

Conduction Group in Multifamily Psychoanalysis: setting and countertransference

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Abstract

This paper aims to highlight some peculiarities of Multifamily Psychoanalysis with the purpose of stimulating thought, shared reflections and research. We do not claim in any way to completely fulfil a task that would be too challenging to be developed basing from a focal experience.

Keywords: change, multiple transfert, multiple conduction, setting, Ferenczi

The unavoidable changes

The group Multifamily Psychoanalysis (MFP) of Via Palestro, which stands as the clinical reference to these theoretical considerations, experienced a major change in the period in which Andrea Narracci left the group. This event produced a particularly intense emotional mobilization, both among operators and patients. The impact was largely determined by what Narracci represented. He founded the group in Via Palestro and conducted it for about four years until he had to leave. Narracci was also the introducer of Multifamily Psychoanalysis in Italy and, as such, was perceived as an official representative of Badaracco. Within the institutional services, Narracci was the director of the division that belonged to the Territorial Operating Unit in which the group worked. All of these roles and features endowed him with a strong fatherly representation. Another element of particular importance struck us in this delicate moment: the death of Badaracco, which took place three days after the last session of Narracci in the group. At first, there was the intention to fill the institutional void, and it was proposed to invite the new director of the Spatial Module (Rosa Maria Scalise) to take Narracci's place. In the post-group meetings we operators have talked a lot about this delicate situation, and gradually emerged between us the feeling that we needed a space of time sufficient to elaborate and clarify what we were living. We therefore concluded that an immediate replacement was not to consider, but rather to see that moment as an opportunity for personal growth of operators, that could also lead to new practices of conduction. This appeared us to be in accordance with the spirit of experimentation and openness to new things, that the MFP had always inspired us. We also strongly felt that the group asked us a new "leader maximum" and we have interpreted this as a desire to escape from the pain of grief. We therefore decided to tolerate the disqualifications and attacks the group acted by reducing them to attempt to control this pain.

Finally, the post of Narracci was not occupied and we begun to work as a group of conductors.

In the first moments after Narracci's leaving, the image of Freud's totemic banquet came to our minds. As part of the group dynamics we found ourselves suddenly confronted with the symbolic death of the father and we felt like we were a group of orphaned children, having - wanting to face the challenge of living in the group switching from the experience of being close to a conductor, symbolic father and point of reference for the group and for the operators, to the direct experience of sharing the running with a heterogeneous group of operators-brothers or, else, to the experience of working with less structured, undefined and unexplored clinical practices.

The group of conduction

Badaracco created a particularly innovative setting, suitable for the treatment of psychotic patients and their families. The inclusion in the setting of several families in psychotic functioning along with several operators with heterogeneous formation, flanked by one or more conductors, made the group of MFP a kind of micro-society. It has been noted that such a constructed group acts as a container for anxieties that are barely tolerable within the family (and sometimes even in the individual therapists). Such containment, associated with a particular attitude of the operators, usually favours the emergence of traumas and severe deficiencies in family relationships, buried or frozen for decades, which despite never being expressed in words, have significantly influenced the severe family pathology.

Our experience of living a new kind of organization, when passing to work as a group of conductors, led to the creation of an even more complex setting. We remain firmly convinced that the model proposed by Badaracco allows new modes of working within a therapeutic process that, though considerably deviating from the classical container of psychoanalysis, is characterized, however, in its frame of reference and thought, considered as an "essential core" that permits it to operate in different contexts.

The variations of the setting

Looking at the history of psychoanalysis, it seems possible to identify in Ferenczi rather than in Freud, the legacy of a clinical sensitivity that has made over time possible the creation of a setting so unorthodox and revolutionary as the setting of the MFP is. And it is possible to recognize this heritage by observing many clinical elements that indicate a particular affinity between the spirit of Ferenczi and what animates the MFP, both inside and outside the setting. It is important to remember the trauma that resulted from the growing disagreement between Freud and Ferenczi, and the fact that after the latter's death a long period of silence and taboo was generated.

