the project group, composed of both practitioners and patients.

These spaces may be of only practitioners, or of both patients and practitioners who share work that implies a focus on group dynamics.

Three psychotherapy groups

Individual sessions

One multi-family group (families with children)

Conclusions

The clinical problems we find ourselves dealing with usually stem from difficulties in care (institutional failures, difficulties in finding sufficient continuity in care, patients who resist any form of care, who are often traumatised, as described by Shapiro and Plakun 2010). Patients are evaluated and a project is formulated which usually includes treatment for families, or a choice of the most suitable therapy, usually psychotherapy. In many cases, in those situations in which psychotherapy is turned down, or for those who have already undergone several forms of psychotherapy, we offer an individual 'listening space' with a pedagogical professional who formulates a project that is in line with the existential issues of the patient, who we call pre-clinical. This work consists in helping the patient plan a creative project he considers important, or supporting him to develop a project in an area that has always been problematic for him (for example, school).

The starting point is therefore clinical - essentially clinical both for the patient and for the family: individual and group settings follow a careful psychodynamic diagnosis of the family, wherever the parents are willing, which takes into consideration the patient's position within his family group. For the mental health professional, this represents an intervention that starts from the specificity of the problems of the group to which the subject belongs. We could say the treatment is based on the group illness that the subject represents, and

not only on the individual illness (for example, "Does the illness of the family group prevail over the illness of the subject?", "How do we treat the patient in these cases?").

The time we take to examine the case is not pre-set, nor is it diagnostic (for example, "this patient is psychotic"), or therapeutic ("we are doing psychoanalysis", "we're from the XY school", "this patient has to join a group", etc.). This corresponds to the development of a process which will be defined, but which implies the analysis of the patient's request, the illnesses of the family or social group, and the possible therapeutic interventions.

The type of care that will be offered, and hopefully accepted, emerges from clinical considerations that transform it depending on some thoughts: is the patient suitable for individual therapy? Is he able to symbolise? What does he need? Is his individual situation contained in a container or family bonds that are too unhealthy for him to work with himself and another person? In other words, does the group illness exceed that of the subject?

Does the fragmentation and the dismantling of the family, so frequent nowadays, keep the subject from tolerating the solitude of analytic work?

These types of questions are then integrated into the study of the container and the field of the important groups surrounding the subject.

This is to say that part of the work is of a clinical nature; but there is also the cultural part that transforms subjective clinical experiences into cultural narrations and extended group areas, which give precedence to those cultural themes that have in fact emerged implicitly in the clinical work.

In essence, the methodology comes from focusing on the introjection of group experiences in the individual psyche: in other words, we work on the "internal group" or community experiences, or on the transformation of family group elements in a way that is integrated with the individual's personality, in addition to favouring a re-discovery of the individual's position in the world, as an alternative to social 'indifference' or the lack of love for the truth (Harendt, 2016).

To simplify, clinically speaking there are basic classic analytical therapies (individual or group), then there is a container for family groups, and a few containers for cultural groups; these gradually become a language for an extended cultural and group representation. Over time this experience as a whole has given rise to an association (Basti- Menti).

Broadly speaking, after classic individual or group therapy (which may also include the individual or group treatment of family members), or during therapy itself, patients may participate in moments of treatment through culture.

There are theoretical and methodological references in the bibliography relating to experiences that originate from the same assumptions, but it must be said that this experience seems to be, for the moment, difficult to replicate due to its specificities and peculiarities, although one may find similar initiatives in terms of the quality of the participants and the methodology used (see for example Recovery College, Boyle and Harris).

The initiative is therefore new and innovative, but needs a follow-up, both in terms of identifying criteria for efficacy evaluation, as well as training for the practitioners that can develop the continuation of the initiative, or it's use in other contexts, by evaluating whether this system is replicable beyond the framework, which must in any case be implemented.

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Francesco Comelli, MD, psychiatrist, SPI psychoanalist, IPA member, Training Analyst at Italian Institute Group Psychoanalisys (IIPG), works as psychiatrist, psichotherapist, group and individual psychoanalist. He has been director of post- universitari school IIPG of Milan and he also worked in institutions and as consultant for psychiatric organization for Greek psychiatric services. Past Professor Group Dynamics, State University Milan. Professor of Ethnopsychopathology at "Carlo Bo" University of Urbino, he has been scientific director of ABA (Association for Anorexia and Bulimia). His main work is nowadays as Scientific and Clinic Coordinator of Basti- Menti of Milan, an association for an echo systemic model of cares. He is author of some publications around these areas.

Addresses: Corso Porta Nuova 3, Milan. Tel. Mobile 393 9793932 or 02-20241734
E-mail: francesco.comelli@uniurb.it

9.
Testo originale italiano
Intersoggettività fra gruppi e cure con la cultura:
campo intergruppale come funzione terapeutica
Basti-Menti APS (Milano)

Francesco Comelli

Ho pensato di comunicare un' esperienza di "comunità di pratiche" per cercare di individuare possibili cure e relativi settings, alla luce del rapporto fra cultura e psicopatologia, per pazienti con diverso grado di "resistenza" alle diverse terapie che la cultura scientifica individua come cure (Plakun, 2011). Un punto di partenza per questa esperienza muove dalle critiche alle terapie psichiatriche esclusivamente "evidence based" o in ogni caso conformi ai contesti scientifici attuali di massa che hanno costruito le "linee guida" per curare. I servizi per i pazienti oggi presentano una crisi sopratutto per l' indifferenza alla loro soggettività o il conformismo delle cure, con una sfiducia di fondo da parte dei curanti nell' uscire da logiche di custodia o farmacologiche e senza adattare le cure alle nuove sintomatologie, caratterizzate maggiormente da dipendenze,

compulsioni e da disturbi di personalità (Verheul et al., 2011). Prevalgono spesso o scenari biologici (linee guida, prescrizioni farmacologiche) o "amministrazione" della malattia, con intrattenimento o "parcheggio" dei pazienti (Fowler et al., 2016), spesso con tendenza a cronicizzare "tecnologicamente", diventando alti utilizzatore di servizi per pazienti - tipo, con una sottovalutazione dell' identità esistenziale della persona e dei suoi destini. L' espulsività di molte istituzioni (Comelli 2015, Ramella e Tomasi 2015) riflette una scarsa capacità di pensare in gruppo, ossia con una mente gruppale che tolleri molteplici vertici: ciò ha motivato me ed altri a dedicarci alle relazioni gruppo\individuo, al dialogo fra gruppi diversi, alla trasformazione della funzione del paziente (quando possibile) da soggetto curato ad operatore culturale e infine all' applicazione psicoanalitica di gruppo agli spazi esterni all'analisi o alle terapie.

Altri presupposti sono la crisi delle istituzioni, i pazienti difficilmente curabili con setting tradizionali, la necessità clinica di studio del campo familiare, il recupero della psicoanalisi mediante la psicoanalisi di gruppo, la cura del rapporto contenitore \ contenuto, la desoggettivazione – deculturazione delle persone e il reinserimento esistenziale dei pazienti anche mediante iniziative culturali, superando il senso comune che tende spesso a creare aree di collusione con il non pensare (Shapiro 2011).

Come operatori con impronta psicodinamica ci si può domandare come lavorare nel mondo della evidence based medicine o della burocratizzazione della mente o in che modo rispettare l'unicità del soggetto nella standardizzazione della psichiatria, ma anche nella standardizzazione della psicoanalisi che fatica a trovare spazi di applicazione e di sviluppo "extra studio" senza tradire i principi ispiratori.

L' esperienza in corso a Milano (Associazione Basti-Menti) sviluppa progetti di gruppo e individuali integrati, alternando cure tradizionali psicoterapiche, psicoanalitiche e farmacologiche, a cure di carattere culturale, al fine di riportare alla luce i talenti sopiti o messi da parte dal soggetto, promuovendo una propria espressione personale mediante una valorizzazione delle capacità culturali soggetto per soggetto.

In questo scritto provo a raccontare come l' esperienza dei gruppi con Bion (1963) abbia trasformato un modo di lavorare, senza citare più di tanto i concetti teorici, ma provando a vedere come essi abbiano potuto esprimersi nella vita clinica. Ognuno potrà poi trovare il concetto a lui più vicino per definire questa esperienza.

Tutto ciò, quando possibile, si associa anche ad un lavoro sul trauma e sul campo familiare, anche grazie ad una équipe composta da psichiatri, psicologi, psicoterapeuti, pazienti, filosofi, pedagogisti, familiari di utenti e operatori culturali.

Tale équipe ha sviluppato un' abilità nel partire dalla domanda del paziente o del gruppo familiare, adattando i contesti di cura a tali esigenze, spesso anche rinunciando ad applicare tout court schemi predeterminati: non si nega quindi l' elemento tecnico (diagnosi, farmaci, etc), ma si integra anche una voce culturale al di là delle diagnosi e al di là della condizione di paziente esclusivamente consumatore di servizi per pazienti, ma come persona con un alterato rapporto con gruppo familiare, culturale e esistenziale. Lavoriamo quindi sul rapporto fra contesti culturali attuali e strumenti per curare, senza tradire alcuni principi ispiratori che hanno curato i curanti e dando vita ad un'esperienza innovativa, con spazi di gruppo e individuali che vanno a integrarsi e che hanno diversi significati. Fra gruppi terapeutici e non terapeutici vi sono ad oggi 15 gruppi, pur non avendo dimensioni troppo ampie per essere osservate e pensate.

Questo percorso costituisce per me un' evoluzione dello studio e dell'esperienza con Bion (1963), sulla base dell' osservazione che l' intersoggettività fra gruppi possa costituire un fattore terapeutico specifico, oltre ad arginare seppure in una piccola istituzione come la nostra, le logiche di potere così comuni nelle istituzioni, mediante una visione clinica di gruppo ed un ascolto delle questioni di gruppo in tutti i livelli. Lo spostamento del vertice dall' individuo al gruppo permette di transitare più sincronicamente da stati mentali che possono diventare un arricchimento ed un' esperienza per tutti.

I processi terapeutici possono limitarsi puramente ai gruppi terapeutici classici o a terapie individuali, fino ad arrivare a spazi di progettazione di spazi extra analitici o post analitici. Spesso infatti dopo le sedute il paziente si trova riconsegnato a situazioni malate o difficili da gestire in autonomia, con la necessità di pensare intorno ai contenitori di diverso tipo significativo per i pazienti. Il "dopo-analisi", considerato come momento esterno alle analisi o come contenitore ulteriore del paziente, prevede spazi di lavoro di gruppo condivisi da pazienti e operatori, nel tentativo di pensare in gruppo, anche sulla base del fatto che la collettività contemporanea, a Milano come in molti luoghi dell' Occidente, manifesta sintomi di individualismo distruttivo sulla base di modelli di gruppo malato e sull' assenza di contesti per rappresentare le emozioni non socialmente accettate (Benasayag 2009; Comelli 2015).

In sostanza i fenomeni che sono trattati clinicamente negli spazi classici, possono prevedere anche un trattamento ulteriore extra analitico di carattere culturale a partire dai talenti dimenticati dei pazienti, in modo da favorire uno sviluppo culturale in parallelo con i settings clinici: questa oscillazione fra spazi clinici e spazio culturale appare terapeutica e sembra consentire una partecipazione attiva ed arricchente.

In questo doppio binario i gruppi culturali, non direttamente terapeutici, mirano tuttavia a realizzare prodotti reali ed effettivi di carattere culturale, non configurandosi cioè come sola riabilitazione per pazienti, basandosi cioè su un

co-pensiero fra operatori e pazienti, a partire da un common ground progettuale. In parte ciò allontana il rischio di una iperproduzione di teorie favorenti narcisismo e distruttività come spesso può avvenire anche nella psicoanalisi quando vittima di ideologie al suo interno, con il rischio di essere bioniani , lacaniani, freudiani etc., ma senza sapere di essere delle tribù come dice Tobie Nathan (1996), o dei gruppi come dice Bion, bensì pensando di essere proprietari del sapere. Nell' esperienza che presento, pur avendo ben chiara la mia formazione e il mio legame con Bion, propongo una possibile trasformazione da assunti ideologici ad attraversamenti culturali. Uno degli assunti dell'esperienza clinica che presento è che la cultura è curativa per il valore di contenitore di pensieri fra il soggetto e il gruppo sociale. Così ad esempio il sentimento di invisibilità individuato da alcuni pazienti, come vissuto, è un buon esempio rispetto allo stato d'animo difficile di una persona, ma è diventato anche un contenitore culturale per mezzo delle ricerche su Petrarca (autore italiano del 1300 che esprimeva nella poetica questa esperienza e sentimento) e successivamente il tema di una canzone per uno spettacolo teatrale scritto e prodotto dalla nostra Associazione. Cioè a dire che questi possibili passaggi da una dimensione clinica ad una culturale implicano una trasformazione di uno stato mentale individuale in uno stato gruppale, con oscillazione fra esperienze di contenitore e di contenuto. Se il contenitore sociale "psichiatria" riempie il paziente di significati ipertrofici già "preconfezionati" standard, il nostro lavoro sarà quello di capire invece i suoi talenti esistenziali, i quali collegano il soggetto ad ambiti individuali, o al piccolo gruppo analitico o ancora al gruppo allargato, promuovendo l' unicità del soggetto. Nel modello di questa esperienza questo processo può avvenire in maniera più comunitaria con rappresentazioni di gruppo e in gruppo. L' oscillazione fra diverse esperienze, di cui alcune analitiche classiche e altre culturali, trova un filo rosso nell'uso applicativo della psicoanalisi di gruppo, con diversi gradi di condivisione e di contenimento.

Ciò può costituire un elemento di diversità con le cure esclusivamente basate sulla psicoanalisi individuale o di gruppo, che può essere utile per i pazienti in grado di tollerare una solitudine strutturante come elemento terapeutico e una tolleranza alla frustrazione, che però per molti pazienti contemporanei appare difficile: infatti molti soggetti soprattutto al giorno d' oggi faticano a incontrare la perdita e la separatezza, con conseguente necessità di un maggiore contenimento o accompagnamento. Diventa così necessario un setting di cura, accanto ad altri spazi, così come avviene nelle comunità, dove la presenza di operatori a diverso significato permea i diversi spazi della comunità stessa. Alcuni soggetti nella nostra esperienza frequentano dunque diversi contenitori ed esperienze in base ad una decisione dell' équipe, ma anche ad uno spontaneo disporsi per affinità e desiderio del soggetto. La cura mediante strumenti

culturali è diversa dalla riabilitazione nella misura in cui la cultura è quella prodotta da pazienti e operatori per una condivisione di progetti ottenuti con un lavoro psichico co- pensato. Queste forme di appartenenza del soggetto alla cultura micro (cultura interna a soggetto oppure di cultura familiare) e macro (gruppi sociali) si oppongono alla frammentazione psicotica o alla netta e alternativa separazione fra individuo e gruppo.

Aspetti macrosociali significativi: contesto sociale

Il contesto sociale attuale ha un rapporto alterato con la morte, soprattutto dall' illusione che il benessere e la tecnologia risolvano i contatti con le angosce di morte, rendendo più difficile il contatto del soggetto con la morte, il dolore, la perdita e con la possibilità di trasformare le esperienze "negative" in esperienze di crescita, di cambiamento e di relazione. L' elevato numero di suicidi nei paesi del benessere o i disagi dei giovani che ricercano direttamente o indirettamente la morte e il limite, il dolore e l' autodanneggiamento, mostrano come l' angoscia di morte non trattata e anzi rimossa dal contesto sociale e culturale ricompaia nel soggetto con tutte queste manifestazioni psicopatologiche, che peraltro riportano la morte in maniera più evidente a contatto coi sistemi familiari (Benasayag, 2009).

I nuovi sintomi sono quindi prevalentemente anestetici nel tentativo di proteggere dalle rappresentazioni del soffrire ed alla non gestibilità del dolore che ne deriverebbe; ciò si accompagna alla crisi della funzione genitoriale.

Il contesto sociale contemporaneo ha difficoltà a pensare o a rappresentare le separatezze, anche sulla base di legami familiari malati. Una questione pertanto che sembra quindi attraversare i confini fra grandi gruppi, famiglia e soggetto, e che proviamo in questa esperienza di Milano a trattare, è quali contenitori sono in grado di rappresentare o sognare il dolore e il tragico affinché essi siano sentiti e condivisi in un processo di crescita; sostanzialmente non lasciando che l'anestesia, anziché la condivisione e la trasformazione relazionale e di gruppo, rappresenti l'unica alternativa possibile.

Un esempio di come l' angoscia di morte e di separazione non integrate nella relazione, ricompaiano nei disagi che "corrono" verso la morte sono le anoressie o i comportamenti autolesivi e in generale nel fascino del male. Il lutto e il contatto con l' alterità e l' ignoto (sebbene alla base della cultura greca come ad esempio in Erodoto, Cantarella, 2016) sembrano infatti oggi difficili per noi Occidentali, con la certezza sociale che la mente fatichi a svolgere le operazioni del lutto senza ricorrere alla distruttività. Trasformare la distruttività in un ambito di pensabilità è uno degli obiettivi della nostra esperienza e soprattutto mediante il lavoro di gruppo.

I kamikaze occidentali (De Clercq, 2010), ossia gli adolescenti in occidente decisi a farsi male, confidenti con la morte (spesso come quelli orientali anche se su motivi differenti), sono affascinati dal male per sè o per gli altri. A grandi linee sembra che la durezza e la distruttività si configurino come azioni per eliminare il dolore e la sofferenza per la separatezza, quando questa a diversi livelli non può essere pensata, elaborata o concepita ed esperita.

Seguendo uno slang giovanile che parla molto della bipolarità positivo/negativo, si potrebbe dire che queste due dimensioni hanno bisogno di contenitori che li rappresentino e che li organizzino in ambiti sostenibili per il soggetto. Nella nostra esperienza, nel dialogo fra i gruppi è possibile che esperienze positive o negative siano travasate da un gruppo all'altro o dall' individuo al gruppo, così da rielaborare le esperienze più difficili.

Si è pensato pertanto di lavorare assieme ai pazienti per ricercare ambiti più comuni e più condivisi dove le tematiche di chi soffre diventino elementi di riflessione culturale per tutti e di reinserimento sociale meno pilotato dalla sola malattia mentale.

Su di un piano metaforico ciò equivale a una de-idealizzazione della stanza di analisi come unico centro trasformativo o di possibile setting, e ad un suo collegamento con altri ambiti, sempre pensati da terapeuti, ma più legati a dimensioni culturali significative per il soggetto. E' pur vero però che lo spazio di cura terapeutico o analitico è irrinunciabile e fondamentale, senza il quale il modello di lavoro non può reggersi. La sua de-idealizzazione forse può riecheggiare la de-idealizzazione delle figure onnipotenti genitoriali del secolo scorso, con un lutto ed un dolore per la perdita delle certezze, sia familiari che sociali, ma forse a vantaggio di uno sviluppo di nuovi modelli o di codici maggiormente fraterni di relazione. Ciò ovviamente incontra molte resistenze da parte delle scuole di psicoterapia.

