

The “Mente Ampliada” as a living body of the Multifamily Psychoanalysis Group

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Abstract

Between the two references of Peter Brook (1968), in which this reflection on the body of and in the group begins and ends, there is that empty, creative space, indispensable in the theatre as in the work of the Multifamily Psychoanalysis Group. In the background, the containing function of the group as of the choir in Greek tragedy. The reflection will be articulated around the pathogenic and pathological interdependencies underlying the relational patterns in different families (of a Roman DSM and the Centro Ditem in Buenos Aires), to arrive to metaphorical mirroring and multiple transference and countertransference within the group. The theory of J. E. G. Badaracco (1997; 2004) and references to the world of theatre will offer ideas for reflecting on clinical experience, allowing us to get to the "expanded mind"(Mente Ampliada) as a representative element of the group's body.

Keywords: multifamiliar psychoanalysis group, "broad mind" (Mente Ampliada), pathogenic and pathological interdependencies, body and group, theatre and multifamiliar psychoanalysis group

Prologue: Theatre - Group - Field: a space to think

«I would have no difficulty in teaching everything I know about the rules and technique of the theatre; a few hours would be enough. The rest is practice and cannot be done without the others» (Peter Brook, "The empty space")

The story takes place in a Mental Health Department where every Tuesday morning a large group, about 50-60 people, meets to talk about their family, their children and parents and everything that revolves around mental illness. An image: the room and the chairs, many chairs, all those presents in the DSM which, arranged in concentric circles along the perimeter of the room, recall the protective membranes in which all the participants slowly take seats. The theatre of the Group as "The empty space" by Peter Brook (1968) which, as Marotti tells (1968), allows to pass without interruption from the outside to the inside, from the realistic and objective universe, to the subjective facts of the imaginary, from fragmentary temporality of the real to the fluid temporality of consciousness (Millon, 1985)

In the prologue of this article, as in a play, I intend to introduce the theme of the body and mind of the individuals in the group and of the body and the "Expanded Mind" of the group, aware of the fact that I will also let myself be inspired, every time that it will happen, from the world of theatre. In addition to referring to the Roman group led by Andrea Narracci, the reflection will also be contaminated by the group led by Maria Elisa Miter at the Ditem clinic in Buenos Aires. I have always looked at the Multifamily Psychoanalysis Group (GPMF) as if it was a theatre of facts in which, in the "empty space" of the Group, each family brings the story of generations, current

dramas and in which everyone in turn, can be actor or audience. I have been thinking about the GPMF for some time and the connection with Greek theatre and tragedy is always preponderant over all the other associations that follow one another in my mind. Probably because the theatre provides an immediate contact with the lived experience, with the emotions or even better and more simply, as P. Brook (ibidem) says, for the importance that is given to the community, to others with whom to reflect, move and do experience. The group itself recalls the image of the chorus of classical Greek tragedy that listens to what is said on stage and resonates with the action. Starting from a simple technical point of view, the theatre without the living body of the actor on stage is not effective. This mind-body unity is fundamental to the success of the work and almost obvious in the theatre and it is the same towards which health professionals increasingly tend to read the suffering of their patients. The health system, welcoming the lived body ("Leib") and no longer the physical body ("Korper"), aims to "give the word to people and not to the disease" (Sarno, 2002), thus favoring a new culture of integration and overcoming of the body-mind dualism. The theatre lives on bodies on the stage and on the relationships among the actors: in the play there is not only a fact that has happened, there are not only the characters but there are relational plots in and of history, lived in the here and now, among the actors of the theatre company. Furthermore the existence of the relationship with the audience is fundamental. We could say that in the theatre there are many threads that connect all the bodies and the minds of the witnesses. The same happens in the GPMF: the plots of individual families (which represent the "where and when") are intertwined with the here and now of the life of the group. It is a continuous connection of minds, free associations and bodies. The body of the actor on stage is alive and tells a story, just like the bodies of the group participants who share the emotional climate, move in space, leave the group, re-enter the group, change places, briefly: live in the group. Antonin Artaud (1938) said that nowhere is the threat of repetition so well-organized as in the theater. Those ones who deal with Mental Health can add that repetition is well-organized even in all mental pathologies, but above all in the relational plots that underlie it. Jorge E. Garcia Badaracco (1997) talked about the Pathogenic and Pathological Interdependencies (IPP) that support psychotic disorders in families, preventing the independence of the child, as well as of his parents, as they are stopped by the impossibility of a junction. Because of these relational dynamics, families tell the same story in the same way for decades. The power of the Group consists exactly in the possibility that, through multiple transference between families and metaphorical mirroring, a "broader mind" of the Group is created that allows us to "think together what we cannot think alone" and give the possibility that the healthy Virtuality of the children, as well as the one of the parents, but also of the operators, "take shape". I decided to start from the prologue: from a large artifact that can clarify the reason for the continuous references between the two spheres, the theatrical one and the Multifamily Psychoanalysis one. As if this article was the body of a Greek tragedy, I will organize the reflection around the 3 main acts-themes reflecting on what comes from the body of the group and moves, on different levels, in the body of the family