Several authors have recognized Ferenczi as the disciple of Freud's who most influenced the development of contemporary psychoanalysis. In clinical terms, the way of understanding the therapeutic relationship in our days is influenced by Ferenczi, present in the DNA of every psychoanalyst, even though not following

heterogeneous references. So we think it should be noted that this important legacy in the field of MFP is not explicitly evident, since we find that Badaracco's writings most often cite Freud but also to highlight the difference.

For the purposes of this report, we will briefly describe three elements that in our opinion are of great clinical importance.

The first point concerns the conductors and operators' attitude: Ferenczi stands apart from Freud for seeking a more equitable analytic attitude. He thought that it was essential for the analysts to be able to be authentic, sincere and willing to recognize their mistakes.

All this allowed the analyst to be released from the usual "professional hypocrisy", sometimes an expression of the therapist's own narcissism. So that the analyst could gain the trust of the patient and making it possible to treat more severely disturbed patients. Quoting Badaracco: "It 's important to realize that the position of we psychotherapists convinces us automatically, sometimes without us being aware of the thing, to be those who are called to communicate the patients what they do not know about themselves. This position is deeply flawed" (end of quotation). A second point of contact between Ferenczi and the MFP is the attitude towards mental illness. Unlike Freud, who as widely known considered difficult, if not impossible, the psychoanalytic treatment of psychotics, MFP share Ferenczi's therapeutic optimism about the more severe patients, and likewise we have a great tolerance towards the symptoms and the regressive aspects that emerge in the setting and which we believe are necessary steps to gain access to the potential source of the individual's mental health or the welfare of the family.

Finally, another key aspect that has characterized Ferenczi and his remarkable open-mindedness is the indefatigable spirit of research and experimentation. His constant movement in this direction was motivated not only by his personal needs and the inadequacy of his analysis with Freud, but also by his animate interest to find the best way and technique to treat more severe patients. His great courage should be noted to constantly question his technique, as well as the courage and the ability to self-criticize and reformulate his points of view.

Coming back to our group. After the crisis resulting from Narracci leaving, we lived (we had the "vivencia " in Badaracco's words, we had the "direct experience" in the words Ferenczi) the transition from one clinical practice, which predominantly contained a central point of reference, to the experience of training a group of conductors who felt a new mode of organizing and conducting the group. In this dimension, the clinical observation became circular, coming from multiple angles and various points of view. The momentum and the open-mindedness that inspired our experience led us close to Badaracco's broadmindedness and in tune with the spirit of adventure of Ferenczi.

The setting of reference

In Multifamily Psychoanalysis we need to maintain our references to psychoanalysis but we have also to reformulate some positions on the basis of the complexity of the clinical tool we are employing. In classical psychoanalysis you can quite clearly distinguish what is happening within the relationship, which describes a process characterized by complex and shifting variables, and what is happening in the frame of the relationship with the patient, which sets out a range of precise and definite rules that we define as setting.

The group of MFP is proposed as a workplace in which patients and their families can participate without any obligation of attending the sessions, which requires compliance with rules that are common to other contexts of consultation and meeting (a time appointment, a place where to meet, the rule of not interrupting the patient, not overlapping with him/her, not expecting to be right, and the equality of opinions between the analyst and the patient). If we consider this attitude as part of a therapeutic intervention, we can see that it stands in opposition to many other intervention practices for severe disorders, which are based on taxation and asymmetry.

The group must necessarily work on a consensus; it should play a function of accepting all participants in each and every session, serving as a safe, non-judgmental environment, in which concepts comprehensible to all circulate and are expressed in common words. It must characterize as a place where you can freely express what you think, where all opinions are considered worth of being listened to, regardless of the seniority of the members in the group, of their cultural level, psychic functioning, examination of reality, and of the urgency of their needs.

