

Psychoanalytic supervision and consultancy: promoting containment and support in institutions¹

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“I attribute great force and influence to the work group, which through its concern with reality is compelled to employ the methods of science in no matter how rudimentary a form. I think that one of the striking things about group is that despite the influence of basic assumptions, it is the W Group that triumphs in the long run.”

W. R. Bion, (1961: 134-135)

Abstract

In conjunction with personal analysis and theory/technique seminars, clinical supervision represents one of the three pillars of psychoanalytic training. Since several years, however, ‘supervision’ is also a term which describes consulting for staff groups in health and social institutions, a practice standing at the crossroad between training and consultancy, offered to teams more and more heterogeneous and involved in an often confused network of related services. The Authors developed their hypotheses by reflecting about their work as consultants/supervisors providing *staff support systems* within various institutions.

The first part of the paper focuses on similarities and differences between individual and institutional supervision, with particular attention to clinical supervision, experiential team building, organizational development, and the issues involved in the relationship, overlapping and conflict among training, support and administrative functions.

The second part examines the notion of *institutional container*, word which has become a magical *passepartout* in healthcare organizations. The AA explore the functions implied by such notion in the light of: Winnicott’s concept of ‘holding’; Pichon-Rivière and Bleger’s concepts of ‘deposit’ and ‘context’; Bion’s theory of container/contained; Abadi’s paper on paradigmatic shift from the boundary to the network.

The last part discusses how the so called ‘managed care’ has indeed created new institutional scenarios. The AA look at the analysis of Bauman and Sennett and reflect on how new organizational models modify the containing function of

institutions, lower their capacity to create links and deal with system anxieties, allowing primitive turbulent group and intergroup dynamics to impact on productivity and wellbeing. While organizations are progressively becoming boundaryless, networked and porose systems, relatedness and loyalty become less important, and mobility and turnover are so fast to impede a healthy and mature attachment to work, people and the cultural values of one's organization.

Drawing from case studies, the AA will formulate three hypotheses. The first one is that within turbulent and weakly connected social contexts both the offer and the demand for institutional supervision become ambivalent and ambiguous. Ambivalence is bred by the environmental insecurity, the resistance to learning and the fear of the responsibility for knowing (-K, Bion), while ambiguity refers to unsafe boundaries between person, role and organization, or dilemmas involving control/support and professional/managerial interfaces.

The second hypothesis is that when managers employ a supervisor in order to 'improve' the system outcome and to 'check on' people's work, the emotional pressure on the staff is such that supervision becomes the support system.

Supervisors also are under pressure, having to deliver the care that organizations stopped to provide their employees with. Between desire for therapy and unionistic claims, the staff greedily competes with the clients for attention, and often gets stuck in the Ba dependency, hoping to find in the supervisor an idealized manager and a source of "salvation" instead of an agent of "revelation" (cfr. Lawrence). Such regression often results from the management's policies, as supervision/training/consultancy may be unconsciously called in by managers as a sort of prosthesis to underpin their threatened leadership.

A third hypothesis refers to a paradigm shift in the consultants' perspectives: the necessity to face change as a fact of life. In our economically developed countries we do live in a less certain and safe environment; network systems, diversity, liquidity, globalization are visions of reality supported by and intertwined with the latest scientific and technological developments. Bion's basic assumptions, and the concepts of one-ness and me-ness, are immensely helpful in understanding group dynamics; but consultants now have to find a stance, and the skills, which enable them to 'swim' together with their clients in the present sea of complexity and turbulence.

Key words: supervision, organizational consultancy, staff support system, container, managed care

The aim of this contribution is to describe how our experiences of psychoanalytically oriented supervision and organisational consultancy led us to address the many practical issues by re-evaluating the conceptual dyad container/contained and to make some hypotheses on institutional containment as a way for promoting reflection and support within healthcare and social institutions.

The first working hypothesis is that *the specific function of supervision is dealing with and taking care of the institutional container*.

A related hypothesis is that *the fundamental aim of institutional supervision – besides staff support and performance control – is promoting development, maintenance, support, restoration, and, when necessary, change of the institutional container*.

A third point is that these function and aims are closely connected with the possibility of *opening a space for thought*, both in people's minds (individuals, groups and leaders), and in organizational culture.

We will eventually try to review a series of methods, techniques or approaches which can provide containment and organizational learning in institutions, from traditional "staff supervisions" (clinical conferences helped by a consultant) to social dreaming and other experiential events derived from the group relations paradigm.

We start now by giving a case example from our practice.

A Case Study

This case study relates to staff supervision within a mental health service dislocated in three towns and part of a large national health institution. The team is composed by about twenty-five people: nurses, social workers, occupational therapist, doctors: women in large majority, between 25 to 55 years old.

The institution at the time was acting as a negative container . As a result the level of toxicity in the staff interactions reached such a peak that the work was effectively hampered.

This piece of work suggests a **first hypothesis**.

A negative (or damaged, leaky, weak, inconsistent etc.) container within an organization can be substituted by a temporary one provided by the staff supervision. In this particular instance, as the chosen methodology was a social

dreaming programme applied to clinical supervision (Lawrence, 2005), the hypothesis is that **dreams, as a sophisticated form of thinking, can act as provisional containers for the organization and consequently for recovering the capacity of thinking.**

A.Bain in “The organization as a container for dreams” (Bain 2007) wondered whether the mirror concept could also be true – the dreams as containers for the organization – and the hypothesis drawn from this piece of work seem to support his suggestion. Thought could grow out of the temporary container(s) and be transformed into institutional thinking, which in time, will make it a container fit for the task of dealing with the mentally ill.