and of the individual participants, but also, where possible, I will reflect on the reverse path, observing how the intervention of the single persons facilitates and creates that polyphony among the interventions, indispensable for the associative process.

Pàrodo: Song of the Chorus or resonance of the Group?

The Pàrodo is the part of the drama played by the choir at the beginning. As mentioned above, the metaphor of the Group-Chorus will be the background of the reflective process underway. In addition -visually- choir and group share many other elements, in fact with them we can identify:

- the physical place of the theatre where dancing and singing are performed as well as the place and all the characteristics of the setting in which the group takes place;
- the text of the song and the music composed by the tragic poet or the historical memory of the group as it settles in the group itself;
- the set of the people who dance and sing, and who often give the title to the tragedy and therefore the families or individual participants in the group.

The choir and the group are mainly containers: the first of the moral reflections (as for Aeschylus), or of the mentality and culture of the average spectator (in Sophocles) or of the disappointment respect to the actions that take place on stage (remember the contrast between the choir and the Medea's actions in Euripides). It acts as a "third participant" among the story, the actors, the audience and the emotions of the scene; follows, traces, re-proposes, emotionally amplifies what happens on stage, exactly like the GPMF which, compared to other devices, is able to contain better the expressions of madness, as well as the impetuous violence of the patient which turns out to be a manifestation of family-violence inserted in its internal world (Badaracco, 2004). The author describes, on one hand, the activation of "internal objects that make us mad", that is internalized primitive phantasmic representations that the patient re-projects on the family members, and on the other hand, the mechanism according to which, unconsciously, the family members contribute to generating and perpetuate the relationship with these objects (Kenberg, 2004). The group is inserted as a "third one" in the pathogenic plot in which the third was -in fact- absent, because it is no longer alive or because it is unable to oppose and redeem the child from the possession of the other parent. The group, therefore, as a container but also as a character of the plot that welcomes, empathizes, supports or does not accept what is brought into the group.

Another interesting element that unites the two areas is the concept of rhythm: the choir enters singing the Pàrodo and each GPMF has each time, its own musicality in relation to the action-narration that unfolds. The Group has its own external "rhythm" given by the weekly appointment and the duration of the work, but also an inner one characterized by the succession of interventions, by the associative chain that develops between them, by the emotional climate that is able to sustain and contain and from the "enlarged mind" that, from time to time, is created. When we talk about

rhythm, the immediate reference is towards the heartbeat, or even the breath: both corporal elements that do not depend, or partially depend for the second, on our will. When breath and heart-rate change, they are a clear signal that something in our body and / or our mind is changing, probably in reference to something (positive or negative) that it is happening outside or inside us. Accelerated heart-rate and respiratory-rate, for example, warn us of real or phantasmic danger, and allow the person to activate fight or escape responses. The rhythm warns us of the presence of a body and a mind aware. The same happens for the group. The monitoring of this parameter could help us to meta-think about the group while it is taking place, allowing us to observe how the booking of interventions takes place, which topic activates the group most, how varied the interventions are, how many patients intervene, how much the associative-chain which develops is polyphonic and at the base of an "expanded mind" that allows the individual members of the group to reach an extra step in the awareness of an "oneself in relation to". The rhythm of the group also includes moments of impasse or confusion when, for example, a member complains about medicines, about the work of the group or when brings reflection on an increasingly marginal level of involvement. It could also be observed whether, in addition to the operators, there are other people who shift their attention to "more fruitful" issues for the reflection of the Group itself. Observing the rhythm could help to perceive a corporeality and if the body-case of the Group can be perceived as "safe" by the participants, allowing them to use it to process intergenerational traumas that have blocked the development of the healthy "virtuality" of the whole family.