The strength of the multi-run groups

The conditions that allow the above concepts to realize root on the definition of the role of the "managers" of the setting. In a context of care centred on dual or group relationships - top-down run - every therapist defines his/her setting, which will consider rules shared with its system of reference, but which will inevitably be in continuity with their personality. But perhaps this is unacceptable in a group of MFP. We will now try to explain why. Bleger argues that as long as the setting preserves its functionality, it must not be revealed, just as happens in the symbiosis "that is dumb, and manifests itself only when it breaks or threatens to break" (1966). In a context such as the group of MFP, disruptions of the setting are very frequent, because the patients and the families, brought to reveal their real functioning, live a phase of revolution of equilibrium within the group. However, just like it happens in the clinical work on symbiosis, if the psychotic system senses that the treatment is attacking the symbiotic bond, it tends to activate a powerful resistance that will inevitably lead to therapeutic failures. So the psychotic system must be able to attack the setting and should be able to find a therapeutic system that can tolerate its attacks and that can limit the "acting out" of therapists who turn out with interpretations and positions of power or personal opinions. And this occurs because while a patient attacks the setting, because he

lives it as a threat or because it wants to reveal his desire to assert itself in opposition to a castrating superego, maybe another member is experiencing a different phase, building the relationship with the group in the period of first acceptance, for example.

For this reason we believe that the setting in multiple-run Multifamily Psychoanalysis should be more strict and invariable than in the verticistic and a classic psychoanalytic work. That is to say that the setting must operate simultaneously to accommodate and to reveal different stages of psychotic functioning. It is the setting that determines the climate of the group, which maintains and contains both the multiple transference and the violations, which make it possible to transform the disputes into complementary positions. Bleger reminds us how Winnicott (1947) considers the setting: " ... for the neurotic, the couch, the warmth and well-state can symbolize a mother's love; for the psychotic, would be accurate to say that these things are the physical expression of the analyst's love ... ". We think that the group becomes a fluid container, capable of accommodating the "pre-mental" and more disturbed experiences, and that it returns experiences back that identify and support the ego of psychotic patients and giving back corrective experiences that can repair patients' sense of guilt and the failure of their parents. Moreover, it gives operators the feeling of socially sharing the mandate of care, thus negating the need to impose and demand a "respect for the setting". In sum, a well-defined setting in the enlarged size of the group mind can be hacked, and reveal the different components working in the group towards a change.

The characteristics of each conductor, considered as the consequences of his personal and professional experiences, can take part in a group only if used in combination with the characteristics of other conductors. For this to happen, one's own omnipotence must be questioned, in the here and now, and the multiplicity of the conductors' positions has to be redefined, seeking a harmony. This operation resembles the functioning of a jazz improvisation. The improvisation would work if each member of the jam session plays within a system of shared and very precise rules paying the utmost attention to other players. And it is common in after-group moments to dwell on the sensations perceived in relation to other members of the family: we become particularly receptive to moods sensed by colleagues, over time we can even decipher their mode of action on the basis of their experiences, of their beliefs and of their fragilities. This work leads to develop reciprocal attention and listening by reducing conductors' "acting out", which may be commonly activated in reaction to psychotic inertia and the feeling of powerlessness that is transmitted in the therapeutic process of psychoses.

A shared setting is more attackable than a verticistic one. None of the conductor perceives himself as defined by the specific setting (and then personally attacked and questioned), but everyone contributes, one attuning on other, working as a guitar string. Moreover, in a conduction group, other members of the group (patients and families) more easily come in and out, playing the role of occasional

co-conductors, so close to Badaracco's experience. This shared setting allows - not only within the group of MFP – to reconsider its therapeutic role: no one is indispensable, but all contribute to create an environment in which you can work through with reference to psychoanalysis as a "core" - while performing tasks that can be also very distant from the psychoanalysis in the strict sense. In this perspective psychotherapeutic processes, biological treatment, care and rehabilitation, can all be integrated. This organizing principle, that origins in our opinion within the group of MFP, is designed to transform a group of "many anonymous and not coordinated hands, that eventually represent a crowd" (Racamier 1982) in a presence that can perform basic functions aimed to the restoration of the patient's ego.

Heterogeneity, responsibility, countertransference

In our experience, in the first phase of the MFG, which had Andrea Narracci as conductor of the group, the heterogeneity of the operators often emerged in the aftermath of the group: reflecting together on what had taken place in the group, the different clinical references of operators allowed different and sometimes conflicting readings.