Percorsi possibili e Tipologia dei pazienti

Nel setting individuale la metaforica o reale perdita del seno può generare una sostenibile depressione e il lavoro psichico conseguente sulla perdita, sul trauma, sul vissuto stesso del soggetto, favorendo il passaggio dal grande sé bambino-seno, ad una perdita del seno con lo scopo di poter aiutare il soggetto a tollerare la frustrazione e conoscere una sana autonomia. Per i pazienti con buone capacità di simbolizzazione può essere un modello di lavoro efficiente ed efficace.

In questa esperienza per pazienti senza capacità di simbolizzazione o immersi in un contesto contemporaneo di dispersione dell' identità, tale processo può avvenire in maniera più comunitaria con rappresentazioni di gruppo, con oscillazioni fra il partecipare ad un grande gruppo (un large group al mese,

o esperienze di gruppo culturale) e le terapie personali (sia individuali che di gruppo) per poi poter ritornare all' esperienza del large group: questa oscillazione pare importante per garantire buoni rapporti gruppo\individuo in ambiente "protetto".

Ciò pone un elemento di setting che vediamo di solito nelle comunità, ossia la presenza di operatori a diverso significato ed in diversi spazi della comunità.

Alcuni soggetti frequentano infati diversi contenitori e diverse esperienze in base ad una decisione dell' équipe o di uno spontaneo disporsi in base alle affinità ed al desiderio del soggetto.

I pazienti partecipanti hanno diagnosi diverse, dalle nevrosi, ai disturbi di personalità fino alle patologie di area psicotica, ma spesso hanno anche l' esperienza di cure diverse già intraprese presso altre strutture sia psichiatriche che psicoanalitiche.

La partenza è sempre essenzialmente clinica sia per il paziente che per il familiare ove sia necessario: setting individuali o di gruppo, non prima di una attenta diagnosi psicodinamica individuale e familiare, quando disponibili i genitori, il che comprende la posizione del soggetto rispetto al proprio gruppo familiare di riferimento, per rappresentare nel curante un intervento a partire dalle specificità o dai problemi dei gruppi cui appartiene il soggetto. In alcuni casi si può parlare di una cura in base alla malattia di gruppo che il soggetto presenta e non solo in base alla malattia individuale (es. la malattia del gruppo familiare è preponderante sulla malattia del singolo soggetto? In questi casi come trattare il paziente?).

In questa fase viene quindi se possibile dato spazio nelle équipe alla domanda del paziente ed al rapporto con i suoi contenitori familiari, ma spesso anche alle diverse domande presenti nel gruppo familiare.

L'auspicio consiste nel favorire un'omeostasi fra fenomeni individuali e di gruppo, per limitare al massimo le dinamiche di invasione del gruppo nel soggetto o viceversa un' eccessivo dominio di un soggetto su un gruppo. I fatti che ne derivano mirano tutti, quelli piccoli e quelli grandi, a conoscere e condividere, ove possibile, una propria trasformazione non traumatica (Bion, 1967) in ragione di una metodologia di gruppo presente a tutti i livelli, sia nei gruppi più propriamente terapeutici che in quelli organizzativi. Il campo che deriva da queste pratiche e dinamiche favorisce un' esperienza emotiva correttiva (Yalom, 1995) nei casi dove presumibilmente vi è stata un' esperienza malata di gruppo, come ad esempio una invasione massiccia di elementi del gruppo familiare nel soggetto o di esperienze traumatiche pervasive su soggetti con un sé troppo fragile per integrare un elemento gruppale inelaborabile che penetra nei confini del sè.

In parole più semplici può essere che uno dei problemi reali attuali sia proprio il fatto, da parte dell' individuo, di non riuscire a vedere la propria soggettività -

altra e personale - rispetto all' invasione di un oggetto di gruppo (una mentalità familiare, una ideologia sociale) che riduce le capacità di sogno e di incontro con il proprio patrimonio emotivo: in tal modo l' identità del soggetto diventa funzione di elementi di gruppo malato, o contenuta in gruppalità malate nel soggetto.

In alcuni momenti del percorso, spesso in casi per cui non è sufficiente un solo setting psicoterapico o analitico, può emergere una domanda relativa ai bisogni del paziente stesso, ad esempio in che modo trattare la famiglia, in che modo garantire maggiore protezione per disagi difficilmente risolvibili solo con la parola, e se vi sono esigenze di progetti che includano momenti di esperienza extra seduta. Ci si domanda anche che fine hanno fatto le risorse di alcuni pazienti, cosa le ha mortificate, ma la stessa domanda si potrebbe anche porre agli stessi terapeuti, spesso consumati dal burn out.

L' offerta terapeutica si configura allora come un processo, che può limitarsi puramente ai gruppi terapeutici o alle terapie individuali classiche, fino ad arrivare a spazi di progettazione sugli spazi extra analitici o post analitici; di solito gruppi di cura tramite prestazioni culturali. Ciò muove anche dalla estrema povertà di mezzi disponibili per affrontare il grave disturbo mentale/esistenziale con strategie eticamente corrette ma coraggiose sulla relazione fra spazi analitici e spazi post-analitici di carattere culturale, fra loro collegati. Pertanto, lo spazio del dopo-analisi, inteso sia come lo spazio successivo alla seduta sia della vita del paziente dopo il termine delle terapie, pone la tematica della separazione dall' analista e dei contenitori extra seduta, con un invito ai terapeuti ad immaginare come i nostri pazienti abiteranno gli spazi familiari o la loro solitudine.

In alternativa ai gruppi, se il paziente non riesce a frequentarli, vi sono progetti individualizzati: in molte occasioni infatti la cultura per molti pazienti si è rivelata un elemento di cura a patto di realizzare prodotti reali ed effettivi di carattere culturale validi per tutti, non configurandosi cioè come sola riabilitazione fine a se stessa e per soli pazienti. Bensì prevedendo una condivisione fra operatori e pazienti in un common ground progettuale.

In sostanza si prova a lavorare sui contenitori del paziente come elemento riparativo rispetto alla mancanza di simbolizzazione e di domanda introspettiva.

Come nasce l 'idea della cura tramite esperienze culturali

L' idea del curare, oltre che con i gruppi psicoterapici, mediante gruppi culturali, nasce dal seguire le inclinazioni culturali del paziente come suoi elementi associativi o onirici, così da considerarli a pieno titolo un elemento della mente immaginativa del paziente accanto agli altri elementi.

Mi accorgevo cioè di passioni o di appartenenze culturali importanti per la vita emotiva di alcuni pazienti, ma consideravo anche come queste appartenenze culturali fossero non solo direttamente personali ma anche comuni a tutti, operatori compresi.

Il contenitore culturale poteva così diventare un elemento di studio per operatori e pazienti nel suo progetto visto con ruoli differenti.

Molti pazienti hanno così potuto ripensare al proprio talento ed alla propria passione culturale in senso lato (artistica, letteraria, sociale) sfruttando al massimo le proprie risorse. Questi singoli pazienti usavano spesso metafore culturali o si lamentavano di una condizione di riduzionismo biologico o ancora rifiutavano le cure psicoterapiche, ma esprimevano un grande interesse per ambiti culturali. Spesso la "porta" culturale ha rappresentato un' entrata per molti pazienti nel mondo delle cure , spesso evitato o temuto.

I numeri della nostra esperienza sono ridotti, ruotando intorno ai 90 soci dell' associazione, oltre ad un numero di altri 30 che frequentano senza essere soci.

Nei gruppi culturali vi è una conduzione che tiene conto di principi di psicoanalisi di gruppo applicata, ossia è sempre presente se possibile una figura che può dare uno sguardo al gruppo, rilevandone alcuni movimenti, e una figura più tecnica che interviene sull' aspetto culturale specifico, come ad esempio il giornalista che fa il giornalista nella redazione del nostro periodico.

Per comodità espressiva possiamo indicare uno spazio 1 per lo spazio terapeutico\analitico, e uno spazio 2 per le cure culturali.

Idealmente il percorso migliore è quello che prevede una prima fase nello spazio 1 ed un' evoluzione graduale verso uno spazio 2, ossia ai gruppi culturali come aree transizionali fra gli spazi terapeutici classici e il mondo esterno.

Vi è anche una forte attenzione per i contenitori familiari, pensati come gruppi su cui intervenire con criteri diversi a seconda delle esigenze cliniche (come riportato più avanti).

Se lo spazio analitico classico, spazio 1, prevede la simbolizzazione del rapporto con l 'analista, lo spazio 2 esamina le simbolizzazioni verso il terzo sociale e culturale: in quest' ultimo caso cioè vi è il paziente o i pazienti, un operatore, e il terzo socio – culturale che contiene tutti questi agenti.

Idealmente il passaggio da spazio 1 a spazio 2 consente la separazione dell' analista per reimmettersi in un contenitore protetto, con un' oscillazione fra simbolizzazioni della stanza d'analisi a simbolizzazioni socio culturali.

Nello spazio 2 analisti e operatori lavorano assieme verso una democratizzazione dei processi terapeutici, con un co- pensiero che vede operatori e pazienti uniti nel progetto comune di stare meglio tutti, relativamente al rapporto fra cultura e nostro dolore. Ad esempio, io posso trattare la solitudine a livello terapeutico, ma poi posso assieme ad altri (operatori, pazienti, parenti semplici interessati)

lavorare culturalmente sullo stesso sentimento, ad esempio scrivendo i testi teatrali o discutendoli e recitandoli sullo stesso tema.

I lavori sul rapporto fra contenitori e contenuti è curativo a diversi livelli, e questo è uno dei più forti insegnamenti di Bion (1963), che immagina il gruppo come elemento presente già di base, ma in attesa di un pensiero che lo rappresenti. Bion (1960) parla del gruppo come un oggetto presente in diversi ambiti a priori, sia come protomentale, sia con specifici pazienti, o come gruppo di appartenenza istituzionale, etc. Il gruppo pertanto esiste in ogni caso come interlocutore costante e presente da interpellare.

Lo spazio 2 svolge pertanto una forma di specchio per le aree congiunte analista pazienti che possono essere pensate nel rapporto contenitore/contenuto, dove l'analista cerca, come fa Bion (Grotstein 2007), di lavorare per far fare al paziente l'esperienza di cosa è lui, possibilmente senza le difese che ognuno di noi utilizza come corazza rispetto all' incontro e senza eccessive protezioni con se e con l'altro (Bion 1973).

Pur nel mantenimento di funzioni e significati del ruolo di ognuno, è possibile che i pazienti possano vedere in diretta come l'analista partecipa a momenti di gruppo in che modo e come potersi integrare nei diversi contesti secondo ciò che avviene nei gruppi, sviluppando funzioni terapeutiche invece che setting terapeutici separati. Tale impostazione prevede una democraticità ed un rifiuto del ruolo di potere come elemento fondante.

In tal modo parliamo di spazi a diverso gradiente terapeutico: ciò sembra aiutare un processo che tratti i problemi fondamentali su piani differenti, e cioè con un progetto clinico in un' oscillazione continua con uno culturale che darebbe voce ai diversi strati della personalità in accordo col fatto che la persona godrebbe di un' appartenenza ad un sistema multistrato (Margherita, 2012).

Per l'analista ciò equivale ad un continuo gioco fra la sua tecnica e il capire come e cosa è lui stesso come paziente-persona, favorendo una riflessione sulle nostre "corazze" o verità o sofferenze culturali.

Tutto ciò per evitare che la psicoanalisi costituisca una corazza impenetrabile rispetto al costruire propri modelli che partano invece da incontri senza corazza, come ha fatto Bion (1976), per poi ritornare in ambito analitico per comprendere le proprie posizioni.

Un esempio di contaminazione fra strati differenti

Un aspetto che pare interessante a livello di rapporto fra strati dell' "edificio psichico", è la funzione di "intreccio" fra spazi diversi e di contaminazione dell' esperienza dei cosiddetti "invisibili". Il concetto di "Commuting" (Neri, 2000) può rappresentare questo veicolare contenuti soggettivi nel gruppo, affinché essi

possano essere trasformati dalla condivisione, potendo poi essere restituiti al soggetto in maniera diversa dall' esperienza originaria.

Una paziente, ingegnere, giunse alla mia osservazione dopo 12 anni di analisi individuale; era gravemente depressa e non sapeva più cosa fare se non probabilmente suicidarsi (paziente considerata resistente all' analisi). Il rischio era serio e reale: essa assumeva un carico di farmaci importante di diverse categorie chimiche, come avviene in molti casi in cui i medici non sanno più che terapia nuova introdurre.

Piuttosto che proporgli subito una psicoterapia individuale da cui lei era reduce e sfiduciata (sarebbe stata una scelta che avrebbe non accettato, era molto critica sull' analisi e non era pronta neanche per un gruppo) ho provato ad ascoltarla per un po' di volte, ravvisando una situazione familiare molto conflittuale e difficile. Le proposi di continuare a parlare con me, ma provai ad inviare la madre ad una collega. La madre rifiutò e disse che avrebbe voluto parlare solo con me. Chiesto il permesso alla figlia, vista la gravità della situazione decisi di ascoltarla io stesso e da ciò emerse un racconto interessante: il padre, mancato anni prima, era una persona lavorativamente riuscita ma infantile e regressivo in famiglia, richiedente aiuto alla moglie, che ricattava affettivamente in molti modi. La madre della paziente inoltre affermava, con vergogna e difficoltà, il proprio sollievo per la morte della sua stessa madre, ritenuta vessatoria, ma ciò non era mai stato esprimibile, essendo obbligata a svolgere il proprio dovere di brava figlia, e poi di brava moglie. Andando avanti nei suoi racconti, la madre della paziente si convince a partecipare ad un gruppo multifamiliare condotto dal sottoscritto e da una collega dell' associazione. Nella paziente e nella madre cominciava a diffondersi la consapevolezza di un obbligo al senso del dovere che mortificava ogni elemento che fosse soggettivo e legato a personali bisogni, con una ripetizione degli obblighi di cura, prima da parte della madre della paziente verso sua madre, poi della madre verso il marito infantilizzato, poi della madre verso la figlia malata e poi della sorella della paziente verso la stessa sorella. Nel frattempo anche la paziente, che era favorevole al fatto che la famiglia venisse curata, fece un' esperienza di gruppo. La fase di gestione dell' urgenza, in attesa di avere una strada più definita, è durata circa un anno, un tempo necessario e fruttuoso in quanto ciò arrestò il declino della paziente che ridusse nel tempo i farmaci che ad oggi non assume praticamente quasi più. La paziente dopo 2 anni di gruppo decide, stando nettamente meglio, di interromperlo, forse inconsapevole del rischio di ripiombare in uno stato di malessere. Di fatto alla fine del gruppo stava meglio e ciò rimanda al delicato tema del cosiddetto "dopo analisi". Molti pazienti dopo un' analisi di gruppo stanno decisamente meglio (almeno per lei fu così anche se forse avrebbe avuto bisogno di lavoro in più), ma vi può essere bisogno di spazi ulteriori, pensati da un' équipe, che possano accompagnare il soggetto in modo contenitivo, soddisfacente e tutelante.

Proposi di farla affiancare da una pedagogista per un sostegno sull' adattamento lavorativo; tale pedagogista, anche essa ex paziente (che aveva da parecchio terminato il suo lavoro analitico), la coinvolse in un gruppo di teatro che l'associazione stava organizzando. La paziente si sentì contenuta da questa esperienza e scrisse un testo teatrale che riprendeva molti temi del suo stato mentale portato in analisi e non lontano dal gruppo giornalistico che frequentava: in questo modo proseguì il suo dopo – analisi in maniera partecipativa. Il gruppo teatro decise di usare i testi della paziente come testo musicale e teatrale e ciò produsse un travaso fra gruppi e una continuazione dei lavori comuni in maniera da esprimere culturalmente molti temi interni della paziente e dei gruppi stessi che potevano essere esperiti, compresi e superati grazie all'apporto di molte soggettività che prendevano parte al contesto culturale creatosi per in quel determinato ambiente.

Risultato non estraneo a tutto ciò è anche l' inizio di una psicoterapia analitica da parte della sorella della paziente ingegnere.

Sia il gruppo teatrale che quello giornalistico in questo caso hanno travasato elementi esperienziali fra loro e alcune persone hanno fatto da "ascensori" o, per usare un linguaggio più preciso, da commuters (Neri, 2000) fra un gruppo e l'altro costruendo esperienze individuali e di gruppo che trasmettevano fra loro stati mentali condivisi e integrati.

Alcune questioni di metodo

Come avvenne in questo caso, tendenzialmente i pazienti che svolgono un lavoro analitico è probabile che non partecipino da subito ai gruppi culturali, ma in altri casi ciò appare importante proprio per un' esigenza di socializzazione o per la gravità della condizione sintomatologica. In molti casi alcuni pazienti presentano una tale grado di cure svolte e di sfiducia in esse che una proposta di spazi terapeutici e spazi culturali trova una adesione abbastanza immediata. Anche i familiari di utenti che hanno svolto magari anni di lavoro psicoterapico possono successivamente ad esso partecipare a gruppi culturali.

In generale per casi troppo immodificabili o per la necessità di sintonizzarci a misura delle esigenze dei pazienti può rendersi necessario costruire progetti su misura. Il caso di un ragazzo (D) è piuttosto singolare: ha provato molte terapie e non ha alcuna forma di tolleranza possibile alla frustrazione, il che ha portato ad un deserto progettuale, complice anche una famiglia distruttiva perché traumatizzata da eventi psicosociali gravi. E' stato organizzata una presenza di operatori a casa, in modo da riprodurre a casa stessa un gruppo meno malato, comprendente un giovane psicologo che affianca il ragazzo nella giornata, colmando in qualche modo un' assenza della figura paterna. Il padre del paziente, morto anni fa era stato infatti "sostituito" dal nonno materno il quale

per compensare il dolore della perdita del padre del ragazzo aveva colmato il ragazzo stesso di ogni tipo di benessere, fra l' altro mettendo involontariamente in ombra la madre del ragazzo stesso, sua figlia, dal ruolo genitoriale.

Va anche detto che prima di questo approccio il paziente era in costante peggioramento, pur se seguito sia da servizi pubblici che privati da anni.

Egli ora sta meglio solo grazie a questo gruppo misto di parenti ed operatori che fa da contenitore e che è un esempio di come diveniamo interpreti delle esigenze dei pazienti pur lavorando con il timone sull' elemento gruppo (in questo caso un gruppo misto operatori e familiari). Questo modo di intervenire ha portato il paziente recentemente a chiedere egli stesso aiuto, rompendo il suo silenzio e la sua intolleranza alla frustrazione e finalmente a provare ad uscire dal suo ambito familiare. Questi casi così impossibili da curare vengono quindi affrontati con metodologie che il paziente o il terapeuta sperimentano insieme e notano se efficaci anche con setting multipli. Lo stesso discorso vale per le terapie del campo familiare: stessa partenza di fondo, un mancato cambiamento dei pazienti, spesso un peggioramento, molte resistenze, e la necessità di approntare qualcosa di più efficace e di più corrispondente alle vere domande del paziente o dello stesso gruppo familiare, spesso ancora non espresse ma soltanto pensate.

Pur senza escludere le buone dipendenze di un paziente dal proprio analista, va detto che un altro elemento che orienta questo tipo di flessibilità dei setting è l' esito di analisi spesso interminabili, con diminuzione dell' autonomia e una patologica dipendenza dall' analista.