Act I: Pathogenic and Pathological Interdependencies

During a Group, while I was taking reservations, my attention was attracted by a mother who began to move the air with a fan sitted next to her daughter. The daughter stood impassive, as if her mother hadn't done any action next to her. I decide to start with this very brief example because I thought at that moment: "The mother is probably hot. What if the daughter, however, is not hot? This mother is not only not responding to a personal need, but she is doing something that will perhaps annoy her daughter, which she will not appreciate, which perhaps she will not realize". The very complex discourse on pathogenic and pathological interdependencies, of which this scene could be a partial and non-exhaustive example, starts precisely from the mutual impossibility of separating: a mother to satisfy her own needs and a daughter to be able to refuse something or ask for something else and therefore to know what she really needs. A. Narracci (2004) defines these interdependencies as communicative and behavioral cages in which all the characters most involved in families are imprisoned, both in the external world and, especially in their inner world. Badaracco (1997) underlines what it is possible in the Group to re-experience the web of interdependencies in which patients and parents have been trapped throughout their lives, the way in which these interdependencies are reactivated by repeating themselves in new forms with new characters and the various difficulties that prevent to see the possibility of changing and of getting out of the pathological

repetition, which impoverishes and makes us ill. During my first group at the Ditem Clinic in Buenos Aires, I was struck by the terror that a father and mother expressed about what could happen following the sale of an apartment by their son that, at the age of 40, expressed the desire to be able to travel and meet his friends in different parts of Europe and Latin America. While the mother was crying, the father expressed disappointment for the son's failure to recognize all the assistance and support he actually provided him this time, like the others. He spoke of a son inclined to ask constantly, as if his request was tainted by the need of continuous compensation. In their story I was struck by the fear of removing a son who, according to them, would not have withstood this change. More than 20 years had passed since the first psychotic crisis, but this time it seemed that the son was ready to follow his need, his desire. At the same time he asked for help, as to obtain "permission to separate". But when would the parents be ready to let him go? And when would the son be able to stop asking for permission? In those days, while I was attending the daily groups of the Ditem centre, I often heard a question posed over the years by A. Narracci: "Whose is what they are feeling?". During some post-group on Tuesday, in reference to the case of a daughter who, since the death of her father had started to occupy the mind of her mother with more than 10 years of drug problems, A. Narracci underlined the importance of two factors which must necessarily be present for the development of PPI: the suffering of at least one of the parents (a trauma split and kept dissociated in the mind of the parent and therefore not recoverable by understanding) and the feeling about it of the child who will then develop a mental illness. Moreover, in an article from 2017, he underlined the importance of these unprocessable griefs and traumas that push parents to keep engaged the set of emotions, affections and very deep feelings which (only if they re-emerge from the niches in which they were kept) can they allow to understand why it is so difficult for those parents to accept the idea that their children, as they grow up, can detach themselves from them and acquire their own way of interpreting reality and perhaps remedy it. As already mentioned by Bowen (1979), mental illness results from a low level of differentiation in family members for -at least- three generations. So, from the long months of working in the group, it seemed that the mother had never dealt with her pain of becoming a widow very young, nor she had never wondered how she had been as a daughter in relation to her mother, while her daughter had immediately occupied a space of unprocessed pain. From now on, we are in the heart of the discourse, as in the full rhythm of a play in which the battle that is fought is between the vital energy that screams to emerge from the true self and the love for the other that seems to ask, simply, a "small sacrifice", by virtue of a bond of interdependence. A bit like Vladimir and Estragon waiting for Godot who, since the first act of the famous opera by S. Beckett (1952), ask themselves whether or not they are "tied hand and foot to the great man" and will ask, cyclically, until the end.