But in our group, heterogeneity was still in the background, not widely expressed.

We were all convinced of the claims of JG Badaracco "it is not necessary to adhere to a particular school to work in the multi-family context" and that "the same material, i.e. something that can happen in the presence of everyone, gives rise to therapeutic interventions inspired by different points of view, and it is usable in a complementary manner".

And yet, (de facto) we found ourselves attributing to Narracci the role of "Orchestra Director", in the group, to use an expression dear to a mother who participates from time to MFG, leaving him the task of "giving a rhythm" to bring to the fore a "theme" rather than another. Perhaps this was due to our inexperience: many of us - even the old therapists - never experienced the MFP as a therapeutic approach. Maybe it was due to an implicit recognition to our new Senior conductor of an unusual psychotherapeutic competence, for his institutional role. Maybe it was a sort of delegation, due to the feeling that the responsibility of a group is a very serious burden. To call ourselves "a group of conductors" allowed us to take back the responsibility of our heterogeneity, not only among ourselves, but also in the group.

We are different from one another by training and professional role, but also by gender, by age and stage of life. As we felt "a group of conductors", the diversities that characterize us and that affect our experiences in the group, the emotional "proximities" and "distances" with regards to a child or a parent, the resonances triggered by the words of the other participants, could now emerge with more clarity even in our interventions in the group. The non-homogeneity of the interventions of the operators has always been (at least so far!) welcomed and

accepted as natural, almost as an exemplification of the principle proposed several times since the first meeting that "no truth is more true than the other" and no one can claim to be definitely right. "If we do not work driven by the need to be right, we can enrich each other" - says Badaracco, this seems to occur in our "group of conductors", also because the post-group is used to discuss the differences, even the personal ones.

As a sort of parallel path, the conductors are aware that different perspectives can be complementary, and that even when they appear discordant, they actually describe different aspects of the same phenomenon. The conductors are thus able to expand their views and open their mind, and this seems to coincide in a group of MFP with a greater mutual acceptance among the participants, more empathy in listening or responding, even in frankly disturbing situations. An almost choral "rebellion" followed the intervention of an unstoppable mother and was accompanied, on the other hand, by statements of understanding for the suffering indirectly expressed by that river of words. It was therefore understood - and verbalized - that the way we express ourselves is significant of a specific mood. Especially in little "turbulent" situations, it becomes clear that in recent years not only the individual participants (patients and practitioners), but the whole group grew up: everyone seems to acknowledge their own "state of subject" and therefore recognizes the possibility of express his own "truth".

MULTIPLE Counter transferences

The discussion at the university, subsequent to the group, was often pervaded by many different kinds of emotions, which we brought, sometimes even with scarce awareness, from the group itself. We then realized "in vivo", that each of the conductors may represent, and then put in place, some projected parts by the patients, and that this phenomenon can be due to the specific configuration of multiple transference. The latter, represented a psychic fabric, especially after particularly intense and lively groups, which meant that some particular relationships replicated in the small group of conductors. So, in addition to the description of emotional states and to the understanding of what appeared to happen, the relationships in the group replicated similar patterns of interactions belonging to the group of family members. With regard to the issue of leadership, the departure of a prevalent conductor brought to the phenomenon of a "contended" leadership; we can here note that the very phenomenon of contention often belongs to the most disturbed relationships: the listening predisposition, the discussion and the room taken and offered in no "symmetrical" manner, were substituted by the tendency to overlap, by the "fight" to lead the group and to be repository of the absolute "truth".

Each of us, for a while, probably tried to impose their own style, with the consequent occurrence of conflicts that emerged in later discussions; the discrepancies were transformed into the desire to prevail, as if a style and/or intervention was superior to another, as if a series of interventions could be worse

than those of a colleague, and so on. Moreover, we noticed another phenomenon that was probably influenced by the counter transference: the fact that attention was focused too much on an individual patient and his treatment plan; the standpoint then moved from the functioning and the interactions operating in the group, to ourselves, in our institutional role. We became "puppets", managed by the rigidity that was characteristic of the patients themselves, when the designation of pathology prevailed, and in virtue of this, associated with our own, we felt mainly healer of individual patients.