L' attività di un' analista fuori dal suo studio non è una novità (Racamier, 1972 e Sassolas, 2001) e può corrispondere ad un' uscita da una chiusura o da un' idealizzazione del proprio ruolo individuale, ma anche all' interesse per lo spazio post analitico del paziente, per il rapporto con i suoi contenitori e con quelli dell' analista.

Il passaggio dell' analista dallo spazio della stanza ad uno spazio culturale (es il terapeuta che vede un paziente come analista e poi partecipa paritariamente ad un gruppo culturale) può essere analogo al percorso del paziente, che può oscillare fra spazi diversi. Ciò avviene usualmente nelle comunità terapeutiche residenziali, ossia strutture con un grado di gravità dei pazienti che richiede una loro residenza. Ciò mi porta a domandarmi che per avere spazi condivisi fra pazienti e analisti sia necessario essere gravi e ricoverati? Ossia solo la gravità del paziente che lo porta ad una comunità residenziale può far superare la necessità di una ferrea neutralità? Sebbene va detto che non accade frequentemente che un analista partecipi col proprio paziente a spazi culturali, può succedere che la neutralità venga abbastanza messa in crisi da questo modello: ciò per un elevato numero di occasioni di incontro e di scambio o per diversi gruppi a composizione mista che sono la vita dell' associazione. Sul piano metodologico tutti i gruppi culturali, ma anche quelli organizzativi, hanno

una conduzione tecnica ed una psicodinamica: mi riferisco al fatto che ogni gruppo ha sue logiche specifiche che possono essere interpretate o tenute in considerazione al di là del compito manifesto. Facendo l'esempio del gruppo progetti-organizzazioni, vi sono naturalmente molte tematiche burocratiche o progettuali, ma vi è anche un intervento rispetto al gruppo ed ai suoi movimenti. Così ad esempio se si discute sul chiedere agli attori della compagnia di fare uno spettacolo, ci si interroga sulla presenza di tutti e sul parere di tutti, piuttosto che sul senso di esclusione di alcuni che non potrebbero essere presenti e così via, ossia ogni elemento è visto in relazione al gruppo e non solo al soggetto.

Ogni situazione non è pensata solo per il compito in sè, ma viene vista nei suoi aspetti emotivi, cercando di lavorare sulle emozioni, in questo caso del gruppo progettazione e organizzazione.

In un certo modo potremmo dire che sebbene ciò che avviene nella stanza d'analisi è certamente un fatto terapeutico unico, specifico e irripetibile, la stanza stessa è però contenuta nel contenitore gruppale allargato e potrebbe non essere il solo strumento a disposizione per un paziente.

I cambiamenti graduali degli spazi terapeutici che un paziente può attraversare, magari dopo anni di lavoro o dopo significativi passi compiuti, può corrispondere ad un'evoluzione del rapporto, nell'ambito di una processualità.

In conclusione tale approccio si basa sull'efficacia di una terapia fra gruppi o setting individuali di carattere clinico, in abbinamento alla valorizzazione dei talenti e delle risorse del soggetto, con una diffuso lavoro sulle dinamiche di ogni gruppo che si svolge in associazione. Tali dinamiche possono vedersi anche in un "effetto - travaso" fra gruppi diversi sia inconsapevole sia mediato da persone con funzione di "ascensore" fra diversi gruppi e nello spazio mentale dei soggetti.

Dunque due funzioni terapeutiche: una intersoggettiva fra gruppi ed una individuale di "ascensore" del soggetto fra gruppi.

Infatti l'esperienza a più strati metaforicamente ricorda un edificio psichico, con persone - "ascensore" fra strati diversi, che favoriscono un dialogo fra questi diversi piani, contribuendo un a ri-formulare funzioni psichiche con un senso condivisibile ed esperibile.

Queste funzioni di "soggettività transizionali" possono fornire un'esperienza diffusa di un contenitore sufficientemente sano in grado di elaborare i fenomeni di carattere distruttivo.

Gruppi attualmente presenti
I gruppi attualmente presenti sono:
5 gruppi psicoterapici - psicoanalitici, due dei quali per genitori.
1 gruppo esperienziale di ascolto\dialogo

1 gruppo progetti e organizzazione
1 gruppo redazione giornale Noialtri.
1 gruppo teatro
1 gruppo blog (Borderblog)
1 gruppo cultura (Large group su temi culturali scelti dai pazienti)
1 gruppo tessuti- manualità
1 gruppo vela.
1 gruppo attività ludiche e impreviste.
1 gruppo adolescenti e pazienti contemporanei.
1 gruppo équipe con colleghi di diverse discipline.

Tutti questi gruppi sono condotti con un diverso gradiente di esperienza terapeutica di gruppo e con diverso gradiente di presenza tecnica per il campo di cui si occupano. I gruppi psicoterapici si svolgono invece con modalità classica.

Intersoggettività fra gruppi
Una funzione terapeutica di gruppo che può suggerire questa esperienza consiste nella cosiddetta intersoggettività fra gruppi.
Con questo termine che potrebbe essere definito anche "Campo Multigruppale", intendo una intersezione fra settings clinici e settings culturali, in cui la pensabilità dei gruppi e dei loro campi dialoga con un linguaggio di basato sulle trasformazioni gruppali. Tale campo ha luogo nella mente degli operatori e delle persone che abitano questa esperienza. Senza sottovalutare per tutti noi l'importanza dell'elemento soggettivo e individuale, l' opzione di rivolgerci alle dimensioni gruppali dell'esperienza cambia lo sguardo ed il vertice, spesso potendo ridurre le conflittualità o gli elementi distruttivi o ancora il narcisismo, sia di operatori che di pazienti. Come si ricordava sopra, perfino nei gruppo organizzativo un operatore con competenze gruppali garantisce una lettura dei nostri fenomeni di gruppo articolandoli con le mansioni organizzative. In questo esempio cioè, al di là della realizzazione organizzativa va tenuto presente il benessere e il messaggio che il gruppo reca in quanto gruppo e non in quanto esclusivo organizzatore, ricordando i concetti già espressi da Pichon Riviere sul gruppo operatorio (2016).
La pensabilità di queste dimensioni è determinante per la sua realizzazione e osservazione, sul modello di fenomeni prima pensati come preconcezione e poi vissuti nelle loro realizzazioni. Se Corrao (1998) parlava di mente estesa a proposito di aree importanti condivise di diverse gruppalità (coppia, gruppo familiare, gruppi istituzionali, gruppi di pazienti etc), in questa esperienza si nota come la pensabilità dell' intera struttura mediante preconcezione, determina l' estensione del confine che ci interessa esplorare o considerare.

Pertanto i diversi gruppi sono gruppi prima ancora che strumenti tecnici (ad es. redazione, compagnia teatrale) ed è per questa ragione che vi è un conduttore tecnico (ad es. il regista teatrale nel gruppo teatro) ed una figura con competenza psicodinamica sul gruppo o sullo stato emotivo del gruppo stesso. Il Campo Multigruppale è espresso pertanto dal dialogo fra stati mentali dei diversi gruppi che avviene o in maniera spontanea o nel gruppo équipe in maniera più scelta o che avviene nella mente dei soggetti che transitano da un gruppo all' altro, travasando stati mentali ed emotivi.

Molto spesso il travasare stati emotivi da ambito ad ambito li definisce meglio, per esempio significando gradualmente il contatto con emozioni distruttive, spesso come non è avvenuto neanche nel gruppo familiare originario.

Ad esempio nel gruppo teatro, U. (paziente arrivato su segnalazione di un' altra paziente e inviato successivamente dai servizi pubblici), ha manifestato una forte rabbia, lasciando molti partecipanti con una grande paura; lo stesso paziente il giorno dopo, nel gruppo progetti, porta la sua rabbia verso le autorità. La sera precedente quindi nel gruppo teatro egli era entrato fortemente in polemica con la leader del gruppo teatro, e con altri del gruppo. A quel tempo U. non era seguito ancora sul piano psicoterapico (in quanto il servizio pubblico lo segue solo per i farmaci).

Il gruppo teatro si conclude quella sera con un' atmosfera di disagio e di paura per pazienti gravi o aggressivi spediti dai servizi pubblici ma poco seguiti o capiti (vengono solo curati farmacologicamente).

Il giorno successivo U. partecipa al gruppo progetti (gruppo in cui si vive un momento di progettazione e organizzazione): in questo gruppo però si riesce a favorire un suo racconto di episodi in cui emerge una forte discrepanza fra ciò che lui desiderava e ciò che gli altri capivano. In altre parole è stato necessario avere un secondo gruppo che potesse elaborare ciò che era avvenuto nel gruppo della sera prima; questo paziente racconta del suo ricovero avvenuto in strada mentre cercava di palare alle macchine ed alle perone dentro, ma ottenendo solo l' intervento del servizio di emergenza. Pertanto se la sera precedente nel gruppo teatro la regista o altri non riuscivano a dialogare col paziente, il giorno dopo in questo gruppo, altri pazienti hanno potuto rispecchiarsi in U., dando a lui un riconoscimento delle sue esperienze di sofferenza, condividendole.

In questo secondo gruppo vi è stato cioè un potersi riconoscere fra pazienti: U. è diventato meno rigido, ha perfino riso di se ed ha portato avanti queste attività riuscendo nel corso dell' anno a partecipare allo spettacolo teatrale con gli altri.

Proteggendo e valorizzando il paziente grave si proteggono tutti gli altri e ciò dà ai gruppi un assetto di cura reciproca accanto al lavoro tecnico da fare.

Nel campo multigruppale, emergono all'attenzione di tutti emozioni sconosciute o climi o desideri come elementi non ancora pensati, ma emergenti e via via più visibili.

A questi fenomeni viene data una forma ed una visibilità, nella trasformazione degli stati emotivi gruppali che possono passare da un gruppo all' altro, trovando isomorfismi o variazioni graduali. Un desiderio dello scrivente è che tali stati emotivi dei gruppi possano via via essere non solo vissuti ma anche pensati da molti soggetti e non solo dagli psicoanalisti.

Vediamo un esempio di alcuni temi che, nonostante le diversità dei diversi gruppi, circolano fra loro, producendo un involontario romanzo - dibattito o dialogo. Faccio una sintesi molto succinta e necessariamente incompleta dei temi che attraversano le diverse esperienze nell' arco di tre mesi in sequenza cronologica. I gruppi psicoterapici (5 gruppi, di cui due di genitori) non vengono raccontati per esigenze di segreto professionale.

Nelle **riunioni di redazione del giornale** vi è un interesse per il tema dei senza fissa dimora, con una domanda importante: cosa "ci ha salvato", quale è stato l'elemento che ha reso possibile una differenza con chi invece ha avuto un destino da homeless. Questo tema riscuote un notevole interesse , sia nel senso degli elementi protettivi che hanno impedito un destino sfavorevole, sia nel senso di cosa ha fatto arrestare o frenare il disagio o il consumo di sostanze ("quale è stato il magico click che ha aiutato a smettere di bere, ad esempio).
Nel gruppo redazionale si riflette cioè su ciò che ha aiutato a vivere: per alcuni la famiglia, per cui molti affermano che se non avessero avuto una famiglia che avesse sostenuto le cure, il destino sarebbe stato peggiore, pur avendo spesso criticato in più occasioni la stessa famiglia, o verso la quale abbiamo avuto rabbia o senso di incomprensione.
Nel **gruppo vela** (dove erano presenti alcuni che partecipavano al gruppo redazionale), successivamente ad una uscita in mare in cui molti hanno potuto sperimentare il timonare come momento di autonomia e di rapporto con l'andatura e il vento, emerge invece che la nostra capacità di salvarci da un destino difficile può essere lo scoprire le proprie capacità dentro di noi, spesso poco viste da se stessi, in quanto imbrigliate e ostaggio di legami malati.
Forse in questa esperienza incontriamo una ragionevole fiducia in elementi personali ora più disponibili: alcuni trovano qualcosa di valido e forte in se stessi, solo dopo aver ritrovato una "spinta a vivere" o un "permesso a vivere", trasformando quei vincoli che non consentono al soggetto di usare appieno il potenziale e le capacità di cui si può disporre.
Da notare che alcuni pazienti hanno genitori che frequentano gruppi per familiari.
Dal gruppo redazione al gruppo vela si assiste ad una trasformazione dalla famiglia come protettiva alla valorizzazione e riscoperta di valori personali.

Successivamente al gruppo redazione sarà il tema della leadership ad essere centrale, mediante la domanda su cosa scriverà il responsabile del giornale (ossia il sottoscritto): viene discusso il modo in cui svolgo il ruolo di responsabile, tendendo ad ascoltare dal basso e senza dare troppi ruoli formali. in questo senso alcuni si domandano se io scriverò l'editoriale come persona o come psichiatra. Da un lato il gruppo chiede che vi sia lo "skipper", ma dall'altro viene preferita una leadership che dia voce alla base e che vi sia il rispetto massimo della spontaneità. A seguito di questo, lavoro sul fatto che dentro di me questa esperienza sta producendo i seguenti cambiamenti: il poter proporre questo lavoro senza elementi di possesso o di onnipotenza; il poter essere disponibili come persone di aiuto per tematiche distruttive di solito respinte ; favorire una accettazione delle frustrazioni o dei limiti; rispetto delle altre esperienze di cura, ma possibilità di credere nelle proprie scelte; infine poter rispettare l' altro senza soggezione ma anche riconoscendo le diversità senza pretendere di avere necessariamente ragione, ma difendendo il proprio modo di pensare.

Il giorno successivo, **nel gruppo scrittura del blog**
(borderblogpsiche.jimdo), i pazienti e gli operatori danno voce a notizie cruente lette sui giornali: il discorso va quindi sui kamikaze in occidente, ossia su quelli che vanno vicino al morire quasi come quelli orientali, e in generale si parla della morte, degli sport estremi e della difficoltà di amare se si è presi da questa passione per la morte; in particolare ci si riferisce a pazienti odierni che sfidano molto la morte.

Anche in questo gruppo si parla di comunità di cura e di loro gestione con leadership più o meno attente ai pazienti, che cioè possano gradualmente lavorare con questo tipo di pazienti.

Si decide pertanto di scrivere qualcosa sul blog relativamente all' aggregarsi come risorsa ed alle sue motivazioni, considerando che spesso molte istituzioni non sono aggreganti, mentre la solitudine costituisce per molti il vero problema; la riunione si chiude con la domanda del dove portare il bagaglio della propria anima e non solo della propria mente.

Al gruppo redazione del giornale Noialtri il discorso parte dalla difficoltà di scrivere, ma dalla facilità di raccontare le storie. Le storie diventano un buon mezzo per farci conoscere e un linguaggio di utile comunicazione per tutti noi.

In questa occasione si citano articoli di giornale dove si capisce quanto la società imponga un ritmo serrato sul lavoro, per poi abbandonare quando la persona non può più lavorare; il lavorare troppo allontanerebbe il padre o la madre dai figli e dalla famiglia, producendo poi quelle situazioni in cui i figli non riconoscono più i genitori e viceversa, come fossero estranei.

Vi è anche la paura che il diventare vecchi allontani dalla vita relazionale e sociale, con un senso di inutilità.

Al gruppo teatro viene riproposto il tema della leadership, alcuni invocando un capo con molta autorità, altri sull' avere un regista che sappia invece valorizzare le fragilità e accogliere gli aspetti difficili e non solo la riuscita dei più abili.

Viene confermato il desiderio di scrivere i pezzi da recitare, e il tema proposto, quello del sogno, riscuote successo: il gruppo stabilisce di comunicare i propri sogni, che potranno essere musicati o recitati dagli attori.

Soprattutto in serate in cui vi sono pazienti difficili è richiesta la presenza di un terapeuta, oltre al regista, soprattutto per dare un rimando sul gruppo e sulla convivenza fra le due "anime" presenti, quella dei pazienti nevrotici socialmente integrati e quella delle persone più sofferenti, che hanno necessità maggiore di esprimere un dolore, non sempre colto da chi desidera essere operativo e produrre lo spettacolo.

Nel gruppo del borderdblog si parla dell' associazionismo e dei leader che possono non essere necessariamente laureati, con l' esempio di un paese dove gli abitanti sono tutti soci di una associazione e dove il presidente ha fatto appena le scuole elementari.

Nel gruppo équipe avverto un' evoluzione da un' idea di investimento totale e forse onnipotente sull' associazione ad un investimento naturale, più realista, adulto e con minori aspettative sulla riuscita. Questo passaggio è vissuto come avanzamento e gradualmente si parla dei pazienti con libertà, senza paura di offendere o di criticare il leader o il collega. Nell'équipe trovano gradualmente più spazio l' ironia e i pareri diversificati, ma con una attenzione al gruppo in generale. Un campo di lavoro molto frequente è lo studio del campo familiare anche grazie cure che coinvolgono genitori. Lo studio del trauma familiare e della famiglia come gruppo è molto praticato.

Al large group "serate della cultura" (gruppo di circa 40 persone che discutono *su un tema importante scelto dai pazienti)* i temi trattati nelle ultime tre sessioni sono stati: il mondo della scuola oggi; la questione del padre e del suo ruolo; e un panorama sulle religioni. Ciò ha dato forma a buone e possibili rappresentazioni di autorità in dialogo e di buone introiezioni di figure genitoriali o fraterne importanti. In queste serate si ripete un copione: molti pazienti iniziano criticando spesso in maniera distruttiva, spesso in maniera colta e precisa, il relatore o l'esperto, con un progressivo lavoro di trasformazione in racconti di storie o esperienze personali che possono affiancarsi a spiegazioni tecniche. Così se nella serata sul padre vi è stata una rabbia iniziale con considerazioni sul paradosso della società contemporanea che vede l' inutilità del padre (posizione sostenuta da due pazienti molto delusi dalla figura paterna) e con affermazione del tipo "se vi può essere l 'inseminazione artificiale , il padre non sarà più così utile", il discorso è poi evoluto sulla coppia e sul desiderio di essere in coppia come naturale vita emotiva di un padre e di

una madre, con lo sviluppo del sentimento della tenerezza. Le trasformazioni e le introiezione di gruppo di stati gruppali e familiari sufficientemente sani garantisce ai partecipanti un' esperienza ed una processualità terapeutica, diversa per ognuno di noi.

Al gruppo progetti viene presentata l'esperienza di chi ha seguito un corso per il crowdfunding, con norme e regole, ma anche con il consiglio dei docenti di eseguire un video sul progetto da finanziare. Si decide di tentare di finanziare il progetto vela e di chiedere al gruppo teatro di fare il video. Si riscontra come tutti parlino nel gruppo e di come siamo attenti al fatto che tutti possano parlare. Inoltre il gruppo propone uno spazio per lo studio della lingua inglese, con il ruolo di un ragazzo adottato rumeno, che spiega come per lui il parlare più lingue lo faccia sentire bene per la possibilità di vivere dovunque nel mondo (lui che ha subito una separazione importante dalla madre in tenera età).

Studio del gruppo familiare

Lo studio del campo familiare verrà precisato meglio in altri lavori successivi, ma esso è fra i contenitori più produttivi per un lavoro psichico antecedente o contemporaneo al trattamento vero e proprio del cosiddetto paziente.

