**La funcion por hacer (commedia da fare).**

**The funcion to do**

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**Abstract**
Madness has long been in search of the context of the Group of Multifamily Psychoanalysis, in which to represent its stories and the types of relationships that led to it.

In the Group, operators share the same fate, and to their research work, through the development of self-knowledge, and through the ability of writing a new script for the treatment.

**Keywords:** theatre, research, expression, self-knowledge, confrontation

First of all, I would like to sincerely thank the colleagues who organized the opportunity to meet and share our experiences.

Secondly, starting debating the topic of this paper, I would like to clarify the title of this report, which refers to Pirandello's work "Six Characters in Search of an Author, a comedy in the making. "The "función por hacer" is the title of a very freely realized (and very good) version of Six Characters in Search of an Author that was performed for the first time in Madrid last year.

I found that reflecting on the double meaning of "function" could be very interesting for those, like me, who do this job and care for the therapeutic scene of Multifamily Psychoanalysis. Six Characters ... is an Italian pretext that gives an opportunity to work on issues related to the stage, and to transitional and institutional issues in Multifamily Psychoanalysis. These matters are related to my personal experience in the hospital where I work.

As we all know, in "Six Characters in Search of an Author", a group of characters intrude a rehearsal of a theatre company looking for an author who could write their family drama. Each of them requires representing their own drama, which they need to act in order to actually exist. The characters are committed to make some sense on stage during the performance. The director tries to bring an order to misshaped events and actors strive to interpret their role, but in the end, everything falls into a deep uncertainty. Nothing is what it seems; and it will be revealed, with terror, that nothing is truer of a truth that is a lie. And this relates to a tragic fate that evokes an eternal repetition.

Shakespeare said, "The world is a stage". You cannot easily escape the interpretation of the drama that develops in our lifetime, whose plot sometimes shows as eerie repetitive. Joyce McDougall has dealt with the interesting theatrical metaphor of psychic reality, through the image of the psychic, represented in the scenario of the body and/or mind; or in the outside world, using the body and also the mind of other people or social institutions as a backdrop. In this paper we try to reflect on the Multifamily Group as a privileged space where the "scenic" is at the service of the subject and of its potential, of its healthy virtuality. This means creating a room to live and escape the pathological repetition. The other – who is in us - would cease to write our story instead of us and would lose its role of author. Where in principle there was a scene full of pain and confusion, a process manifests, in which it is possible to unravel the pathogenic interdependencies and open the opportunity to live our lives out of the tragic fate of repetition.

About three and a half years ago, an internal appliance led to a very important change in my professional life. I happily worked in the Mental Health Canter of Getafe, Counselling for the Community, in the south of Madrid, when a lady arrived, took my office and started to take care of my patients. After four months I signed a contract with the psychiatric hospital Dr. Lafora . I am still there.

"Franco built this hospital" veteran patients say, referring to the history of the institution. What we now call R. Lafora Hospital was opened in 1969 as hospital Alonso Vega, in honour of the Minister of the Government of the nefarious dictator. It was created under the inspiration of franchist psychiatry as a typical panopticon center, intended for internment and repression and, at first, had about 1,000 beds. With the psychiatric reform in Spain (in the 80s) the hospital lived some major changes, but despite that, it was the only public psychiatric hospital of the "Comunidad de Madrid" (and one of the few in Spain) that survived the reform.

Currently, the hospital has 350 beds and various wings are abandoned. Of these beds, 190 relate to the Department of Psychiatry of long-term care. Of these 190, 60 belong to the Department of Rehabilitation with a theoretical plan of rehabilitation and discharge. For the rest, there is not even a project. All admissions are involuntary except for one case. 85% of patients are legally unable and under protection. The average stay is 15 years. Some floors are closed, even if the majority is equipped with a system of schedules, individual and collective terms, keys and door phones so that they are sometimes open, sometimes closed. The freedom of movement, the processes of "therapeutic" isolation, cigarettes, money, permits, including the right to be dressed, run into contingency plans that are proportional to the conduct of the patients. There are several isolation rooms for each department, chambers of supervision in all the common areas and the use of the typical means of restraint.

Several weeks ago, the device of electroconvulsive therapy returned operating, and a contract with an anaesthesiologist, who will come twice a week, was signed.

Ladies and gentlemen, yes, I work in a mental institution (colloquially, a nuthouse). Unfortunately we do not have a law in Spain "sufficiently 180", although other political currents could have permit it.