To explain and recognize these countertransference dynamics coincides with a delicate and precise process of awareness, whereby the extent of unconscious relations in the group of conductors transforms into a therapeutic opportunity.

A further consideration refers to the institutional context in which we work with the MF group: such context is strongly influenced by the approach to act addressing the urgent demands of patients and emergencies. Because of this, it was often difficult to defend the subsequent meetings of the group against emergencies intruding in the service. We also reflected on the assumption that such difficulties could also be determined by countertransference phenomena, characteristic of most severe disorders.

Research, training and therapeutic function

These considerations are the result of a work that our group of MFP must/could activate in response to the events described in the introduction. However, there also are echoes of the impressions derived from the numerous intervision meetings that we attended over the past few years as a group of Italian conductor, and the scientific and clinical exchanges that occurred in other contexts, such as the coordination of multi-family groups (C. Bernardi et al.), the experience of visiting Buenos Aires and Montevideo, personal relationships between conductors coming from different experiences and nationalities. From ever more sides the question increasingly emerged: "what multifamily psychoanalysis is and what is not?" or "How could you define yourself?" In the course of an intergroup that was held in Rome, at the Museum of XXI Century Arts (MAXXI), around the Michelangelo Pistoletto's table of the Mediterranean Love Difference, an interesting episode took place of conflict between different ways of understanding the intervention. This opposition has been made explicit by two conductors in the course of shared conduction of a group, and continued standing in the road in an uncomfortable but necessary post-group. The protagonists of this "dispute" have recognized expertise in the field of PMF and have always seemed, in all evidence, animated by a mutual consideration. One of them claimed the need to accept the painful confession of a couple and redefine it in the session in terms of pathological interdependencies, the other one argued that it could be left more open, relying on the continuity of treatment to deal with the issue. It can be noted that the former was also the leader of the group attended by the couple; the latter was the organizer of the Intergroup. They were in contrast not only for "technical" issues, but also for

countertransference questions and defence of their territory (power). This contrast is significant because it took place and in vivo, but it reflects conflicts that are very common in the psychoanalytic movement in general, and which MFP does not escape. Now let us ask ourselves a dilemma starting from a clinical impression. We are firmly convinced that each of the six conductors of Via Palestro could lead a group. We occasionally found ourselves to lead a double-conducted group and it seemed obvious that the quality of the conduction was not affected. But let's think as researchers do: how much impact on the development of thought derive from the management of conflicts rather than from their repression? The work on multiple counter transferences that a group of conduction lives requires a vast time but also a huge energy in terms of abandonment of narcissistic positions. Compared to the manic dimension, which perhaps prevails in the choice of a therapist who deals with psychoses, working on multiple counter transferences opens impressive abysses of depression. The therapist feels like crossed by emotions that resurface from his distant past, he feels resonate at the side of individuals corroded from psychosis, and he feels that he cannot do anything on his own, that he must always rely on someone else. We have to capitalize on this finding and re-orient our actions along with it. We must wait, tolerate the fragility of the colleague who gets confused, or is moved by something, we have to tolerate the patient's attacks, the disqualification of a mother, and in the meantime we must feel that we cannot avoid the conflicts (which is a bit like saying that unbearable individuals sit in parliament and also represent us in the country). So, can we maintain that to accept this frustration heals us in our role of multifamily therapists and that this is a component of the training in multifamily analysis? Can we dare say that once a shared setting is defined— a time and a place to work on multiple transference, on paradox transference, on countertransference, then begins the quest for ourselves and, at the same time, the therapeutic process of the group activates? Can we claim that if you do not live and the conflict between what multifamily psychoanalysis is and what is not, the process of care does not activate? We are confident, based on our experience that this effort will serve our patients. We believe that it can also serve the movement of the MFP (now gathered together as a large group of conductors), and why not, we think that it may benefit psychoanalysis itself.

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