Come terapeuti, rispetto ai nostri "nonni", ossia gli autori che hanno iniziato la psicoanalisi un secolo fa, molti di noi si interrogano sulla possibilità di esplorare strade maggiormente intersoggettive e di poter "fare un lutto" e una trasformazione rispetto a modalità di cura che oggi non sarebbero più all' interno dei modi di essere o di soffrire delle persone. Oggi i pazienti adolescenti sono magari tecnicizzati o esperti in aree prestazionali, ma hanno strumenti diversi da quelli utilizzati tre generazioni prima per affrontare i lutti, le separazioni e il dolore psichico.

L'interesse per le epoche e per i nostri "nonni analisti" può anche essere affrontato riflettendo sulle trasformazioni della sofferenza psichica avvenute da un secolo ai giorni nostri, come ricorda Rossi Monti (2008), che implicano oggi una maggior presenza di aree psicotiche o di disturbi di personalità rispetto alle nevrosi più visibili un tempo.

Anche le tecniche di cura hanno dovuto quindi evolvere e diventare più vicine alle aree primarie: in sostanza abbiamo dovuto come terapeuti trasformarci e saper abbandonare delle certezze, in altre parole fare dei lutti rispetto a modalità di lavoro o di credenza teorica che vedevano l' analista distante da modalità intersoggettive. È proprio ciò che molte frange di adolescenti invece si trovano a non saper fare, ossia compiere operazioni di lutto, per affrontare le piccole o grandi morti che possiamo incontrare.

Anche per ovviare al tema della difficoltà alla simbolizzazione e anche per comprendere nella terza generazione l'origine del disagio intergenerazionale e i

risvolti psicopatologici nei pazienti, sono state fatte delle ipotesi su sofferenze "Transgenerazionali", (Faimberg, 1995) dove l' idea di nuclei non elaborati dalle generazioni precedenti, trovano voce nel paziente come elementi non elaborati dal gruppo familiare.

I setting possibili sono quelli del trattamento psicoterapico e di sostegno del genitore come singolo soggetto oppure i trattamenti in un gruppo di genitori, oppure ancora il gruppo multifamiliare (più parti di famiglie insieme in un gruppo). Nell' équipe, la contemporanea presenza di colleghi che seguono diversi familiari può permettere un lavoro di studio sulle dimensioni transgenerazionali del paziente.

In questo modo la mente estesa familiare diventa uno spazio ectopico di deposito di contenuti del soggetto. L' équipe funziona da contenitore per gli elementi che i soggetti del gruppo familiare hanno potuto affrontare solo mediante strategie difensive.

L'istituzione familiare richiede pertanto una istituzione terapeutica proprio per la forza dei legami, così da poter svolgere questo lavoro non in solitudine, ma con una équipe che possa metaforicamente svolgere una funzione di circolazione extracorporea per il sangue circolante nel gruppo familiare. E dunque offrire un percorso alternativo a questo "sangue", e alle sue funzioni depurative alternative o trasformative (Comelli, 2014).

Il lavoro del nostro gruppo sui familiari è andato man mano strutturandosi e articolandosi nel corso del tempo, mettendo progressivamente in campo una pluralità di strumenti di lavoro, di modalità di intervento e di aree di riflessione teorica. In questo senso pare interessante il vertice dei gruppi di familiari come ambiti di studio sulle funzioni di contenitore, secondo Leoni "contenitori rotti" (Leoni, 2014).

Per pazienti nei quali si assiste ad un deficit di domanda di cura e con i quali – come già era stato notato sin dagli studi e ricerche pionieristiche di Selvini Palazzoli (1988) - l'implicazione del contesto familiare risulta strutturalmente parte della sofferenza soggettiva, è stato necessario articolare un tipo di intervento di cura a più livelli, con un coinvolgimento forte anche di familiari del paziente, in primo luogo i genitori, e con un coordinamento e collaborazione forte fra più terapeuti. Un'idea portante consiste nel fatto che molti di questi pazienti, spesso trattati solo individualmente, presentassero nei loro sintomi, aree del gruppo familiare a più generazioni non ancora risolte dall' intero gruppo familiare stesso. Di qui l'idea di verificare e valutare l 'esistenza di tali aree e il loro rapporto con la sintomatologia resistente, in modo da evitare che la cura fosse solo su soggetti separati (es solo il figlio o solo il genitore), in situazioni invece dove non vi era una separazione mentale fra i soggetti del gruppo familiare anche a più generazioni. Una simile strutturazione del lavoro ha permesso che i pazienti riducessero grandemente i drop-out e le fughe dalle

terapie: un elemento ritenuto fondamentale è stato non solo l' aver soccorso la genitorialità, ma il lavoro sulle dinamiche del gruppo dei curanti, che hanno potuto affrontare in uno spazio altro le conflittualità familiari e, in definitiva, restituire al curante del singolo paziente un 'idea delle aree conflittuali della famiglia del soggetto in cura, riprodotte in vivo nel nostro gruppo.

Presento qui tre casi in cui il lavoro familiare appare inevitabile e legato alla sostenibilità dei trattamenti

Il primo fra questi, D., lo abbiamo già incontrato all' inizio di questo scritto: nella sua vita, a fronte di assenze totali di risultati nelle cure e con grave peggioramento sintomatologico nonostante terapie diverse pubbliche e private, si è realizzato un piccolo gruppo di operatori in grado di amalgamarsi al gruppo familiare malato proprio per un sentimento di congelamento affettivo inibente ogni cambiamento. Questo era un sintomo del paziente, ma era anche uno stato mentale condiviso dai membri familiari.

Le aree di congelamento psichico del paziente e della sua famiglia risentono di un trauma familiare legato alla Shoah, dove il nonno del paziente si è salvato miracolosamente, ma ereditando un congelamento affettivo intervenuto alla fine della seconda guerra mondiale. Dopo tali eventi il nonno ha come dimenticato ogni riferimento ed appartenenza al mondo religioso e culturale ebraico come risposta a questo terribile trauma. Tale trauma, coperto da soldi e ricchezza , si è tradotto in una negazione totale da parte del nonno, di sua figlia e del paziente di ogni appartenenza ebraica, con uno shock culturale all' inverso. Ciò ha portato via tutte le aree di sana emozione e sofferenza e paura e di rapporto coi contenitori culturali con conseguente incapacità a vivere il mondo emotivo.

Il caso di S.

S. è un giovane intellettuale di successo accademico, chimico, straniero, che vedo per una crisi psicotica. Egli afferma di avere paura di aver lacerato l'utero materno nascendo. Formulandogli subito l'idea che forse è terrorizzato di ferire la madre allontanandosi da lei, ottengo un ascolto e un avvio di un lavoro psicoterapico, ma vista la gravità del paziente, suggerisco che la madre e il padre vengano ascoltati da un altro terapeuta. La collega che segue la madre (straniera) riferisce che poco prima del colloquio egli aveva cercato di ucciderla. Da ciò che si ricostruisce sembra che egli stesso riproduca precisamente ciò che la mente della madre, intrecciata con quella del figlio, pensa a proposito della figura maschile: la madre ha internamente l'idea di un maschile che uccide, un maschile pericoloso che ammazza e che fa danni alle femmine. La fantasia primaria presente nella madre era legata al rapporto della madre stessa con il

proprio padre che mise incinta la migliore amica della moglie (la nonna del paziente). Tale amica poi si suicidò proprio perché rimasta incinta, mentre la nonna del paziente colonizzò la mente della figlia (madre di S.), che in sostanza "curò" la madre ma ereditando un trauma del maschile e del pene che invece di dare vita uccide. Vi è tutta una fenomenologia nella madre di odio del pene e del maschile, fermo restando che un tentativo della madre fu quello di fare crescere il figlio molto simbioticamente. La madre ha trasmesso involontariamente al figlio una simbiosi basata sull'impossibilità di avere un pene portatore di vita e inducendo il figlio a dover gestire questa tematica in sé.

Questi casi clinici hanno spesso la caratteristica dell'estraneità del tema patologico per il soggetto portatore, suggerendo la metafora o la sensazione di avere in sè un corpo estraneo, che troviamo ben descritto in Faimberg (1995), in cui il tema transgenerazionale appare come un elemento non elaborato o filtrato dal soggetto. La nostra ipotesi è che ciò sia un assunto di base del gruppo familiare che necessita di essere portato a galla.

Cioè l'identità del soggetto malato viene contenuta da un assunto di base del gruppo familiare o di uno stato mentale del gruppo familiare che trova la drammatizzazione e rappresentazione mediante il paziente. Seguendo Bion invece potremmo dire che il paziente è contenuto da un contenitore malato del gruppo, ma invisibile, cioè a dire che necessita di una interpretazione e di un trattamento.

Quindi parliamo di incorporazione del genitore, non già di introiezione, ma anche di incorporazione di un gruppo o di una tematica di gruppo: la psicopatologia di S. è consegnata a riprodurre la violenza del maschile sul femminile come elemento scisso, angosciante e inspiegabile. In questo senso il mito e le mostruosità possono avvolgere il soggetto contestualmente alla sua nascita e scambio di oggetti primari col neonato. In questo senso è possibile che vi siano nuclei onirici operanti verso un mito o verso elementi di mostruosità o di tragicità che possono essere non visti non conosciuti o non mentalizzabili: solo che in questi casi il mito è inconscio e non conosciuto dallo stesso narratore. Il racconto aprirebbe cosi verso la struttura invisibile del racconto e verso una rinarrazione nella mente dell'ascoltatore.

Il caso R.: essere senza confini mentali e il rapporto con la distruttività

R. si definisce un'adolescente ma ha 27 anni. La sua sorellastra, emigrata oltreoceano, è più grande di lei ed è nata da sua madre prima che sposasse il padre di R.

R. è obesa ed assume dosi molto importanti di cocaina, ha un suicidio mancato in anamnesi, ed i suoi agiti l'hanno più volte confrontata con il rischio di morte.

L'estrema gravità della sua condizione psicopatologica hanno convinto chi si è occupato di lei, sia nella sfera pubblica che in quella privata, a definire il suo caso come "incurabile".

Nessun intervento veniva più accettato da lei e sembrava necessario quindi un lavoro preliminare per preparare un terreno favorevole per lo sviluppo di una terapia di carattere analitico.

La paziente viene vista privatamente perché l'invio è avvenuto su specifica richiesta di un collega della struttura pubblica.

Agli incontri preliminari partecipa solo la madre (E.): essa spiega che il sintomo di R. è distruggere tutto, ossia gli oggetti, se stessa e soprattutto la madre e la nonna in ogni modo. La madre appare come una donna dipendente essa stessa dalla figlia: tutti i curanti hanno cercato di staccare madre e figlia, ma la loro coppia è più forte di tutto. Nella terapeuta immediatamente si affacciano una serie di associazioni e pensieri onirici della veglia che sono: a) la madre contiene ancora dentro sé la figlia; b) la madre è la paziente; c) la madre è a sua volta molto implicata e forma una coppia con la sua stessa madre; d) R. è la figlia della coppia madre/nonna; e) last but not least, si parla sempre di tempi molto lontani dal presente: la madre parla come fosse ieri di momenti che affondano nel passato della nonna e di lei stessa, come fatti ancora attuali, internamente forse attuali, trasmettendo all'ascoltatore un senso di bizzarria e di psicopatologia cronologica del gruppo familiare.

R. ha ormai una fortissima sfiducia nei medici e/o psicologi ed in tutte le strutture di cura oltrechè nelle diverse tecniche terapeutiche e questo è un fattore di rischio suicidario che allarma.

Il padre, un uomo violento, se ne è andato di casa quando R. aveva 4 anni e vive adesso con un'altra donna. La madre sostiene che R. si sentirebbe in colpa per la fuga del padre e per la separazione dei genitori: R. insegue da sempre il padre e diventa lo zerbino di ogni uomo che incontra. Gradualmente si comprende però che madre e nonna, sempre sottomesse alle violenze dal padre di R., hanno mancato di difendersi da lui, sostenendo con R. una improbabile bontà del padre, salvandolo e giustificandolo, comunque <u>non</u> *connotando mai la sua distruttività*, che invece è molto evidente anche per R. (che però cresce nella confusione fra ciò che è bene e ciò che è male).

In questa fase R. viene anche vista insieme alla madre ed alla nonna per valutare un retroterra che appare sempre più importante. Questa scelta, che potrebbe sembrare una rinuncia ad ascoltare la paziente, o una procedura molto lontana da quella psicoanalitica, nasce sia dall'indisponibilità della paziente a sedute individuali, sia da una sua richiesta di sentire la famiglia, sia dal fatto che gradualmente emergeva un "common sense" familiare importante, tale da sopravanzare i contenuti della paziente. R., pur dipendente e passiva, appare inserita nel gruppo "femminile" della sua famiglia, costituito dalla linea

generazionale della madre e della nonna, da cui lei ancora non ha assunto una linea di individuazione: tale gruppo femminile ha sempre avuto un comune modo di considerare il maschile, temendolo, e subendo da esso molte vessazioni pur di evitare la sua violenza. Questo gruppo inoltre, ha espulso la distruttività e il "negativo", non trattandoli, con l'effetto di lasciare alla figlia l'arduo compito di fare i conti con gli elementi distruttivi scissi dal gruppo familiare femminile. Dopo un sufficiente periodo di comprensione di queste dinamiche fra generazioni (mediante colloqui madre, figlia, nonna), si fa l'ipotesi che il "common sense" del gruppo familiare matrilineare (madre-nonna-paziente) consista nel non connotare e incontrare la distruttività se non subendola o evacuandola nella figlia, come comprende R. quando parla della sua solitudine nel capire dentro sé come vivere e come considerare il male, la violenza, ciò che esplode dentro di lei. Soprattutto come orientarsi eticamente e internamente fra una percezione di carattere soggettivo (il papà è violento) e un'altra di carattere familiare (il papà è buono): in questo modo R. è lasciata sola di fronte ai temi della distruttività, della violenza, della dicotomia bene/male anche e soprattutto in quanto problemi che il gruppo familiare non è riuscito a trattare nelle precedenti generazioni.

Dopo una fase iniziale di accuse a R. di non difendersi dagli uomini che incontra, madre e nonna arrivano a raccontare che anche loro non hanno mai saputo come rapportarsi col maschile, come difendersi da esso e come "dire di no". Emerge però una consapevolezza di un problema di gruppo familiare: inizialmente madre e figlia narrano i fatti come fossero la stessa persona, con una gemellarità ed un conformismo omogeneo difensivo, che gradualmente si attenua, soprattutto dopo che R. ha cominciato a rendersi conto delle proprie differenze interne rispetto a quanto sosteneva la madre. R. riconosce adesso maggiormente la sua difficoltà con gli uomini: il tratto differenziante di R. rispetto al gruppo familiare è la distruttività che reca nei loro confronti, oltre che nei propri, mentre madre e nonna hanno sempre evitato il contatto con gli elementi distruttivi e violenti. La nonna ha sempre dovuto servire gli uomini prima che questi si arrabbiassero e racconta una storia di un rapporto matrimoniale con un uomo appartenente ad organizzazioni fasciste, descritto come molto violento: non ebbe mai nella vita la possibilità di parlare o di riflettere con qualcuno su questi elementi. Colpisce nei racconti, come i problemi dell'una possano benissimo essere i problemi e i contenuti dell'altra, con l'eccezione del sintomo distruttivo di R, che segna una separazione dal gruppo familiare. La distruttività di R. pone una sorta di spartiacque fra la ripetizione familiare e l'avere una propria mente. R. si trova piena di distruttività senza possibilità di gestirla, tentando disperatamente di riportarla nel luogo d'origine, ossia il gruppo familiare.

Il terrore riguarda pertanto non la paura dell'elemento distruttivo ma al contrario la sua non significazione.

E., la madre, può prendere in considerazione di essere lei la principale paziente e comprende di dover fare qualcosa per lei, iniziando un'analisi.

Contemporaneamente all'inizio della madre di un'analisi, R. accetta le attività terapeutiche diurne che le vengono proposte: il consumo di cocaina da parte di R. pare essere diventato nel contempo saltuario.

Gradualmente anche R. inizia un'analisi di gruppo. Nel corso della analisi, iniziata circa un anno fa, la madre dice di aver sempre protetto R. dal male del mondo e dal male del padre, nascondendole la verità: R. capiva che non era così, ma lei ha voluto "proteggerla" lo stesso. Il mancato riconoscimento della distruttività nella figura maschile, più che essere un fatto reale, costituisce un elemento psichico che la madre non ha mai potuto rappresentare dentro sé: la distruttività è stata senza contenitore ed il maschile come elemento non è stato simbolizzato o elaborato dalla madre di R.

In maniera diversa entrambe, madre e figlia affermano che è come se si stessero risvegliando da un coma, non sapendo, rispetto al maschile ed alla vita in generale, cosa fosse bene e cosa male.

La madre, che adesso si rende maggiormente conto della propria posizione, pur con difficoltà, cerca di separarsi maggiormente dalla figlia, cosa che rifiutava sempre quando le istituzioni glielo proponevano.

Sostiene che capiva razionalmente l'invito a separarsi dalla figlia, ma che non lo aveva mai seguito (sa cioè che è "simbiotica" con la figlia, ma considerava questi solo aspetti teorici di un lontano pensiero psicoanalitico).

In questa situazione ha molto colpito il ruolo della terza generazione (i nonni del/della paziente) ed il fatto che l'analisi del genitore della paziente abbia corrisposto all'analisi della persona che si pone fra il paziente (che non è ancora in grado di sostenere un'analisi) e il nonno, portatore di un mandato inconscio o poco consapevole che si trasmette fra generazioni.

Per troppi anni la paziente veniva seguita senza una presenza di una funzione psicoanalitica che potesse rivolgersi al membro del gruppo familiare più idoneo e più centrale rispetto ai disagi familiari. La conclusione da più parti consisteva nella inattualità dei trattamenti psicoanalitici nella contemporaneità, quando invece era necessario preventivamente lavorare sul contenitore familiare e sulle sue determinanti, proprio per consentire alla mente di fare propria una eredità precedente in tutti i suoi aspetti e trasformando a proprio modo il vuoto di storia legato a elementi non esperiti dal gruppo familiare. Nell'esempio di R. viene trasmesso il terrore irrisolto per il padre, senza che ciò sia stato vissuto o trasformato in un conflitto interno nella nonna o nella madre. Il sintomo distruttivo di R avrebbe avuto secondo noi lo scopo di rappresentare questo conflitto irrisolto e non elaborato. Credo che la dimensione traumatica della

mente di molti casi analoghi possa risultare dal trauma che il soggetto ha con la propria distruttività non capita o non simbolizzabile.

In tal senso l' esperienza dei lavori sulle famiglie suggerisce che un gruppo di operatori specializzato può formare un nuovo contenitore in grado di trasformare i temi traumatici o inaffrontabili per il gruppo familiare stesso. Esso può pensare ai contenuti in maniera tollerabile rispetto alla gestione del dolore e della crescita psichica del soggetto sintomatico e del suo gruppo familiare.

Lo studio della posizione dell' analista nell' intersoggettività della relazione (Pellizzaro L., 2015) nei trattamenti del gruppo familiare o le esperienze di Francesca Borgogno sui gruppi multifamiliari (Borgogno et al., 2015), o ancora quelle dell' Austen Riggs in USA (Plakun, 2010), mostrano come alcuni settings analitici non possano fare a meno di ricercare e comprendere le dinamiche gruppali o del campo familiare o di altre gruppalità. Così anche l' esperienza del saper stare in gruppo, o di pensare a settings comunitari di gruppo allargato, può fornire un contesto per comprendere e condividere il contenimento e le holding necessarie ai pazienti contemporanei. Questi ultimi, spesso cresciuti con accudimenti differenti da quelli di 30 anni fa, hanno spesso a che fare con famiglie frammentate, con crescente emarginazione dei padri e con un vuoto di pensabilità della funzione genitoriale.