I accepted this job and I keep it, and while we could dwell on my reasons, I doubt that you may find them interesting, or that might go into the theme without a sofa in the room. When I arrived, I found a bleak landscape, fragmented equipes and a deathly silent, in an aggressive and oppressive environment; patients were wandering like ghosts in a sort of isolated melancholy and protesting with exceptionally violent reactions, but only when they were subjected to unbearable humiliation. Invisible families vanished behind their guilty deposits. Sanitary areas had disappeared without any reason. Several psychiatrists had sent (happily) challenging patients to the place where "you go and not come back" constantly hindering rehabilitation plans and the possibility of a return to life, thus repeating familiar patterns but without personal suffering. A block, a desert space in the therapeutic, used as an excuse in a series of political confused conflicts.

When I wanted to do something, no one specifically prevented me. I came across a deaf and fierce opposition, but I never received an order contrary to my proposals. There was no waste in the projects that I presented to the team, just a great silence as an answer. I was even ambiguously allowed to continue, together with my colleagues, the coordination of fortnightly multifamily groups Getafe. I started off with a group of psychotherapy, thinking, from the outset, that it could be the seed of a Multifamily Psychoanalysis group. Also, I promoted a program of Psychotherapeutic Individual assistance and a Therapeutic Theatre Workshop. I supported, together with other colleagues and with the strong encouragement of my new primary service, which took the post a year after my arrival, the resumption of the weekly meetings of the patients. With several specializing psychologists, we organized assistance in the afternoon, forming a group of Art Therapy and a Therapeutic Accompaniment Program that allowed patients who did not come out for many years, to leave the hospital. As a member of the Commission of teachers and tutors of trainees, I promoted training in Psychoanalysis and Techniques group, organizing several workshops. I began to bring to the Group of Psychoanalysis Multifamily Getafe all the specializing fellows in psychiatry and clinical psychology that turned in our departments.

I was waiting to bring multifamily psychoanalysis to the real hospital and to form a group, because if something could be of help to really change things in the hospital, this would be a group of Multifamily Psychoanalysis. Although, after two years, the environment and the therapeutic options in patients changed, I continued feeling much fear and ambivalence. Several processes and structures that favoured group relations and mutual exchanges emerged, as there had been a generational change among psychiatrists on duty (including the primary). Admissions of younger patients with a diagnosis of borderline personality disorder multiplied, being numerically more

frequent than psychosis. Despite all this, I was living my projects virtually alone, and I was very afraid that the design of Multifamily Psychoanalysis Group went beyond my abilities; and that the mental hospital proved stronger than my desire; I was also afraid not to be up to the complexity of the project. The Multifamily Psychoanalysis was born in a mental hospital, as well as the operational psychoanalysis, but I was not Garcia Badaracco, nor Pichon Riviere, nor Armando Bauleo. I was scared.

So, quite late compared to the expected dates, with much fear and ambivalent feelings, we started the Multifamily Psychoanalysis group. Two psychiatrists of the institution accompanied me in the coordination (practically only formally), and during the first six sessions, I was flanked by a group of four psychiatrists from outside the hospital, which formed part of our study group and supervision. In fact, I coordinated the first session with Angel and Isabel, my co-therapists of Getafe, while the next were coordinated with Ana and Tania, who were Parla's colleagues. Being able to do this was a very intense and grandiose experience, which I think would be more appropriate to deal with on another occasion.

Next January, one year will have passed from then. Interesting things of different nature have happened, as we usually expect to live in multifamily groups. I would, however, return to the "stage issue" to share some of the situations experienced in the group. The first sessions did not fail to represent, in a dramatic way, the word, the body and the objects.

In the first session Teresa almost does not let me end introduce the group setting, she intrudes in, she is very eager to talk. She is a 28 years old patient with a very complex social and family history, with a diagnosis of borderline personality disorder and a special protocol of "high-risk patient". Unfortunately, she is famous for her tendency to act in the form of abuse of toxic substances, tantrums and getaways. She introduces herself thanking the families for being there and expresses the wish that they know her for what she actually is, not too bad, not too violent. She cares for his fellow patients, takes care of the most vulnerable ones, wants to let us know her healthier and kinder aspect. Her speech, however, looses coherence and she shows a "massive" anxiety that is probably related with the absence of his family in the group. She gets up, gesturing wildly and eventually walk out of the room, slamming the door. She stands still enough time to adjust her coat before going out, as to give us time to ask her to come back to the group when he wants, and that we will be waiting for her. She then returns calm, recognizing to feel better both "inside" and "outside".