Act II: Multiple Transference / Countertransference

One of the most effective tools available to the GPMF is the possibility that family members themselves can observe and talk about the multiple transference living in the "theatre-body-field-group". Often there is no need for an operator to facilitate the connection because, once we enter the group (as when we sit in our chair at the theatre), the process begins by which "my mind reflects with others" and probably, thanks to the activation of this process, we could remember an event, an emotional state, something we want to share. The tragedy aimed at obtaining a cathartic effect on the public, just as it can be cathartic for the patient (but also for the family members and sometimes also for the operator) to place the violence of the "madman" at the centre of the Group who -as Badaracco reports(2004)- is that of the family inserted in the inner world. The Roman and Argentine groups main difference is how the metaphorical mirroring is activated (recognition of similar communication dynamics between different families). In Buenos Aires, the conductors often used to invite the different members to talk and tell about situations or emotions that have been talked about in the group, so that the sharing of the "vivencia" (a term that could be translated as "experience" but which also contains the experience and the emotional connotation linked to it) could facilitate the circulation of emotions. The starting process, therefore, was particularly fast and immediate. During the two hours of the group, the "vivencia" of many participants allowed some patients to contact and sometimes actualize the violence they harbored towards their parents, for lack of recognition, for not having seen and loved as they would have liked. Even if the violence was carried out in the group by one component, the whole group worked easily on the "vivencia". One day a girl expressed her anger towards a therapist who had returned from vacation. She said she felt neglected, because the therapist was not interested in knowing what she was like. After screaming, she had abandoned the group but the participants, if on one side they had not accepted her aggressive manifestation, on the other hand they accepted the act as purely transference and created an emotional-case for the violence of a girl still teen-ager but also for their own benefit, of people who (with toughness and with the work in the group) had learned to recognize. As reported by Badaracco (2004), the analyst can introduce him/herself in the place of a "third mediator", thus being able to free the people involved in the conflict from this role. These phenomena present in GPMF are visible only by including a countertransference dimension. Being able to see through countertransference, and being able to participate from this perspective, is what makes it possible not only to deal with transference phenomena psychoanalytically, but to make them therapeutically manageable and to happen in this context. The DSM group what I have been following for several years, on the other hand, is activated by reservation, leaving participants free to freely associate based on previous interventions. The metaphorical mirroring, in this case, is slower but based on the current possibilities of the members and of the entire group to be able to grasp a process similar to their own inside another family. A. Narracci (2004) says that the use of multiple transference is considered the main intervention tool, both to understand the fragmentation of the patient's mind and to act on the various PPIs. The object of multiple transference is not only the leader of the group but also the other

participants who can therefore act as a "bridge" in difficult moments of communication, configuring the group itself as a multitherapeutic group. As mentioned before, it is the participant group itself who use what they feel towards the other members, autonomously and to develop a far-reaching reflection. A father, now one of the "elders of the group", took the floor one day to express his anger and his disappointment with the attitude of another family. He recognized that he had gone through the same emotions of non-acceptance and rejection of his son's illness and that he felt a lot of anger, in the "here and now" of the group, towards these parents who "instead of wondering how much they were involved in the disease, exactly as they saw that other parents had done and were doing, they were there to ask for advice or to delegate to the DSM the total responsibility for the child's obsessions and insecurity". He expressed his anger towards these parents and, probably, also towards the parent he had been in the past. The group managed to contain all this: the father, getting excited (probably also because of his change), was able to "forgive" himself, while the other parents began to wonder where and why they resisted thinking of having an active role in the keep PPIs alive.