In questa fase storica i genitori come categoria antropologica sono parte del modello occidentale del benessere, della rimozione del concetto di morte, della ricerca narcisistica come riuscita sociale, con impliciti patti narcisistici coi figli che spesso invertono la propria posizione, diventando metaforicamente genitori dei loro genitori, come vasi comunicanti, senza barriere, con almeno la conseguenza che gli strumenti per l' elaborazione dei traumi vengano così ridotti.

Per molti motivi pertanto ciò può implicare diverse conseguenze nel caso di esposizioni dei bambini a stati di negelct o di abbandono, o semplicemente di esposizione ad angosce di separazione eccessive non avendo ancora i mezzi per tollerarle. Su larga scala va detto che queste sofferenze possono confluire in una disposizione alla dipendenza da oggetti di massa e da veri e propri movimenti di massa che rispondono ad esigenze emotive diffuse. È possibile cioè che i contenitori sociali abbiano un ruolo fondamentale e sebbene questo sia un lungo discorso, esso può essere riassunto nel principio che vede un tentativo di allontanare il senso di colpa o la rappresentazione del dolore, il negativo, nell' ambito di un difficile incontro dell' uomo con la propria distruttività, così manifesta nel secolo scorso (Comelli, Ramella, Bocchiola, 2012).

Questo tipo di considerazioni implicano una necessità di progettazione di contesti realmente protettivi, tali da necessitare esperienze di buon rapporto individuo gruppo.

Paradossalmente nelle stanze di analisi non è detto che l' ascolto e l' offerta tout court di uno spazio per pensare in libertà siano oggi vissuti come abbandoni, nell' ambito di separatezze non esperibili o non ancora rappresentabili da parte del soggetto.

È anche per questo che la nostra prassi prevede tempi lunghi di holding e presa in carico del paziente o del gruppo familiare, con lo sforzo di conoscere i contenitori del gruppo familiare o i contenuti di esso, che non sono così rilevabili o visibili immediatamente, né dal soggetto, né dai curanti.

Badaracco e Narracci (2011) affermano che nel paziente designato si può osservare la presenza di stati psichici (come agiti, idee compulsive, reiteratività di funzioni) che non sono "digeribili", come se il paziente fosse la stazione di arrivo di questo materiale, che però trova un' origine e una stazione intermedia nei genitori, a loro volta alle prese con situazioni di intrattabilità di nuclei traumatici o di dolore non elaborato.

In un' esperienza di lavoro con una famiglia, Pellizzaro (2015) propone momenti differenziati del setting a seconda del processo in corso, con il gruppo familiare intero in seduta e con l' alternanza con momenti individuali di uno dei membri. Ciò si motiva con il processo in corso nel gruppo e con la scelta inconscia del gruppo del membro cui dare un' attenzione, potendo poi ritornare nelle sedute successive ai gruppi in cui è presente l' intera famiglia.

Ciò segnala un' uscita dai normali e codificati sistemi di cura per le psicosi, piuttosto "rodati", e pone una domanda sullo sviluppo di strutture terapeutiche nuove, o su sistemi che permettano metodologie più adatte ai pazienti e non alla validazione delle singole teorie o scuole, quasi sempre "incrostate" su ripetizione di modalità di dipendenza dal proprio modello. Nel caso di una famiglia di pazienti, ognuno aveva effettuato lavori analitici individuali per molti anni, ma senza osservare cambiamenti reali o senza che vi fosse una pensabilità degli elementi di gruppo familiare retrostanti e non elaborati.

Conclusioni - lo Sviluppo della Voglia di vivere

In assenza della voglia di vivere, in psichiatria si va verso la cronicizzazione o verso la sola farmacologizzazione del disagio, tralasciando il progetto vitale di ognuno di noi. Adattarci ad una vita solo "per sicurezza" o a legami di dipendenza patologica che non ci aiuterebbero a sapere chi siamo realmente.

Il riscontro sulla voglia di vivere, termine indicato dagli stessi pazienti come effetto di questa partecipazione, è interessante perché implica una condivisione sul tema della vita e della trasformazione di elementi di dolore in elementi di vitalità psichica.

I pazienti indicano anche che questa esperienza condivisa è alternativa alla fascinazione per le parti prestazionali o di ideale di perfezione o per lo

schiacciamento dei sintomi, senza credere nelle capacità potenziali dei pazienti se non come "selvaggi addomesticati" pronti a fare riabilitazioni scelte da operatori o spesso parcheggi diurni senza progetti di vita.

I pazienti sottolineano come la comune mentalità di funzionamento sociale ideale vede il malato psichico come peso o "pezzo rotto" del sistema, sia da sfatare proprio con questa esperienza dove chi ha un disagio porta più capacità umane, oltre a risorse e creatività.

Ciò muove verso aree di speranza per il paziente e verso le sue aree esistenziali, ossia verso le aree di fiducia in ciò che per legami malati o per proprie problematiche non risolte ha dovuto ridurre o disinvestire. Uno dei temi che troviamo spesso è pertanto come fare a vivere speranza, amore e voglia di vivere senza cadere in posizione di fede religiosa. Fede e speranza sono termini invocati dai religiosi di tutte le confessioni, ma noi non siamo necessariamente religiosi per esempio verso un autore o verso un indirizzo teorico, come accade spesso per le scuole di psicoterapia, almeno in Europa.

Il dogmatismo pertanto emerge come un elemento di ostacolo rispetto alla trasmissione del sapere, pertanto il nostro gruppo di lavoro prova a dialogare con molte realtà per preservare da un lato una propria autonomia, ma dall'altro provando a non perdere buone eredità da salvare.

Pertanto in questo primo lavoro ho cercato di raccontare lo sviluppo di un' esperienza , nei fatti e nell' accadimento quotidiano, lasciando al dialogo ed alle successive scritture un ampliamento dell' esperienza.

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Francesco Comelli, psichiatra, psicoanalista SPI, membro IPA, didatta dell'Istituto Italiano di Psicoanalisi di Gruppo (IIPG), svolge attività psichiatrica, psicoanalitica e psicoterapica individuale e di gruppo. È stato direttore della scuola IIPG di Milano e ha lavorato presso istituzioni e come consulente per la Riforma Psichiatrica per il Governo Greco. Docente di Etnopsicopatologia all'Università degli Studi "Carlo Bo" di Urbino, è attualmente direttore scientifico dell'ABA (Associazione Studio e Ricerca Anoressia e Bulimia). Coordinatore Scientifico e Clinico di Basti- Menti APS Milano. E' autore di numerose pubblicazioni nell' area di riferimento.

10.
Silvia Corbella interview (1)
by Simone Schirinzi

Q. *I would start exactly from Dr. Ringer's question: how do people think together to achieve a common purpose?*

A. It depends on the situation, the place in which people think together and their purpose: if it is a work related purpose, an entertainment purpose, or a research or therapeutic purpose. Depending on the context, people think favouring, consciously or not, different areas of their minds. Certainly, in a group- analytic setting, also thanks to the analyst's conduction, the group comes to think using the preconscious area in a preferential way. Even in a work group, it is the preconscious area being activated, but no one is aware of it, on the contrary, in the group-analysis the therapist is well aware, he even tries stimulating it's activation in a specific way during the earliest sessions. So, in every group, the action of thinking involves the preconscious area, but it's use depends on the context and the conductor. We know from Bion that in the work group, along with work-related prospectives, basic assumptions, unconscious and subconscious dynamics are involved, but there is no awareness of that. People try optimising rationality above everything, being unaware of how much other factors, sometimes even in a crucial way, can have a bearing.

Q. *Therefore, what kind of problem the psychologist, the psychotherapist or the psychoanalyst are asked to solve for a team within an organization, or for the organization in itself, that isn't primarily involved in the mental health field?*

A. I don't really think that the problem would be a specific one, given once and for all, I think it would depend on the situation. For example, in circumstances consisting of a moment of *impasse,* in a scholastic environment, as of now I would use a different method than the one I used while working in the psycho-medical-pedagogical team (how it was known at the times). Then I used to gather the teachers (of the kindergarten or the elementary school) in a group, in order to listen to their problems and understand the emergencies requiring the intervention of the psychologist. Today I often use the *Social Dreaming* in those moments of *impasse* when my intervention is needed within the institutional teams. First of all, I explain that raising questions is more important than finding immediate solutions and that it could be useful to encourage a process of thought that makes use of fantasies, dreams, and all

those things that often remain hidden to the use of reason, more than using rationality alone. This allows to activate the preconscious area stimulating the creative process even in the non-therapeutic groups.

Q. *At this point, I was asking myself, what role can the narration of one's personal history, given the fact that in the analytic group this results being an important aspect of the intervention; on the contrary in a team or a company...*

A. I don't think it would be right to ask for the narration of one's personal history in a non specifically-therapeutic setting. I wouldn't take the liberty of doing it not even in a educational setting. As a professor at Coirag school in Milan and Padua, during the last four hours of class I make my students experience a brief *Social Dreaming* session, different from the one that Gordon Lawrence performs, lasting an afternoon, the morning and the following afternoon. The students, after my classes, know full well how the small group is a privileged setting for activating preconscious processes. In particular, following Davide Lopez and Loretta Zorzi's thought, I think the preconscious is the primary maker of the dream. The students immerse themselves in the narration of the dreams with great naturalness, freely associating whit them. It's non at all important to know who the dreamer is, the important thing is the activation of the thoughts through the dream. The ease with which the students answer to the request of telling dreams and making free association, without any temptation of interpreting, amazes me every time. When I experienced Gordon Lawrence's or Claudio Neri's *Social Dreaming* sessions, along with other analyst colleagues, our attitude was totally different from the one of the students. There was a lot more resistance letting go and telling dreams in the group made by analysts than in the one of the students ant the temptation of the interpretation was always behind the corner.

Q. *From a certain point of view this aspect is bizarre.*

A. Not so much, really, there was reserve-dread in telling dreams and some of the participants drifted in the interpretation, stopped right away by the conductor. I never found an interpretative attitude among the students. They let themselves in the pleasure of the free association with songs, poems, fantasies, and other dreams. The thought proceeds with speed and spontaneity not comparable with the one I sow in the groups made by my colleagues the first time they were "immersed" in this experience. Their attitude was decisively sheltered behind a more defensive plane.

Q. *This makes me think about the fact that there is a connection between the theme of this issue of "Group: Homogeneity and Difference" and the centrality of the preconscious; how much these two aspects are tied together; how important it is the fact that inside organizations there in also the knowledge of the preconscious activity value.*

A. Absolutely, absolutely. Preconscious is the activator of the dream, but also of the creativity, which is capable of being a bridge between the suggestions of the sensitive world (images, sounds, events) and unconscious fantasies that show a glimpse of themselves through free associations and dream**.** The word itself explains it: pre-conscious. The *pre-* prefix immediately makes us think of the *infra-* area, an area between conscious and unconscious. As we know, the creative moment that takes roots in the meeting, in the confrontation, in the exchange between different areas, between the internal and external world within the single individual, but also between different individuals,is born exactly in border territories. For this reason the small group is potentially the elective setting for creativity stimulation. For this reason the psychologist can be useful in every kind of group, not necessarily in a therapeutic one, in order to activate the creative side that stimulates questions and opens new horizons. It's especially in these times that the psychoanalyst can have people comprehend that the small group is a particularly germinative land, a protected space for the development of creativity for the individual and for the group, discriminating them from the global world, too many times too homologating. Now more than ever, both on the individual and on the social level, we need to call on creativity in order to let ourselves out of stagnating, and apparently without a way out, situations. "When I talk about creativity, not only I intend the possibility of giving birth to a new work, idea, interpretation on the world, but particularly the capability to re-create the outside world as well as the inside one in the typically human field of relationships, of encounter. I refer to Winnicott's (1971) *transitional area,* the place of cultural experience. The origin of creativity takes place between the fantasy and the external reality: it's here that it's possible to recreate "the absent in the present and to find again the old in the new, the same in the different" (2), that is to say to create new symbols. The origin of creativity, as Winnicott tells us, is the game, intended as first creative action through which the child re-invents the world (3), ability that will express itself in a continuative evolution lie from the more basic to the more complex expressions of thought, scientific, philosophical and artistic. Now more than ever, in the social area, we have the need to retrieve and share also the game creative area, capable of giving birth to culture, because "it is through playing that society expresses its interpretation of life and the word"-(Huizinga-1983)

Q. *Interesting. Makes me think that the group-analytic intervention can prove to be different from how people outside a psychological culture think about it, so I ask you how this kind of approach could integrate itself in a context dominated by the custom of the scapegoat, if you excuse me the term.*

A. You said a very important and accurate thing. You touched a crucial point. The psychologist's first intervention and his objective, in every environment he works, is exactly to avoid the more disruptive potential, innate in every group: the creation of a scapegoat, the search for someone to blame, to punish and to kick out of the human assembly. This thing is a misleading solution, that denies the problem. It is the denial of the search for plural responsibilities and of the intricacy of the solution.

Q. *This often happens not only in the team in which we are requested to intervene , but it's a general aspect of the whole organization. In this situation the professional can find himself between the two groups, between   the organization and the team.*

A. Certainly. So it's very important that the professional makes a clear analysis of the request of the institution and immediately underlines that, even if the institution could find useful having scapegoats and using the blame mechanism, he will never concede to this request. This kind of request is exactly in contradiction with the objective the psychologist has been asked for, that is to solve and not to deny a problem; even if we know that the *scapegoat* takes on himself the role of carrier of disturbing aspects of the integrity and presumed identity of the group, be it a therapy group, an organization or even an nation, often when a change seems to be needed or it has already been put in motion.
Finding a scapegoat, possibly even throwing him out of the organization, not only won't solve the problem, but will make it re-emerge in time, at the risk of needing another colleague in order to find another *culprit*.
This destructive potentiality is particularly evident in therapeutical groups. It happened to me that a colleague requested my supervision when in his group patients decreased from eight to two. Without realising it, the conductor colluded whit the need of the group that was searching, in a phase of change, for a culprit of exit from the *status quo*. In that group the same dynamics were being repeated: the scapegoat was identified and removed from the group or he himself distanced the group. This phase was followed by a triumphalist one when everything seemed to be better, but unsolved problem kept resurfacing until only one patient remained. The death of the group leaves the conductor

and the patients with a feeling of failure, impotence and scepticism, from which is hard to get free.

If the scapegoat dynamics can lead the psychoanalytical group to its decay, if not immediately found out by the conductor, in the organizations and in the social field, in addition to not solving the problem, it can stimulate the most primitive and destructive aspects of people and the return to a more archaic way of thinking. A way of thinking functional to the strengthening of a narcissistic omnipotent ideal, obtained through the schism between an "all good" projected on the group as a whole and a "all bad" projected on the scapegoat.

I underline that the creation of the scapegoat is a process that mines the possibility to think. The analyst's role, in every kind of group, consists in building and managing to keep in his mind, in moments of difficulty, an internal container for the thought, in which the relationship between content and container could be flexible and capable to give back a meaning to feelings that are not easily understandable in their aspects of communication and need. When the dynamics of the scapegoat are prevented by the analyst, the people in the group are capable of taking on themselves their share of responsibility. The step from the projection of guilt to the assumption of oneself responsibility strengthens the unity in the group, and being part of a group that has been given value has a positive repercussion on everyone's self-esteem.

Q. *But if in the team or in the organization requesting the intervention is the search for"scapegoat" culture that is in force, the therapist, psychoanalyst or psychologist, has to agree to the request and work whit the team or has he to think about refusing the request and build a more extensive kind of work?*

A. I don't believe it could be possible to answer a request asking for a judging, blaming and thought preventing attitude. It's the psychoanalyst obligation to refuse this kind of request, specifying his motivation and helping the team and/or the organization to make a request that isn't implicitly destructive, but that could fit the research for a solution to the problem at hand.

Q. *Do you think that this kind of intervention, refusing and clarifying the reason of the refusal, that is not punitive, but simply shows an intervention manner that should be carried out in a different way, could be accepted in a culture looking for rapid solutions?*

A. I was always capable of making people understand my position, in every context I've been called to intervene, but I have to say they were always health or educational fields. This theme purposed itself many times in organizations dealing with addiction related problems. We know that the caring team becomes

a *soundboard* of the problems it deals with. And we know that the wicked triad underlined by me: impotence-omnipotence-guilt is often, if not always, present in people whit addiction problems. Nothing is more scaring to humans than impotence; so, in order to get back omnipotence, implying that will is power, it is preferred to take or to project blame. A team working on addiction is already aware of the psychoanalytical subject, so when the analyst clarifies the destructive side of this request and makes clear that trying to project the blame doesn't lead to any solution, but that the fundamental passage is to retrieve the ability to think and to go from the blame giving to assuming one's responsibilities, his argument is comprehended and accepted.

Q. *So you think that in the institution, in Italy at least, it is possible to to make your manner of intervention acknowledged?*

A. I think so: in order to help and to make people understand that is a lot more productive for the institution and for the individual to switch from blame to responsibility, from impotence to the real power of the group and the one of everyone of it's participants and not to omnipotence.

Q. *Could we consider the intervention to be therapeutic, even in these kind of contexts? I specify: in the occasion we are called by an institution that doesn't deal with mental health, the intervention to be made would be considered to be therapeutic or to be an intervention that focuses on different aspects, different objectives?*

A. I believe it to be not a therapeutic kind of intervention, unless it is meant to "take care of"; in that case yes, we take care of the institution. But I wrote *"Liberi legami"* precisely for this reason: because I believe that our way of intervention isn't bond only to pathology, to the clinic and so to a therapeutic context, but to the opportunity to take care of a more wide context. It is a constructive model of intervention, capable of recognising, containing and controlling the assault on the thought and on the destructive aspects potentially present in every small group, from the family to an educational team, to the widened social.
It is important in every environment, from the interventions on the single person, to the small group and the whole society, to recognise and contain the destructive aspects that activate an archaic and primitive way of thinking, and to enhance the constructive ones that are capable of getting also the creative suggestions coming from the preconscious area.