Even in the second session she put up her anxiety performance, and again tries to intervene in a reasonable manner but again trying to show up, gives us a scene full of drama. She pulls out her bag and explains screaming, throwing things to the ground, what it contains: her identity card; her brother's picture; a letter from a friend; a

religious image that belonged to her grandmother ... and then she says: "I keep everything and I do not forget anything" and with great scenic unfolding she introduces herself through its objects and throws them on the ground. A practical nurse, scared, helps her collecting the things scattered on the ground (his identity, his love for his brother, his friends, and the unresolved loss for his grandmother). Teresa shoots out of the room. The nurse who coordinates the infirmary holds the phone in her hand and stirs in the chair. Later, Teresa comes back and is able to keep quiet.

In the third session Nieves, a 65 years old lady, in a moment of tension in the group, stands with a rosary in hand and begin to pray walking in a circle within the circle of chairs. Marisa, the mother of a patient, shows her disgust to confess that the religious theme makes her nervous and that she believed Nieves was praying, accusing her of being the devil.

In the fourth session, Teresa and her father (who is for the first time in Multifamily Group) are the protagonists of an exchange of recriminations, which is not free from acting, either. Teresa gets up, stands in front of her father, urges him on, she changes position on the chair several times ... At that moment the voice of Victoriano rises stronger and he gets up from his chair saying: "I can't, I can't, I can't! I can not control myself !". Teresa leaves the room, she asks her father to come out too, but he does not accompany her. Teresa comes back after a while and tries to calm Victoriano down, while he gets up repeatedly shouting: "I can't, I'm so sick, I do it all on me, I shit and piss on me, help me". Finally, another patient, Mercedes, gets up, takes Victoriano's hand, she makes him get up and decides to recite a poem dedicated to friendship of which she is the author. Victoriano carefully listens, without any complaint ... and when Mercedes reaches the end of the poem, the group breaks into applause.

Teresa, her father Lorenzo, Nieves, Marisa, Victoriano, Mercedes, were for a few moments our characters in search of an author.

It would be very interesting to share with you what our interventions were, what does each of these scenes in the history of the patients represent, which issues evolved and resolved ... to think along with our foolish Multifamily Group. This, however, is beyond the scope and timing of this work; I just wanted to take pictures of a multifamily group where from the beginning, there have always been present, action, drama and body. Obviously, in the group many moments of reflection occur, a space and a climate to express oneself take place in other ways rather then the one told in these scenes. I wanted, however, to bring to you the peculiarities that characterized the beginning of this group. In general, the conflicts and what represents others in us are the essential elements that make up our secrets dramas in their plots of interdependence. Joyce McDougall talks about the plot around a psychotic unceasing battle for the right to exist. A battle against the belief of the subject that the right to an independent life, or

at least the right to exist itself, are impossible desires. McDougall writes that when the curtain of the psychotic stage rises, we have the impression that someone has destroyed the scenery and some dialogues are constructed in a particular manner so that it is very difficult to understand them, as we saw in the scene of Nieves with her rosary. Also, we often come across another scene that McDougall calls transitional, where some people use others as substitutes for objects that are instead missing in their inner world. In these scenes the cooperation of other people's Ego is necessary as well as their participation in the private theatre of the subject. It is this kind of scene that reminds us of what happened with Theresa, a scene where secret worlds, subjective needs and desires, and needs of the outside world live, yet divided. So that we encounter conflict, that generates feelings of unreality, emptiness and deep sorrow. Primary processes contaminate processes of secondary thought.

In the psychotherapeutic situation, and especially in the Multifamily group a new scenario occurs, in which the group itself, coordinators and other participants become substitutes for any of the other participants; and these latter constitute the inner world of the subject. The characters' representation changes, the roles are reassigned and the text is written again. The patient can work on its profound truth, once all the characters that constitute him or her have had the opportunity to recite their dialogue, to exhaust their claims and their recriminations. This can make the subject's split parts visible and allow the processing of a cohesive identity, conveying a new meaning, by taking possession of the resources of the ego and the once abandoned potential resources, expanding his or her ability to think, feel and rejoice. The group and its coordinators could be compared to film directors seeking to prepare and maintain a space to accept all the lost and wandering characters who live inside us, and that the Ego does not recognize as part of ourselves.

Quoting Badaracco Garcia: "The Multifamily Group allow a privileged status when we see the repetition of powerfully pathogenetic conducts that usually takes place in the family of origin. These can be identified with greater ease in an extended family (like in the group) that, in giving more security, allows liberate the people involved in the compulsive repetition. On the other hand, the multifamily context helps repetition and awareness to be less traumatic and to be more easily processed". Garcia Badaracco thus reminds us that, as Freud thought of the transference neurosis as the place where neurosis are solved, the multifamily group can be defined as the context "whose specific nature stems from the very nature of mental illness that involves an oppressive and anguishing familiar plot, that leads to madness..."