Act III: "Mente Ampliada" in the body of the Multifamily Psychoanalysis Group

Everything I have argued so far, leads me to reflect on the importance of the "expanded mind" in changing relational patterns and in the possibility that the healthy and vital part of the family can emerge. The maturation process, which takes place through the development of the "vivencia", concerns the bond between parents and children and not the individual person who bears the symptom. Taking care of only the psychotic patient is, again, a way of moving in the body-mind dichotomy, confusing a complex area with a complicated one. The "enlarged mind", connected with the rhythm, represents the body of the group. Following the metaphor, the metaphorical mirrors and multiple transference that occur among families could be seen as the communicative exchanges in different organs of the body. Multiple transference affects the creation of the "enlarged mind", just as the reverse also occurs. As we said at the beginning, it is the latter that allows you to tackle painful issues that you would not be able to support alone. When the members of the group follow the primary process and associate freely, listening to others and themselves at the same time, the interventions of the participants are "harmonious and polyphonic". The group participants thus learn to listen harmoniously through multiple channels; this is probably the right way to contact pain and suffering, one's own and the one of others. They abandon the categories (often dichotomous of right / wrong) with which they have observed the world and begin to hear with all the sense organs what their child or parent says, but also all the other children of the families present. It often happens that what you cannot communicate to your parent is told to another in the group. The listening function that is activated and the rules of the group allow everyone to be present with their individuality and to be finally recognized. It is the minds of all that, together, allow the individual to carry out that function of "third party", indispensable for their own separation-individuation. A

mother came to her first group after her son decided not to talk to her again. She had taken the floor almost immediately to explain, in broad terms, what had happened. She had done everything to support her son who, two exams from graduation, had decided to lock himself up in a silence and isolation that "had no sense or reason to exist". He had never given problems, not even after the death of his father when he was in pre-adolescence and now he was angry with her because she had forced him to make choices that he did not want to make ". He had decided to talk about himself, even if it was his first group. She delegated the solution of the case to the experts and asked the other parents for advice. The group immediately began to move around the issue, on one hand with warmth and kindness, on the other, becoming curious and communicating almost immediately that "maybe it was not quite as she imagined, that probably the death of his father was not such a simple event to live and face and -who knows why- her son said he hadn't chosen what to study or other things in his life ". Other members began to move on the issue by telling about themselves, their griefs and when they felt "they had been deceived for their own good". The point of view of those who "had lived a life by proxy" emerged, but also the pain of those who had not had a space to process a loss. These words came from other children in the group, or from other parents and workers who remembered themselves as children or themselves in that "there and then". The mind-body of the group was active, visible, dense and like a wave rocking everyone's suffering. This allowed that mother in her first group to question a few things: "Didn't her son really suffer from the death of his father? And above all she had been through that pain or had she just touched it? ". And so, that "expanded mind" that created the body containing the group was revealed.

Prologue: Post Group

When the group dissolves, the separation is always slow and gradual. Someone try to intercept the operators, others talk to each other, some sponsor activities in other associations they are part of and as a trainee from the Faculty of Fine Arts had well told: "It almost seems like it's the post show, when people stop outside from the theatre that closes and wants to compliment the actors, greet the director, talk with others about what he has heard, seen and experienced ". Indeed, if the audience went away without that desire to stay a little longer, we probably couldn't say that the work surprised, fascinated, transformed (for a small part) the viewer. The natural separation time also allows operators to collect ideas and emotions, to go back to thinking about what happened. While people leave and the chairs are stacked back in the dark corner of the DSM, the operators create, in another room, a small group in which to tell. Primary is to ask how they were and how they lived the group, what internal movements they noticed and what external changes they observed in the family dynamics. In the post-group the stories are also deepened, theoretical notions associated with clinical observations are provided and, often, we are also moved, because the group has lived it all together: we have all observed the other families but, at the same time, also ours.

Once the physical body of the Group has been dismantled to make room for other activities, it, or rather, the residues of the "Expanded Mind", continue to work throughout the week, until then the Group will reconstitute itself at the same time of the same day to start over working with a new body, a new mind, new metaphorical mirrors, multiple transference and countertransference.

“In a living theatre every day we will face the rehearsals verifying the discoveries of the previous day, ready to believe that the truth of the drama has escaped us once again. In the "mortal theater", on the other hand, approaches the classics on the assumption that someone, no one knows where, has understood and established how the drama should be represented ”(Peter Brook, “The empty space ”).

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