Q. *This is a very interesting aspect, as it shows, especially in your book, how the group intervention could be a proper psychological intervention, losing and maintaining at the same time the quality of therapeutical intervention.*

A. Exactly it loses and maintains at the same time. If we intend it rigidly, meaning to confront a pathology, it loses: if, on the contrary, we intend it in the widened "taking care of" meaning, it maintains. In *"Liberi legami"* I hypothesize that: "culture, shared in the group can be widespread**,** not limited to institutional fields, but also on the outside and, thanks to its transforming potential, can stimulate to understand that, beyond the category of the need, there is the tension towards a shared project, opened to the future. Beyond the survival, in conclusion, we can aim to improve life quality, ours and other people's one. The group as a bridge lets the individual open himself to the social as well as the institution, the socio-cultural context to "humanize" itself, in a reciprocated exchange capable of building *Liberi legami.*(Corbella, 2014)

Q. *Why it is only the psychologist that enters the institutions, not only the ones about mental health, and handles organizing groups, thinking that every intervention is about maintaining the capability of constructive and evolutive thought?*

A. Clearly is a moment of great crisis in the western world, as it wasn't from the end of world war II. "Today, being individual and group psychoanalyst immediately confronts itself with the individual social constitution, so, with the socio-cultural field inside which the psychoanalyst's and his patient's personal and professional history takes place. To be a psychoanalyst today means to be aware of not only of the consequence of the intrapsychic world on our everyday life, but also of the continuous dialectic between intrapsychic and interpersonal, with a profound mutual influence.
Let's not forget, anyhow, the interest for the social context and the possibility to use the psychoanalytical tool, not in a strictly clinical way, but also in order to confront ourselves with problems that cross the personal dimension, this is already present in Freud's scripts, he considers the psychoanalytical study to be rich of anthropological an socio-cultural implications". (Corbella- 2014)
The individual's problems are a result of what happens in the social and it is futile to privatize them.
There exists a continuous interaction between the people's discomfort and the society's one, and vice versa. This is particularly clear in the group. Surely we can't solve social problems through our intervention, but we can give, in synergy with other disciplines, our contribution, being

aware of our limits, but also of our positive potentiality. The presence of our colleagues on the media, on the newspapers, on the internet, in the publications, probably made our figure more acceptable and less mysterious. "At the moment, institutions request (unfortunately without a coordinated and ample vision) the group work as a care and educational tool, not because they know and value it, but most of all for business-economic reasons. It is also of good auspice seeing with what kind of care and ability group-therapists think of and realize efficient projects in various fields. They often are new, frontier fields, where fixed-term groups are made in order to face emergency situations." (ibidem)

Q. *We talked about this aspect: many psychologists, even with different theoretical approaches, proposed different intervention methods and debated about how to pone oneself in such contests. The psychoanalytical model, anyhow, is the method finding more difficulties in settling in social culture because of its language, especially in virtual spaces. So, my questions are two: the first is if the psychoanalytical culture, being adapted to the organizations, is capable of introducing itself in the organization culture and if it can be usable even for people that don't know and/or do not adopt it; the second one is if is there an effective need of it, or if the psychological promotion and other, already existing, candidates may be sufficient.*

A. I believe that when we deal with organizations we have to do the same thing we do when dealing with every patient: we should never use a strictly psychoanalytical language, efficient for authorised personnel and for congressional communications. We should use a kind of language and terms that the other can comprehend and make his own. As an individual analyst I have the pleasure of building a different language depending on the patient I face. This implies the upkeep of an attitude that is epistemologically correct and rigorous regarding the theories of reference, but that doesn't prevent the use of slang or dialectal terms. Terms that make my words more easily comprehended and made to use. In the same way, even in the institution we have to be capable of using a language that is understandable depending on who and in what kind of field our interlocutor is.

Q. *So, where do we find the model?*

A. In the analyst's mind.

Q. *No doubt about that. And how do we include the culture of the model, in order to promote its inclusion?*

A. After many years of work I trust in my preconscious, you may even call it Giuseppe, if the term is too much "psychoanalytical". The objective is to make the interlocutor understand the importance and the creative potential within the encounter. It is only through the encounter and the exchange of different ways of thinking that new ideas can be born, not through the use of the "*aut-aut*", not through saying "I'm right and you're wrong". We have to refer to the paradigm of the complementarity of the "*et-et*, to the dialectic of the distinct and not to the one of the opposites. I say my opinion in consideration of the other person's one and I try to build communication bridges and exchange possibilities.
In my mind is the "*et-et*" paradigm, and not the "*aut-aut*" one that is present in red letters. In order to be greeted with our models we have to use also the ability to smile, the irony, that I believe to be deeply creative, the lightness area, deep lightness. Otherwise, if we try to teach with the objective of taking the Truth and the Light to people, or colonizing, it is obvious that we can't claim any welcome.

Q. *So, when we think about the way we must prepare, leave something, are we already distorting the model of the intervention, are we overstepping the culture of the model?*

A. No, I'm sure it is not like that. The psychoanalysis is based on the respectful welcome of the other, the other in his complexity. It is only in the moment we use a language understandable by the other that we can be analysts. I believe this to be a deeply-rooted way of thinking in the psychoanalytical culture: the respect of the complexity and of the peculiarity of the other and of the uniqueness of that situation in that moment. If we talk about institutions we must also try to understand what is the unconscious mandate of those institutions, what are the values it refers to; ours is a very complex work, but in the end it is not so different from the first meeting with a patient, there are only more variables at play.

Q. *I would also say that the likelihood of understanding the unconscious aspects of the institution is a gigantic challenge...*

A. Not necessarily. It is only about realizing which are the prevalent unconscious aspects of the request for an intervention. "In addition to defined goals, the institution is always a carrier of symbolic aspects in which functional components and imaginary components and   are combined, in variable proportions and relations, with consequential conflicts and tensions. The psychoanalyst will have to accept and understand the dynamics present in different levels of reality in order to activate transformative processes. He will have to keep clear in mind the different features and the specific factors

potentially positive and negative of the small, medium and big groups he is going to confront, in order to modulate and diversify his interventions based on the level of reality in which he will or could operate. He will facilitate the communication between individual, group and social organization, considered as a continuum of open systems (Rice, 1936), keeping in mind the needs and the expectations, the mental representations and the potential distorted perceptions that a set of people has about others. On one side he will try to define the borders, on the other try to build communication and creative exchange bridges, facing conflicts, but trying to avoid unproductive confrontation that stimulate the primordial aggressions and the consequential "*aut-aut*" logic dominated defences. The opportunity to understand, and through that, to give meaning also to regressive destructive sides will give the possibility of a corrective emotive experience to everyone.

In order to better understand the specific culture of the organization we are operating in, it will be essential to pay attention to the possible suffering and to the eventual psychopathology of the institutional bonds (Kaës e altri, 1996).Subjects engaged in pathological bonds aren't necessarily sick because "the pathology of intersubjective bonds is not an individual property " (Ferro, 1998); it's the bond that is in a state of suffering, not necessarily the subjects that establish it (Kaës *Ibidem*).

The attention to potential markers of institutional psychic pain will let identify the weak areas of the institution in itself. They often are the same elements at the bottom of the small group destructive potentials that contribute to the pain of the institutional bonds: the establishment of the *scapegoat* and the circulation of the *unsaid.* The presence of something unsaid can result in the attack to the faith in the work project, associated with creeping mistrust, expression of anonymous cowardice. Sometimes the people that most fear the change, due to their history, their feebleness or their role will launch an attack disguised as doubts and mistrust, hiding themselves behind an anonymous, when something must be put back to discussion or the ability to come out from rigidly assumed roles is needed: *they expected something more interesting...they hoped for something more...*etc. The faith in the project, once so enthusiastically shared, goes missing and the mistrust risks to spread as wildfire on every level of the institution, but no one takes on himself the task of openly speaking about it. It is a malaise *unspeakable,* that doesn't become a subject of conversation or reflection. Everybody feels more and more alone and isolated from the other, the sense and the value of the membership. In this kind of situation the only behaviour possible to the psychoanalyst is to give a name to the condition of things and make it speakable, to underline the anonymous ongoing attack and to pone himself as a model of negative capability, that is to say to show himself as capable of tolerating moments of un-clarity and

confusion. As well as situations of the same type in the small therapeutic group, he will have to underline that the cause of the suffering is often the misunderstanding of the sense of that same suffering in itself and how it is essential to put up with remaining in the misunderstanding, in the unknown. He will have to make people understand that in front of the past impotence generated by the difficulty and by the fear of the change the human being often reacts through destructive actions implied in negative omnipotence fantasies: to destroy is a lot easier than to build up.

The conductor has to take on himself the sense of feebleness and of fear that transformations involve.

The cowardly attack can be generated also by despair, by the terror of not being able to sustain the ongoing changes. It is the sin and not the sinner that must be attacked, because we learned, working within the small group, how profound Terenzio's thought is: *homo sum et nihil humani mihi alienum puto.* In these situations it is useful to the conductor, after underlining the lie of the land and denouncing that "the king is naked", to try to reactivate the preconscious area, the creativity area.

So in the group,having not solved but, at least for the moment, "suspended" the mistrust, it is possible to return dreaming together thanks to the use of the Social Dreaming as an immediate activator of the preconscious area of the group members." (ibidem) We know that telling one's dreams and discovering that these can help at better understanding the state of things and opening to new meanings re-activates the hope and the solidarity within the group participants. We must not, anyway, exceed in the attitude of "psychologizing" institutional conflicts., on the contrary we must take them under consideration in their whole complexity, without forgetting about the social and political parts, the economic and cultural aspects that concur at forming the identity of the institution and its dynamics, always respecting the "et-et" paradigm. It is not so complex to work within organizations if one is used to work with groups: even in the way the collaboration request is made you can understand a lot of things. It is just as when you meet a patient for the first time: you can't right away tell him what you understand, even if you already understood many things, you understand by heart, or better, by preconscious. I'm telling this to you after years of work, the bigger experience is one of the benefits of the time passing. If you asked me these same questions even only 15 years ago, I would have been less sure of the answers to give and of the interventions to suggest.

Q. *It is surely interesting this aspect of the possibility to keep in mind the methods, the passages, the unconscious aspects that are present inside the institutions*

Only the unconscious aspects that are present in the institutional mandate and not knowing the whole inconscious area of the institution.

Q. *Certainly, I didn't mean to say that: what someone says on the unconscious, in accordance with how he thinks about it before saying it, is easily misunderstood.*

A. Certainly. But, you see, I believe being aware of the socio-cultural setting and of the historic moment we intervene in to be important. As an example, we live in a moment in which it is essential to always be aware of the supplementation paradigm, that refers, already in it's etymology, to the unknowable surplus that is present in every kind of experience. I can use this terminology with you, knowing you read and understood my books, I wouldn't use the same terminology speaking within a setting not meant for "*authorized personnel*". I would say, just to make an example, that even in the scientific field it is thought that absolute truth, given once and for all, doesn't exist and so we use a trial and error approach, knowing that there will always be something we won't ever know.
And thank goodness, because if this makes us face limits, it also opens wide prospectives. Everyone can create something new; if everything was already given, already known, there would be nothing to discover anymore. But the things already known aren't left or thrown away, they are added, integrated whit new discoveries and, depending on the intervention fields, they will still be used in a privileged way.

Q. *Otherwise, maybe, creative and constructive potentials wouldn't exist, and what for would the preconscious be needed then?*

A. Certainly. It is important to explain to our interlocutor, be him a patient in analysis or an organization – and obviously using a different language depending on the interlocutor- that the ways to see things used until now, the old ways of defence, won't have to be eliminated, but to those others will be added, sometimes easily integrated between themselves. So our intervention whether meant for the single person or a group or an organization will be, in the end, just the widening of their horizons.

Q. *At this point I'm brought to think about the psychologist within the organizations and about the psychologist, the psychoanalysis, within the social change. Are we by chance also talking about a responsibility this discipline can take on itself? Or that it has to?*

A. Certainly. It has to take it on itself, it can't withdraw. I believe that we don't have the luxury of isolating ourselves in our "discipline" nest. We can do our work well in different field only if we take responsibility for it's social consequences. We can't shut ourselves in our office with our patient and leave it at that, leaving the world outside in order to not be disturbed; at least this is my point of view. In the moment the patient talks, you can't not be aware of the environment he lived in and of the one in which he lives.

Q. *I don't think I have other questions now, I think we said all that was pertinent; we also had fun...*

A. I share your point of view. You see, I believe this to be essential way to be welcomed even in the institutions: not going there pretending to have the Truth and the Light. We don't have it, no one has it in the knowledge field, so let's present ourselves whit the curiosity of knowing each other, of meeting each other. At the end of the first encounter with the patient and after having given him another possible appointment I tell him he doesn't have to feel obligated to come back, it is unimportant if someone told him I'm good and this or that; the important thing is the encounter. Maybe it' s just because I have two cats or he didn't like the colour of my socks and he didn't find himself well with me. He has to follow what he feels, has to ask himself if we had a good encounter.
This also goes for the institutions: the important thing is the meeting; we must pay attention to how we meet each other.

Q. *Good, I don't have anything to add, do you want to say something else?*

A. What I think I have to say, in line with the themes of the interview, it is that we have to dare, keeping a behaviour rigorous regarding the theories and the epistemological paradigms of reference that are: complexity, complementarity and supplementation. If you keep the continuity and the respect for the concepts that are at the base of both group and singular psychoanalysis and if you have respect for the other and his environment of reference, we can go everywhere.

Q. *An excellent conclusion, I would say. Thank you for the availability and the opportunity of the interview.*

A. Look, it is a mutual thanks, it was a good meeting. Let's hope it will be the same for psychoanalysts and institutions: may they meet and thank each other.

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Notes

1. Pieces between inverted commas are extracts from the book *Liberi Legami* by Silvia Corbella (2014), Borla, Roma.
2. Racalbuto-Morano 1982.
3. "Thanks to suspension of the judgement of truth about the world a respite from the tearing and the painful process of distinction between themselves, their desires and reality, his frustrations" (Winnicott, 1971).

Silvia Dina Corbella, individual psychoanalyst at Italian Psychoanalytic Society (part of the IPA) and group psychoanalyst at Group Psychotherapy Association (APG), teacher in Milan and Padua for the Confederation of Italian Organizations of Group Analysis Research (Coirag),founding member of ARGO. Takes part in the editorial committee of the specialized magazines *Gruppo: omogeneità e differenze* and *Polaris* and in the scientific committee of RPPG (*Rêvue de Psychothérapie Psychanalytique de Groupe*). She wrote several articles , both nationally and internationally distributed, and among the books include *Storie e luoghi del gruppo* (2003), Cortina, Milan, and *Liberi legami* (2014), Borla, Rome). *Liberi legami* shows that group analysis and dynamics can be seen as an opportunity to take care of a wide context, well beyond the therapeutic context, because the group therapist intervention is a constructive model, capable of recognising, containing and controlling the assault on the thought and on the destructive aspects potentially present in every small group, from the family to an educational team, to the widened social.

Simone Schirinzi is a psychologist and Psychoanalytical Psychotherapist Trainee.

10. Testo originale italiano
Intervista a Silvia Corbella (1)
 di Simone Schirinzi

D. *Io partirei proprio dalla prima domanda che pone il Dr. Ringer: come pensano insieme le persone per raggiungere uno scopo comune?*

R. Dipende da quale è la situazione, il luogo in cui le persone pensano insieme e da quale è lo scopo: se è uno scopo di lavoro, uno scopo di divertimento, se è uno scopo di ricerca o uno scopo terapeutico. A seconda del contesto, le persone pensano, privilegiando, consapevolmente o meno, aree diverse della propria mente. Certamente in una situazione gruppoanalitica, grazie alla conduzione dell'analista, il gruppo arriva a pensare utilizzando in modo privilegiato l'area preconscia. Anche in un gruppo di lavoro, verrà attivata l'area preconscia ma nessuno ne è consapevole, mentre nella gruppoanalisi il terapeuta ne è ben consapevole, e addirittura nei primi incontri cerca di stimolarne l'attivazione in modo specifico. Quindi, in qualsiasi gruppo il pensare include l'area preconscia, ma l'utilizzo che ne viene fatto dipende dal contesto e dal conduttore. Nel gruppo di lavoro, sappiamo da Bion che insieme all'aspetto di lavoro sono potenzialmente presenti anche gli assunti di base e dinamiche inconsce e preconsce ma nessuno ne ha consapevolezza. Si cerca di ottimizzare soprattutto la razionalità, ma con l'inconsapevolezza di quanto possano incidere, a volte anche in modo determinante, altri fattori.

D. *Quindi quale problema viene richiesto allo psicologo, o allo psicoterapeuta, o allo psicoanalista, di risolvere per un team di un'organizzazione, o per un'organizzazione stessa, che non si occupa prettamente di salute mentale?*

R. Guardi, non penso si tratti di un problema specifico, dato una volta per tutte, ma che dipenda sempre dalle circostanze. Per esempio nelle situazioni in cui ci sono momenti di *impasse*, in ambito scolastico, oggi seguirei un metodo diverso rispetto a quello utilizzato nel mio primo lavoro all'interno di quella che allora si chiamava équipe medico-psico-pedagogica. All'epoca riunivo le maestre (della scuola materna o delle elementari) in gruppo, per ascoltare i loro problemi e comprendere quali fossero le emergenze per cui veniva richiesto l'aiuto della psicologa. Oggi nei momenti di *impasse* nelle équipe istituzionali di vario genere in cui viene richiesto un mio intervento utilizzo spesso il *Social Dreaming*. Spiego prima che è molto più importante suscitare domande che trovare

immediatamente soluzioni e che, più che il risultato, può essere utile stimolare un processo di pensiero che non faccia appello solo alla razionalità, ma anche alle fantasie, ai sogni, a quello che spesso rimane celato alla luce della ragione. Ciò permette di attivare anche nei gruppi non terapeutici, l'area preconscia che stimola processi creativi.

D. *Mi chiedevo, a questo punto, che ruolo può avere la narrazione di una propria storia, visto che nel gruppo analitico questo risulta un aspetto importante dell'intervento psicoanalitico; invece all'interno di un team o di una azienda...*

R. Non penso sia corretto chiedere la narrazione di una storia personale in un ambito che non sia strettamente terapeutico. Non mi permetterei di farlo neppure in un ambito formativo. Come docente alla scuola Coirag di Milano e di Padova, nelle ultime quattro ore di lezione faccio sperimentare alle allieve-i una sessione di *Social Dreaming* breve, diversa, nei tempi, da quelle praticate da Gordon Lawrence, che durano un pomeriggio, la mattina e il pomeriggio seguenti.
Gli allievi dopo le mie lezioni sanno bene quanto il piccolo gruppo sia un'area privilegiata per attivare processi preconsci. In particolare, seguendo il pensiero di Davide Lopez e Loretta Zorzi, ritengo che il preconscio sia il costruttore primario del sogno. Gli allievi con grande naturalità si immergono nel racconto di sogni e associano liberamente con questi. Non è assolutamente importante aver presente chi sia il sognatore, ma i processi di pensiero che grazie al sogno vengono attivati. Mi stupisce ogni volta la facilità con cui gli allievi rispondono alla richiesta di raccontare sogni e di associare liberamente, astenendosi da qualsiasi tentazione interpretativa. Quando ho sperimentato sessioni di Social Dreaming condotte da Gordon Lawrence o da Claudio Neri, con colleghi analisti, il nostro atteggiamento è stato incredibilmente diverso da quello degli allievi. C'erano molte più resistenze a lasciarsi andare a raccontare sogni e ad associare nel gruppo di analisti che non nel gruppo di allievi e la tentazione dell'interpretazione era sempre dietro l'angolo.

D. *Curioso questo aspetto da un certo punto di vista.*

R. Non poi tanto, c'era pudore-timore a raccontare sogni e alcuni partecipanti scivolavano nell'interpretazione, subito interrotta dal conduttore. Fra gli allievi non ho mai trovato un atteggiamento interpretativo. Si lasciano andare al piacere della libera associazione con canzoni, poesie, fantasie ed altri sogni. Il pensiero procede con una velocità e spontaneità non paragonabili a quella che ho visto accadere nei gruppi formati da colleghi la prima volta che

venivano "immersi" in questa esperienza. Il loro atteggiamento era decisamente più arroccato su di un piano difensivo.