I think the Multifamily Group may act as a potential space, an intermediate area of experience where life-related affects and illusions occurr. An area, like Winnicott describes, that is located between the external reality of interpersonal relationships and the subject's inner world. An area of experience which constitutes a fundamental place in the development of feelings of loss and a possible gateway from absolute

dependence. The location of the process that allows the baby to develop the ability to stand alone without fear of losing his or her identity, nor be overwhelmed by anxiety, which prefigures the ability to succeed in a genuine relational exchange with others without fearing of dangerously invading the other or being invaded; an intermediate stage between the failure and the ability to recognize and accept the reality that often presents itself as an insult; the privileged place of the game, the only place according to Winnicott, in which communication is possible; in the superposition of potential spaces. An overlay of intersubjectivity that consists of a common core of bonds of affects. These latter not only contain the instinctual tension, but also a reliable climate of affection, respect and restraint. The therapeutic process is accomplished, therefore, also in the overlapping play areas of therapists and patients, an overlap, in my opinion, that forms the main part of what we call a “mind ampliada” where outside and the inside features contribute. And where internal groups interact with the family, the world of the present and the social relations; the past and the present.

The Multifamily context hosts many “others” and this multiplies the possibilities of overlaps and contributions.

Interaction will show many aspects of the transference that will permit the work on interdependencies, intervening, quoting Garcia Badaracco, on the family plot in terms of mediating therapeutic function. The roles that therapists can take, increase. The Multifamily Group is also a potential space of growth because it acts as a "container", being able to take charge of the sickest and the most regressive components.

To think of this therapeutic process in the psychiatric hospital opens up a range of questions and contradictions that we cannot overlook. The psychiatric institution is a context that is oriented to social control and is a source of oppression. Internment and submission of the underprivileged (and harassing) are associated to a certain sort of psychiatric hospital that, citing Basaglia, plays the role of "spreading psychiatry as an element of worship in the pessimism. That is spreading the false belief that mentally illness cannot be cured, and that it is dangerous, etc. ...". Quoting Garcia Badaracco this belief fosters failures, devalues patient outcomes and claims to "generate cloned mental" leading to a specular form of mental functioning. This social control and pessimism (in which it finds arguments) is largely present in Lafora. Our multifamily group openly questions both the control and the pessimism. Where this debate will lead?

Winnicott himself proposes that submission is a sick basis for life, and being obedient brings to the loss of integrity. In Winnicott’s opinion, submission constitutes an accumulation of traumatic intrusions that endangers the mental stability, and it is damaging to indoctrinate people, because the relationship of obedience to external reality is in contrast with what let the subject feel his life as worth living: the creative apperception.

In the hospital, the team clearly establishes a relationship of domination with the patient, where non-obedience has consequences so disastrous as obedience, leaving the patient in a sometimes tragic dilemma that rekindles the most primitive agonies. If the patient became ill amassing traumatic intrusions that would not let him be, the institution and its teams play every day these intrusions. The subject is subjected to the double alienation of the hospital and sentenced to the stereotypies of pathogenetic interdependencies.

Is there anything we can do? As long as the system of internment and social control continue, are the attempts to change of any use? I undoubtedly believe that the Multifamily Group has introduced itself in other areas of the hospital. Together with the Multifamily Group, supervision groups in the departments of rehabilitation started, and here Multifamily connoted scenes have been very present. And this has been true not only in the supervision groups for the team, but also in all other treatment groups, in the relationships with families, in the organizing activities, in team meetings. The staff in all departments of nursing, medical and social workers and interns have joined the Multifamily, therefore living meaningful experiences. They assist to scenes in which patients are constantly redeemed, where is given value to their interventions, and help is given them to show their wisdom and to think in a broader context that enhances what they say. Our group proves to adequately contain the most foolish and most regressive aspects without needing interning the patients nor to isolate them.

Who knows whether the Multifamily Group can be so powerful to allow the whole institution to undergo a treatment itself, unravelling pathogenic interdependencies at the institutional level, developing actions that help to propose therapeutic and normogenetic processes for the equipe. Garcia Badaracco gives the Multifamily Group more power then other contexts to dismantle the rigid and invasive structures through the vast thinking mind, the “mind ampliada”. Maybe this green-house in the hospital will find adequate time for a more profound transformation in a more propitious political climate and the mental hospitals will cease to represent the tragedy that so obediently it represents, and it will eventually disappear from the scenes.

I would like to end this paper quoting once again Professor Garcia Badaracco in a phrase that inspires me beyond the clinical work.

"Everything is faceable if someone helps us to deal with, tolerate, process, metabolize the experience in a feeling of openness to a new experience of liberation. Large groups have already shown that this experience does occur in a broader context".

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