D. *Questo mi fa pensare al fatto che c'è anche un legame tra il tema di questo numero della rivista e la centralità del preconscio; quanto siano legati questi due aspetti; quanto sia importante che all'interno delle organizzazioni ci sia anche la valorizzazione dell'attività preconscia.*

R. Assolutamente, assolutamente. Il preconscio è l'attivatore del sogno, ma anche della creatività capace di gettare un ponte fra le suggestioni del mondo sensibile (immagini, suoni, avvenimenti) e le fantasie inconsce che si presentificano grazie alle libere associazioni e al sogno. Lo dice la parola stessa: pre-conscio. Il prefisso *pre* immediatamente presentifica l'area *infra*, un'area di mezzo fra il conscio e l'inconscio. Sappiamo che proprio nei territori di confine nasce il momento creativo che si radica nell'incontro, nel confronto, nello scambio fra aree diverse, fra il mondo interno e il mondo esterno nel singolo individuo, ma anche tra individui diversi tra loro. È per questo che il piccolo gruppo è potenzialmente il setting elettivo per stimolare la creatività. Per ciò lo psicologo può essere utile in qualsivoglia gruppo, non necessariamente terapeutico, non per trovare immediatamente la soluzione del problema, ma per attivare la parte creativa che stimola domande e apre a nuovi orizzonti. Soprattutto in questo momento storico lo psicoanalista può far comprendere che il piccolo gruppo è un potenziale terreno particolarmente germinativo, uno spazio protetto per lo sviluppo della creatività del singolo e del gruppo che ben lo differenzia dall'insieme del mondo globalizzato, troppo spesso omologante. Oggi più che mai, sia a livello individuale sia sociale, abbiamo bisogno di appellarci alla creatività per uscire da situazioni stagnanti e apparentemente senza via di scampo. "Quando parlo di creatività, intendo non solo la possibilità di dare alla luce una nuova opera, una nuova idea, una nuova interpretazione del mondo, ma in particolare la capacità di ri-creare il mondo esterno e interno nell'ambito tipicamente umano della relazione, dell'incontro. Mi riferisco a quella che Winnicott (1971) definisce *area transizionale,* sede dell'esperienza culturale. L'area transizionale si situa tra la vita fantasmatica e il mondo esterno: qui è possibile ricreare "l'assente nel presente e ritrovare l'antico nel nuovo, l'identico nel diverso", (2) cioè creare nuovi simboli. L'origine della creatività, ci insegna Winnicott, è il gioco, inteso come primo atto creativo attraverso cui il bambino ri-inventa il mondo (3), capacità che si esprimerà in una linea di sviluppo continuativa dalle più semplici alle più complesse manifestazioni del pensiero, scientifico, filosofico ed artistico. Oggi più che mai, a livello sociale, abbiamo bisogno di recuperare e condividere anche l'area creativa del gioco,

capace di originare cultura perché è anche *attraverso i giochi che la collettività esprime la sua interpretazione della vita e del mondo.* (Huizinga, 1983)".

D. *Interessante. Mi fa pensare che l'intervento di un gruppoanalista possa risultare anche molto differente da come viene pensato al di fuori di una cultura psicologica e quindi Le chiedo, appunto, come questo tipo di approccio si inserisca in un contesto dove, mi passi il termine, vige la cultura del capro espiatorio.*

R. Ha detto una cosa molto importante e molto puntuale. Ha toccato un punto cruciale. Il primo intervento e lo scopo dello psicologo, in qualsiasi ambito vada a lavorare, è esattamente evitare la potenzialità più distruttiva che è presente in ogni gruppo: la creazione di un capro espiatorio, la ricerca di qualcuno su cui mettere "la croce" della colpa, qualcuno da punire e da allontanare dall'umano consesso. Questa è un'illusoria soluzione del problema che in questo modo viene negato. È la negazione della ricerca delle plurime responsabilità e della complessità della risoluzione.

D. *Spesso questo non accade solo nel team in cui viene richiesto di intervenire, ma è un aspetto generale di un pò tutta l'organizzazione. Il professionista in questo caso si può ritrovare tra due gruppi, tra l'organizzazione ed il team.*

R. Certo. É quindi importantissimo che il professionista faccia una chiara analisi della domanda che gli viene da parte dell'istituzione e che immediatamente metta in evidenza che, anche se all'istituzione potrebbe far comodo creare capri espiatori e utilizzare il meccanismo della colpevolizzazione, non cederà mai a questa richiesta. Richiesta esattamente in contraddizione con lo scopo per cui a parole si chiede la sua collaborazione, cioè di risolvere un problema, non di negarlo; anche se sappiamo che il *capro espiatorio* assume il ruolo di portatore di aspetti disturbanti l'integrità e la presunta identità del gruppo, sia esso un gruppo terapeutico, un'istituzione od anche una nazione, spesso nei momenti in cui appare necessario un cambiamento o è già in atto una trasformazione.
Trovare un capro espiatorio, magari anche espellerlo dall'organizzazione, non solo non risolverà il problema in atto ma lo farà riemergere nel tempo con il rischio di dover chiamare ancora un collega che individui un altro *colpevole*.
Questa potenzialità distruttiva risulta particolarmente evidente nei gruppi terapeutici. Mi è capitato che un collega mi chiedesse una supervisione quando nel suo gruppo i pazienti da otto si erano ridotti a due. Senza rendersene conto il conduttore aveva colluso con il bisogno del gruppo che, in una fase di

cambiamento, cercava il colpevole dell'uscita dallo *status quo*. Nel gruppo da tempo si ripeteva la stessa dinamica: il capro espiatorio, individuato come tale, veniva espulso o lui stesso si allontanava dal gruppo. A questa fase seguiva una fase trionfalistica dove tutto sembrava mettersi al meglio, ma il problema non risolto uscito dalla porta rientrava dalla finestra finché nel gruppo è rimasto un solo paziente. La morte del gruppo lascia sia nel conduttore sia nei pazienti un senso di fallimento, di impotenza e di sfiducia, di cui a fatica ci si riesce a liberare.

Se la dinamica della costituzione del capro espiatorio in ambito gruppoanalitico, quando non immediatamente riconosciuta dal conduttore, può portare al disfacimento del gruppo, nelle organizzazioni e nel sociale più allargato, oltre a non risolvere il problema, può stimolare gli aspetti più primitivi e distruttivi delle persone e il ritorno ad un pensiero arcaico. Pensiero funzionale al rafforzamento di un ideale narcisistico onnipotente ottenuto attraverso la scissione fra un "tutto buono" proiettato sul gruppo come insieme e un "tutto cattivo" proiettato sul capro espiatorio. Sottolineo che la costituzione del *capro espiatorio* rappresenta un processo del gruppo che attacca in modo distruttivo le possibilità di pensare. Funzione dell'analista in qualsivoglia gruppo vada ad operare è costruire e saper poi mantenere nella propria mente, nei momenti di maggior difficoltà, un contenitore interno per la riflessione, in cui la relazione contenitore-contenuto sappia essere flessibile e capace di restituire significato a sentimenti non immediatamente comprensibili e riconoscibili nei loro aspetti di comunicazione e bisogno. Quando la dinamica del *capro espiatorio* viene sventata dall'analista, i partecipanti al gruppo sono in grado di assumersi la propria parte di responsabilità. Il passaggio dalla proiezione della colpa all'assunzione delle proprie responsabilità aumenta la coesione del gruppo, e partecipare ad un gruppo a cui si dà valore ha una ricaduta positiva sull'autostima di ognuno.

D. *Ma se nell'organizzazione o nel team che richiede l'intervento vige la cultura della ricerca di un "capro espiatorio", il terapeuta, lo psicoanalista, o lo psicologo, deve comunque accettare la domanda e lavorare con il team o pensare di rifiutare la domanda e costruire un lavoro più esteso?*

R. Penso che non si possa accettare una domanda che richieda un atteggiamento giudicante, colpevolizzante e che rischia di attaccare lo sviluppo del pensiero. E' dovere dello psicoanalista rifiutare una richiesta di questo tipo, chiarendo però la motivazione che lo induce a fare ciò e aiutando il team e/o l'organizzazione a formulare una domanda non implicitamente distruttiva ma effettivamente adeguata alla ricerca di una risoluzione del problema.

D. *Secondo Lei, questo tipo di intervento, rifiutare e chiarire il perché del rifiuto, il quale non è punitivo ma indica semplicemente una modalità di intervento che dovrebbe essere attuata in modo diverso, potrebbe essere accettato in una cultura alla ricerca di soluzioni rapide ?*

R. Nei contesti in cui sono stata chiamata a intervenire sono sempre riuscita a far passare questa mia posizione, ma va detto che si è sempre trattato di ambiti di cura o di apprendimento. In particolare questo tema si è riproposto più volte in istituzioni che si occupavano di problemi di dipendenza. Sappiamo che spesso l'équipe curante fa da cassa di risonanza dell'utenza di cui si occupa. E sappiamo che nelle persone che hanno problemi di dipendenza, la triade perversa da me spesso evidenziata: impotenza-onnipotenza-colpa è spesso, se non sempre, presente. Nulla all'essere umano fa più paura del senso di impotenza; allora per recuperare l'onnipotenza, che sottende che potere è volere, si preferisce assumere o proiettare la colpa. Una équipe che lavora sulle dipendenze, è già sensibilizzata al discorso psicoanalitico, perciò quando l'analista chiarisce l'aspetto distruttivo di questa richiesta e fa comprendere che cercare e proiettare la colpa non porta ad alcuna soluzione possibile, ma che il passaggio fondamentale è recuperare la capacità di pensare e passare dalla colpa alla assunzione da parte di tutti della proprie responsabilità, il suo discorso viene compreso ed accettato.

D. *Quindi ritiene che nell'istituzione, per lo meno in Italia, si possa far passare la sua modalità di intervento?*

R. Secondo me sì: per aiutare e far comprendere che è molto più costruttivo per l'istituzione e per il singolo il passaggio dalla colpa alla responsabilità, dall'impotenza non all'onnipotenza ma alla potenza reale del gruppo e di ciascuno dei suoi partecipanti.

D. *Anche in questi contesti, possiamo considerare l'intervento ugualmente terapeutico oppure no? Specifico meglio: nel momento in cui si viene chiamati da una istituzione che non si occupa di salute mentale, l'intervento che verrà attuato potrà essere un intervento terapeutico o un intervento che si focalizza su altri aspetti, su altri obiettivi?*

R. Credo che assolutamente non sia un intervento terapeutico, a meno che per terapeutico non si intenda 'prendersi cura di'; allora sì, ci si prende cura dell'istituzione. Ma è proprio per questo che io ho scritto il libro "*Liberi legami*": perché ritengo che la nostra modalità di intervento non sia legata solo alla patologia, alla clinica e quindi a un contesto terapeutico, ma alla possibilità di

prendersi cura di un sociale più allargato. E' un modello di intervento costruttivo, capace di riconoscere, contenere e controllare l'attacco al pensiero e gli aspetti distruttivi che sono potenzialmente presenti in ogni piccolo gruppo, dalla famiglia al team di un'istituzione, alla società.

È importante in ogni ambito, dagli interventi sulla persona, al piccolo gruppo e al sociale, riconoscere e contenere gli aspetti distruttivi che riattivano un pensiero arcaico e primitivo, e potenziare quelli costruttivi capaci di cogliere anche i suggerimenti creativi provenienti dall'area preconscia.

D. *Questo aspetto è molto interessante, in quanto mostra, specie nel suo libro, come l'intervento di gruppo possa essere un vero e proprio intervento di carattere psicologico che perde e mantiene il carattere di intervento terapeutico.*

R. Esattamente, perde e mantiene. Se lo si intende in modo rigido, nel senso di affrontare una patologia, perde; se invece si intende nel senso più lato del prendersi cura, mantiene. In *Liberi legami* ipotizzo che: "la cultura condivisa all'interno del gruppo possa essere diffusa, senza limitarsi agli ambiti istituzionali, anche all'esterno e, grazie al suo potenziale di trasformazione, possa stimolare a comprendere che oltre alla categoria del bisogno vi è la tensione verso un progetto condivisibile aperto al futuro. Oltre alla sopravvivenza, insomma, si può aspirare a migliorare la qualità della vita, propria e altrui. Il gruppo come ponte permette sia all'individuo di aprirsi al sociale, sia al contesto istituzionale e socioculturale di "umanizzarsi", in un reciproco scambio in grado di costruire *liberi legami*".

D. *Secondo Lei, come mai solamente ora lo psicologo si affaccia alle istituzioni non solo di salute mentale e si occupa di organizzare, stare nell'organizzazione dei gruppi, pensare che ogni intervento sia nel mantenere una capacità di pensiero costruttivo ed evolutivo?*

R. Evidentemente è un momento di grande crisi nel mondo occidentale, come non ce n'è mai stata dal dopoguerra a oggi. "Oggi essere psicoanalista individuale e di gruppo si confronta immediatamente con la costituzione sociale dell'individuo e dunque con l'ambito socioculturale all'interno del quale si svolgono la storia personale e professionale dello psicoanalista e quella dei suoi pazienti. Essere psicoanalisti oggi significa essere consapevoli non solo della ricaduta che il mondo intrapsichico ha nella nostra quotidianità, ma anche della continua interazione dialettica fra intrapsichico e interpersonale con una profonda reciproca influenza. Non dimentichiamo però che l'interesse per il sociale e la possibilità di utilizzare lo strumento psicoanalitico, non solo in senso

strettamente clinico ma anche per confrontarsi con problemi che oltrepassano la dimensione personale, è presente già negli scritti di Freud, che considera l'indagine psicoanalitica ricca di implicazioni antropologiche e socioculturali".

I problemi del singolo individuo sono anche conseguenti a quello che accade nel sociale e non serve privatizzarli, anzi. C'è una continua interazione tra malessere delle persone e malessere della società e viceversa. Nel gruppo questo è particolarmente evidente. Certamente non possiamo risolvere con il nostro intervento i problemi sociali, ma possiamo dare, in sinergia con altre discipline, il nostro contributo, consapevoli dei nostri limiti ma anche delle nostre potenzialità positive. La presenza di colleghi sui media, sui giornali, su internet, nelle pubblicazioni, forse ha reso la nostra figura più accettabile e meno misteriosa. "Attualmente le istituzioni richiedono (purtroppo senza una visione ampia e coordinata) il lavoro di gruppo come strumento di cura e di formazione, non tanto perché lo conoscano e apprezzino, ma soprattutto per ragioni economico-aziendali. E' di buon auspicio comunque vedere con quanta cura e capacità terapeuti di gruppo elaborino e realizzino validi progetti all'interno degli ambiti più disparati. Spesso si tratta di territori nuovi, di frontiera, dove gruppi a tempo determinato vengono istituiti per far fronte a situazioni di emergenza."

D. Abbiamo citato questo aspetto e il fatto che molti psicologi, anche con approcci teorici diversi, hanno proposto dei modi di intervenire, e argomentato su come proporsi in un contesto del genere. Il modello psicoanalitico, però, è il modello che forse ha più difficoltà a radicarsi nella cultura sociale a causa del linguaggio che adotta, specie in ambiti virtuali. Quindi due sono le domande: una è se la cultura psicoanalitica può introdursi nella cultura delle organizzazioni ed essere fruibile anche alle persone che non conoscono e/o non condividono questa cultura, adottandola all'interno delle organizzazioni; la seconda è se ce n'è effettivamente un bisogno o se già la promozione psicologica e le proposte già esistenti possano essere sufficienti.

R. Ritengo che si debba fare, quando abbiamo a che fare con le istituzioni, la stessa cosa che facciamo con ogni paziente: noi non dovremmo utilizzare mai un linguaggio strettamente psicoanalitico, valido per gli addetti ai lavori e le comunicazioni congressuali. Dovremmo utilizzare un linguaggio e dei termini che l'altro è in grado di comprendere e di fare suoi. Come analista individuale ho il piacere di costruire un linguaggio diverso a seconda del paziente che ho di fronte. Ciò implica il mantenimento di un atteggiamento epistemologicamente corretto e rigoroso nei confronti delle teorie di riferimento, che non impedisce però l'uso di termini gergali o dialettali. Termini che meglio rendano comprensibili e fruibili le mie parole. Analogamente anche nell'istituzione

dobbiamo aver la capacità di utilizzare un linguaggio che sia comprensibile nel rispetto della realtà di chi è e quale è l'ambito dell'interlocutore.

D. *Dove si trova il modello, quindi?*

R. Nella mente dell'analista.

Indubbiamente. E come si fa ad inserire la cultura del modello, per favorirne l'inclusione?

R. Dopo anni di lavoro mi fido del mio preconscio, potete chiamarlo anche Giuseppe, se il termine è troppo "psicoanalitico". Lo scopo è far comprendere all'interlocutore l'importanza e il potenziale creativo insito nell'incontro. E' solo nell'incontro e nello scambio fra modi di pensare differenti che possono nascere nuove idee, non utilizzando il paradigma dell'*aut-aut*, non dicendo io ho ragione e tu hai torto. Dobbiamo fare riferimento al paradigma della complementarità dell'*et-et*, alla dialettica dei distinti e non degli opposti. Esprimo la mia opinione nel rispetto di quella dell'altro e cerco di costruire ponti di comunicazione e possibilità di scambio.
Nella mia mente è presente a lettere cubitali il paradigma dell'*et-et* e non quello dell'*aut-aut*. Per essere accolti con i nostri modelli dobbiamo utilizzare anche la capacità di sorridere, l'ironia, che ritengo profondamene creativa, l'area della leggerezza, la leggerezza profonda. Altrimenti, se andiamo a fare la lezione con l'intento di portare la Verità e la Luce o di colonizzare, è chiaro che non possiamo pretendere di essere accolti.

D. *Quindi, nel momento in cui si pensa nel modo in cui bisogna preparare, lasciare un qualcosa, stiamo già snaturando il tipo di intervento, stiamo andando oltre la cultura del modello?*

R. No, non credo proprio. La psicoanalisi si basa sull'accoglimento rispettoso dell'altro, dell'altro nella sua complessità. Solo nel momento in cui utilizziamo un linguaggio che l'altro può comprendere, possiamo fare gli analisti. Ritengo che sia un pensiero profondamente radicato nella cultura analitica: il rispetto della complessità e della specificità dell'altro, e dell'unicità di quella situazione in quel momento. Se parliamo delle istituzioni dobbiamo anche cercare di comprendere quale è il mandato inconscio dell'istituzione, quali sono i valori a cui fa riferimento; è un lavoro molto complesso il nostro, ma alla fine non è così diverso da quando incontriamo un paziente la prima volta, solo ci sono più variabili in gioco.

D. *Direi anche che la possibilità di comprendere aspetti inconsci dell'istituzione sia una impresa titanica...*

R. Non necessariamente. Si tratta di capire quali sono gli aspetti inconsci dominanti al momento della richiesta di intervento. "Oltre alle finalità definite, l'istituzione è sempre portatrice di aspetti simbolici in cui si combinano, in proporzioni e relazioni variabili, componenti funzionali e componenti immaginarie, con conseguenti conflitti e tensioni. Lo psicoanalista dovrà accogliere e comprendere le dinamiche presenti a diversi livelli di realtà per poter attivare processi trasformativi. Dovrà aver chiare le differenti caratteristiche e gli specifici fattori potenzialmente positivi e negativi dei piccoli, medi e grandi gruppi con cui andrà a confrontarsi, per modulare e diversificare i propri interventi a seconda del livello di realtà in cui vorrà o potrà operare. Egli faciliterà la comunicazione fra individuo, gruppo e organizzazione sociale considerati come un continuum di sistemi aperti (Rice, 1963), tenendo presente i bisogni e le aspettative, le rappresentazioni mentali e le eventuali percezioni distorte che ogni "insieme" ha dell'altro. Da una parte cercherà di definire confini e dall'altra di costruire ponti di comunicazione e scambi produttivi, affrontando i conflitti ma cercando di evitare scontri sterili che stimolano aggressività primitive e conseguenti rigide difese dominate dalla logica arcaica dell'a*ut-aut*. La possibilità di comprendere e quindi dotare di significato anche gli aspetti regressivi distruttivi potrà fornire a tutti i partecipanti l'occasione di una esperienza emotiva correttiva.

Per cercare di comprendere al meglio la cultura specifica dell'istituzione in cui si va a operare, sarà necessario porre attenzione alla possibile sofferenza e all'eventuale psicopatologia dei legami istituzionali (Kaës e altri, 1996). I soggetti ingaggiati in legami patologici non sono necessariamente ammalati perché "la patologia dei legami intersoggettivi non è una proprietà individuale" (Ferro, 1998); in sofferenza è il legame, non necessariamente i soggetti che lo costituiscono (Kaës, *ibidem*). L'attenzione agli eventuali indicatori della sofferenza psichica istituzionale permetterà di riconoscere le aree di fragilità dell'istituzione stessa. Spesso alla sofferenza dei legami istituzionali concorrono quegli stessi elementi che sono alla base delle potenzialità distruttive del piccolo gruppo: la costituzione del *capro espiatorio* e il circolare di un *non detto*. La presenza di un *non detto* può avere come risultante l'attacco alla fiducia nel progetto di lavoro accompagnato a diffidenza strisciante, espressione di anonima codardia. A volte gli individui che più temono il cambiamento, per la loro storia, la loro fragilità o il loro ruolo, nei momenti in cui è necessaria una rimessa in discussione profonda e la capacità di uscire da ruoli rigidamente assunti, sferreranno un attacco mascherato da dubbi e sfiducia nascondendosi dietro un anonimo: *si aspettavano cose più interessanti... si sperava di più...* e

così via. La speranza nel progetto, una volta entusiasticamente condiviso, viene meno e la sfiducia rischia di espandersi a macchia d'olio a tutti i livelli dell'istituzione, ma nessuno si assume la responsabilità di parlarne apertamente. E' un malessere *non dicibile,* che non diviene oggetto di comunicazione né di riflessione. Ognuno si sente sempre più solo e isolato dagli altri, non c'è più il senso e il valore dell'appartenenza. In queste situazioni l'unico comportamento possibile da parte dello psicoanalista è dare nome e parlabilità allo stato delle cose, evidenziare l'anonimo attacco in atto e porsi come modello di capacità negativa, cioè mostrarsi capace di tollerare momenti di non chiarezza e di confusione. Come in situazioni analoghe nel piccolo gruppo terapeutico, dovrà evidenziare che spesso causa della sofferenza è proprio la non comprensione del senso della sofferenza medesima e come sia necessario tollerare di sostare nel non capire, nell'ignoto. Dovrà far comprendere che di fronte al vissuto di impotenza generato dalla difficoltà e dalla paura del cambiamento, l'essere umano spesso reagisce con azioni distruttive sottese da fantasie di onnipotenza negativa: distruggere è molto più facile che costruire.

Il conduttore deve farsi carico del senso di fragilità e della paura che le trasformazioni comportano. L'attacco codardo può essere generato anche dalla disperazione, dal terrore di non essere in grado di stare al passo con i cambiamenti in atto. Va attaccato il peccato e non il peccatore, perché abbiamo imparato, lavorando nel piccolo gruppo, quanto sia profondo il pensiero di Terenzio: *homo sum et nihil humani mihi alienum puto.* In queste situazioni è utile al conduttore, dopo aver evidenziato lo stato delle cose e denunciato che "il re è nudo", cercare di riattivare l'area preconscia, l'area della creatività.

Nel gruppo dunque, non risolta ma almeno per il momento "sospesa" la diffidenza, si può tornare a sognare insieme grazie all'utilizzo del *Social Dreaming* come attivatore *immediato* dell'area preconscia dei singoli partecipanti." Sappiamo che raccontare i propri sogni e scoprire che questi possono aiutare a meglio comprendere lo stato delle cose e aprire a nuovi significati riattiva la speranza e la solidarietà fra i partecipanti al gruppo. Non bisogna però eccedere nell'atteggiamento di "psicologizzazione" dei conflitti istituzionali, ma invece prenderli in considerazione in tutta la loro complessità senza dimenticarne le componenti sociali e politiche, e gli aspetti economici, giuridici e culturali che concorrono a formare l'identità istituzionale e le sue dinamiche, sempre nel rispetto del pardigma dell'*et-et.* Non è poi così complesso lavorare nelle organizzazioni se uno è abituato a lavorare con i gruppi: già dal modo in cui viene formulata la richiesta di collaborazione puoi comprendere molte cose. E' come quando vedi un paziente per la prima volta: non gli puoi dire assolutamente subito quello che capisci, ma molte cose le hai già intuite, capisci di pancia o meglio, di preconscio. Le dico questo dopo tanti

anni di lavoro, la maggior esperienza è uno dei vantaggi del passare del tempo.. Se mi avesse posto le stesse domande anche solo 15 anni fa sarei stata meno sicura delle risposte da dare e degli interventi da suggerire.

D. *Interessante sicuramente è questo aspetto di poter tenere a mente i processi, i passaggi, gli aspetti inconsci presenti nelle istituzioni.*

R. Solo gli aspetti inconsci presenti nel mandato istituzionale e non conoscere tutta l'area inconscia dell'istituzione.

D. *Certamente, non volevo dire quello: è facilmente fraintendibile ciò che uno dice sull'inconscio rispetto a come lo pensa prima di dirlo. E forse è un po' il problema cui mi riferivo prima: riuscire a trasmettere un modo di stare in relazione, rispetto anche alle possibilità comunicative che si hanno nel pensare le relazioni.*

R. Certo. Ma vede, credo che sia anche importante avere presente l'ambito socioculturale e il momento storico in cui andiamo a intervenire. Per esempio, stiamo vivendo in un momento in cui è davvero fondamentale tener conto del paradigma della supplementazione che già nell'etimo fa riferimento a quel surplus di inconoscibile presente in ogni esperienza. Posso usare questa terminologia con lei che so che ha letto e ben compreso i miei libri, non userei la stesa terminologia parlando in un ambito non per *"addetti ai lavori"*. Direi, giusto per farle un esempio, che neanche più in ambito scientifico si pensa che ci siano delle verità assolute, date una volta per tutte, e che quindi in qualsivoglia ambito di ricerca si procede per tentativi ed errori, sapendo che ci sarà sempre qualcosa che non riusciremo a conoscere mai.
E meno male, perché se questo ci confronta con i limiti apre anche ampie prospettive. Ognuno può inventare qualcosa di nuovo; se tutto fosse già dato, già noto non ci sarebbe più nulla da scoprire. Ma quello che è già noto non viene buttato via, viene aggiunto, si integra con le nuove scoperte e a seconda degli ambiti di intervento potrà ancora essere usato in modo privilegiato.

D. *Altrimenti forse non esisterebbero potenzialità creative e costruttive e a cosa servirebbe il preconscio?*

R. Certo. E' importante spiegare al nostro interlocutore, che sia un paziente in analisi o che sia un'organizzazione - e ovviamente il linguaggio sarà diverso a seconda dell'interlocutore - che i modi di vedere usati sinora, le vecchie modalità di difesa, non dovranno essere eliminati, ma a questi se ne aggiungeranno altri, a volte ben integrabili fra di loro. Quindi il nostro intervento, sia che si rivolga ad

un singolo, ad un gruppo o ad un'istituzione sarà fondamentalmente un ampliamento di orizzonti.

D. *A questo punto mi viene da pensare come sia inscindibile parlare dello psicologo nelle organizzazioni e lo psicologo, la psicologia, la psicoanalisi, all'interno del cambiamento sociale. Stiamo quindi forse parlando anche di una responsabilità che questa disciplina può assumersi? O deve assumersi?*

R. Certo, deve assumersi, non può chiamarsi fuori. Secondo me non ci possiamo permettere di isolarci nella nostra tana " *disciplinare"*. Possiamo fare bene il nostro lavoro in ambiti diversi solo se ci assumiamo la responsabilità della ricaduta sociale di quello che facciamo. Non possiamo chiuderci nel nostro studio col paziente e basta, lasciando il mondo fuori dalla porta per non essere disturbati; almeno questo è il mio punto di vista. Nel momento in cui parla il paziente, non puoi non tener conto dell'ambito in cui è vissuto e di quello in cui sta vivendo.

D. *Non penso di avere altre domande ora, penso che abbiamo detto un po' tutto quel che era pertinente; ci siamo anche divertiti...*

R. Condivido pienamente il suo punto di vista . Vede, io credo che sia questo il modo fondamentale per essere accolti anche nelle istituzioni: non andare lì impaludati facendo finta di avere la Verità e la Luce. Non ce l'abbiamo noi e non ce le ha nessuno nell'ambito delle conoscenze, quindi presentiamoci con la curiosità di conoscerci, di incontrarci. Alla fine del primo incontro con il paziente e dopo avergli fissato un possibile appuntamento gli dico che non deve sentirsi obbligato a tornare, non importa se gli hanno parlato bene di me; la cosa importante è l'incontro. Magari semplicemente perché ho due gatti o non gli piace il colore delle mie calze, non si è trovato bene con me. Dia retta a quello che sente, si chieda se abbiamo avuto o meno un *buon incontro*. E questo vale anche nelle istituzioni: è importante l'incontro; bisogna stare molto attenti a come incontrare l'altro, o gli altri.

D. *Bene, non ho altro da aggiungere, non so se lei vuole dire ancora qualcosa?*

R. Quello che mi sento di dire, coerentemente con i temi trattati nell'intervista, è che bisogna osare, mantenendo un atteggiamento rigoroso rispetto alle teorie e ai paradigmi epistemologici di riferimento che sono: complessità, complementarietà e supplementazione. Se mantieni continuità e rispetto per i concetti che sono alla base della psicoanalisi sia individuale sia di

gruppo e se rispetti l'altro e il suo contesto di riferimento, possiamo andare dappertutto.

D. *Un'ottima conclusione direi. La ringrazio per la disponibilità e l'opportunità dell'intervista.*

R. Guardi, è un grazie reciproco, è stato un bell'incontro. Speriamo che accada anche agli psicoanalisti e alle istituzioni: riconoscersi e ringraziarsi.

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Note
1. La parti messe fra virgolette sono tratte dal libro di Silvia Corbella (2014) *Liberi legami*, Borla, Roma.
2. Racalbuto, Morano, 1982.
3. "Grazie alla sospensione del giudizio di verità sul mondo, a una tregua dal faticoso e doloroso processo di distinzione tra sé, i propri desideri, e la realtà, le sue frustrazioni" (Winnicott, 1971).

Silvia Corbella è psicoanalista individuale della SPI e dell'IPA e di gruppo dell' APG, docente COIRAG a Milano e a Padova, e socio fondatore di ARGO. E' nella redazione della rivista "Gruppo: omogeneità e differenze" e di *Polaris*. E' nel comitato scientifico della RPPG (*Revue de Psychothérapie Psychanalytique de Groupe*). Ha scritto molti articoli a livello nazionale e internazionale. Fra i libri ricordiamo *Storie e luoghi del gruppo* (2003), Cortina, Milano, e *Liberi legami* (2014), Borla, Roma.

Simone Schirinzi è psicologo specializzando; in Training per la psicoterapia psicoanalitica.

Author biographical outlines

Martin Ringer: Special Issue Editor and contributing author

Martin Ringer is a socio-analyst, organizational consultant, writer and educator as well as an amateur stone carver. His is author of *Group Action: The dynamics of therapeutic, educational and corporate settings*, published by Jessica Kingsley Publishers 2002/2008. Martin's work on adventure therapy, experiential learning, group dynamics and organizational dynamics has been widely published. He is co-convener of the 8th International Adventure Therapy Conference: https://internationaladventuretherapy.org/8iatc/

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www.edenevolution.co.uk

Contributing authors

Francesco Comelli

Francesco, MD, psychiatrist, SPI psychoanalyst, IPA member, Training Analyst at Italian Institute Group Psychoanalysis (IIPG), works as psychiatrist, psychotherapist, group and individual psychoanalyst. He has been director of post- universities school IIPG of Milan and he also worked in institutions and as consultant for psychiatric organization for Greek psychiatric services. Past Professor Group Dynamics, State University Milan.

Professor of Ethnopsychopathology at "Carlo Bo" University of Urbino, he has been scientific director of ABA (Association for Anorexia and Bulimia). His main work is nowadays as Scientific and Clinic Coordinator of Basti-Menti of Milan, an association for an echo systemic model of cares. He is author of some publications around these areas.

Addresses: Corso Porta Nuova 3, Milan. Tel. Mobile 393 9793932 or 02-20241734

E-mail: francesco.comelli@uniurb.it

Silvia Corbella

Silvia Dina Corbella, individual psychoanalyst at Italian Psychoanalytic Society (S.P.I., part of the IPA) and group psychoanalyst at Group Psychotherapy Association (APG), teacher in Milan and Padua for the Confederation of Italian

Organizations of Group Analysis Research (Coirag). Takes part in the editorial committee of the specialized magazines *Gruppo: omogeneità e differenze* and "Gli Argonauti" and in the scientific committee of RPPG (*Rêvue de Psychothérapie Psychanalytique de Groupe)*. She wrote several books, both nationally and internationally distributed, such as *Storie e luoghi del gruppo*, (2003), Cortina Editore (Milan) and *Liberi legami* (2014), Borla (Rome). *Liberi legami* shows that group analysis and dynamics can be seen as an opportunity to take care of a wide context, well beyond the therapeutic context, because the group therapist intervention is a constructive model, capable of recognising, containing and controlling the assault on the thought and on the destructive aspects potentially present in every small group, from the family to an educational team, to the widened social environment.

Robert French

Robert is a writer, organizational consultant and Visiting Research Fellow at Bristol Business School, University of West England. He has co-edited *Rethinking management education* (with Chris Grey, Sage, 1996), and Group relations management, and organization (with Russ Vince, Oxford University Press, 1999), and edited the papers of David Armstrong (*Organization in the mind*, Karnac, 2005).

Rob Gordon

Rob Gordon, PhD, is a clinical psychologist and psychoanalytic psychotherapist with a private psychotherapy practice in Box Hill, Victoria.. He is Director of Training and past president of the Australian Association of Group Psychotherapists. He has conducted psychotherapy groups for children, adolescents and young adults with long-standing social problems for 40 years and has worked extensively with staff groups in health, welfare, justice and associated industries to address traumatic events in their work place. He has been a consultant to emergency recovery programs for the Victorian Government and Australian Red Cross for 30 years, specialising in working with community groups affected by natural and human caused disasters and has also consulted to emergency affected communities throughout Australian and New Zealand. His PhD research analysed group process in therapeutic groups.

Robert D. Hinshelwood

R.D. Hinshelwood is a Fellow of the British Psychoanalytical Society, and has a long career history in therapeutic communities and group work. He is Professor

Emeritus in the Centre for Psychoanalytic Studies, University of Essex. He wrote What Happens in Groups (1987), *Observing Organisations* (with Wilhelm Scogstad, 2001) and *Suffering Insanity* (2004). He has also written on psychoanalysis, *The Dictionary of Kleinian Thought* (1991) and Clinical Klein (1994). And more recently *Research on the Couch* (2013), and *Bion's Sources* (2013); and finally last year *Countertransference and Alive Moments* (2016).

Barry Jones

Barry Jones is a dual trained consultant psychiatrist and psychoanalyst. In the UK, he trained at the Cassel Hospital Therapeutic Community and at the Institute of Psychoanalysis before designing and implementing an award-winning therapy services for adults with personality disorder. Barry subsequently established a partial-hospitalization therapy service for children presenting with behavioural disturbances and then the first therapeutic community in Australia for adolescents presenting with self-harm and emerging personality disorder. He has also designed and manualized a structured, community-based group model for adolescents struggling to cope. Barry holds a special interest in the place of creativity and play within therapeutic work and has published widely on the application of psychoanalytic principles to work within health care systems.

Richard Morgan-Jones

Richard Morgan-Jones' original graduate and post-graduate education was at Cambridge, Oxford and Exeter Universities UK in Anthropology, Theology and Education. Supervising and Training Psychoanalytic Psychotherapist with British Psychotherapy Foundation.

Using organizational systems, group relations and psychoanalytic approaches, he works as an organizational consultant, coach and psychotherapist. In each role he has an eye for the dual experiences of being a body and mind that belongs to a larger corporate body struggling to find its mind. This reveals old wounds recycled, growing pains, and strategic opportunities. These demand energy, movement and voice to dream up the authority for creative living and working.

Richard directs Work Force Health: Consulting and Research whose work is explored in an international workshop and a book entitled: *The Body of the Organisation and its Health*. This work reflects on how organisations get under the skin.

Mario Perini

Mario Perini, MD is scientific director of the Associazione IL NODO Group (Turin, Italy) is a psychiatrist, a psychoanalyst and an organizational consultant.

He is a member of SPI (Italian Psychoanalytic Society), IPA (International Psycho-Analytic Association) and ISPSO (International Society for the Psychoanalytic Study of Organizations), and scientific advisor for the Italian Group Relations Conferences Programme. He has been working since many years as a consultant in the public, private, healthcare and voluntary sectors, and also as a trainer for professional and management education, a Balint group leader, and a group supervisor. While working in private practice as a psychotherapist and an executive coach, he teaches group and organizational dynamics at the Turin University Department of Psychology.

Simone Schirinzi

Simone Schirinzi is a psychologist, and a trainee for Psychoanalytical Psychotherapy.

Peter Simpson

Peter Simpson is Associate Professor in Organisational Studies at Bristol Business School. He co-edited *Worldly Leadership: Alternative wisdoms for a complex world* with Sharon Turnbull, Peter Case, Gareth Edwards, and Doris Schedlitzki. He has also published widely in international journals on leadership, change management, organisational complexity, group dynamics and work place spirituality.

Rosealeen Tamaki

Rosealeen Tamaki is a psychoanalytic psychotherapist in private practice in Perth, Western Australia. As well as this primary work focus, she also teaches at Edith Cowan University in Perth. Rosealeen is strongly influenced by the work of Wilfred Bion and others who have gone on developing his thinking and theories. Group processes and the influence of the 'unthought', avoidance of 'O', (Bion's notion for 'truth'), hold a deep interest in her work. She is involved in clinical and organizational groups where the influences of the 'unthought' are available for observation in a different way than working one to one. She attributes her Infant Observation experience and long term personal analysis as being integral to her development as a therapist. Writing, reading and development of experiencing/ thinking about psychic life in its myriad manifestations, are at the heart of her interests.