In a mental health service dislocated on a vast regional area and swept by recent political and administrative changes, the head of the department - the last one of a series who have passed through in a very short span of time – inherits a service in disarray and asks for staff supervision. Apparently the problem was that the chief consultant psychiatrist and the head nurse disagreed most of the time and that, unsurprisingly, the staff had elected arguments as their favorite way of communicating.

We agreed on an initial contract of two years and to work with the whole staff of the service including the consultant, for an afternoon and the following morning every two or three months. The task was rather undescriptive, the consultant wished to foster communication and improve the quality of the work delivered to the patients. He didn't mention the major changes happening in the system at large nor their influence on the quality of the care delivered.

The reality revealed by the dreams offered in the Social Dreaming matrix from the very first intervention was that the unit was indeed in a state of trauma, extreme dependency and apparently inadequate to take care of their patients.

To give an example, the first dream, often the fractal of the discourse to come:

- *It is a recurrent dream, I have the feeling of being sucked inside a dark space, in the shadow towards the evening. I was inside, with the sensation of being sucked like a funnel upside down.*

This is not the space to recount the sequence of dreams nor to go in great details, but it is interesting to highlight that that first dream was followed by a cluster of dreams along the same lines, pointing to be lost in dangerous waters, as if sucked back into a menacing, devouring and at the same time leaking womb.

Another cluster of dreams pointed to the fear of inadequacy:

- *I dream that I have to repeat all my exams, my degree is no longer valid.*

And another to the high level of anxiety provoked by the close contact with patients:

- *All the members of the M. family (patient) are in the room, so many that it is overwhelming, there is no room for me.*

There was a deep anxiety: the mad world of the patients was dangerously resonating with that of the staff, there was no clear boundary to keep it at a safe workable distance.

Now both the dreams and the clinical material may relate to the state of society at large, to the dismantling policy of the Italian NHS, to the department in disarray, to the relationship with the management, (or with me), to the internal world of the staff projected onto all these things.

In reality all those aspects could be and are present, and potentially many more (as many as the associations which could be given to a dream), but the associations to the dreams did point first in the direction of the department in disarray (the leaking/negative container) and on an uncomfortable internal world related to the work in the unit.

The matrix started to work from that point. By revealing an existing web of mental connections, it contained the multilayered complexity of the department.

In time it did facilitate the development of the capacity to act with some authority in one's role; even if the larger institutional container was still "profusely leaking". Through the dreams the staff could begin to think and to make their own container; which subsequently they dreamt into place in the institution.

People started to function better in their role. More dreams and associations were told, revealing the nature of the staff anxieties and the toxicity of the work environment.

- *There is a beautiful little girl less than one year old; I take her in my lap and she pees. Later in the same dream, men put toxic substances in the water, it is menacing.*

The water is still dangerous, but transformations occur:

- *In the river a van is carried away by the stream. Nobody helps. I call the 118 (Emergency number) so they can save the people from the water.*

- *There is an enormous waterfall, but in the water there are packets of pasta, snacks and much food*

Dreams of containment and of places where to take one's needs did appear.

- *I have to go to the toilet for a 'big' need, the toilet is not normal, but I manage to do what I need. There is a warm fireplace in the room.*

Paralysing dependency (Ba D) and state of 'singleton' (Ba Me-ness) (Bain, Gould and Lawrence, 1966) shifted, worked and reworked through in the dreams. Conflicts and meaningless arguments occurred less; the consultant and the head nurse started collaborating, a few members of the staff were actually able to

integrate the experience of touching the psychotic edge of the unknown into their work and some new thoughts appeared.

With the acquired mental space, it was possible to contemplate a larger systemic picture of the institution. The awareness that the unit was not just suspended into a vacuum of unease and trauma appeared in dreams which were dealing with the institution-in-the-mind as well as in reality.

A context larger than the team did come into consciousness.

The theme of the ‘new’ which has to survive the attacks of the ‘old/dead’ emerged and was worked through; in parallel with the tendency to project one’s discomfort on the head of a ‘guilty’ party. It was difficult to be aware that the rigidity of death could well be connected as much with the institution as with an internal rigid system of defenses, with one’s own fear of being freer and consequently responsible for one’s actions and choices.

The dreams content did move from the internal conflicts within the staff and against the chief consultant to a menacing institution, ready to squash any attempt to innovation.

It is a paradox: the uncaring institution does exist; the policies of the government are indeed dismantling the remains of the welfare state (the little one that existed in Italy) and yet to be aware of the level of personal responsibility is essential and of the utmost importance for one’s psychic maturity as well as for a mature society.

A second hypothesis at this point can be advanced:

“thinking” needs to be well integrated in the fabric of the individual as well as of the institution in order to be safely allowed in without raising the anxiety of being destroyed.

Quoting Bion:

The institutionalizing of words, religious, psychoanalysis – all are special instances of institutionalizing memory so that it may “contain” the mystic revelation and its creative and destructive force. The function of the group is to produce a genius; the function of the Establishment is to take up and absorb the consequences so that the group is not destroyed. (Bion.1970)

Where the Genius can well be represented by the capacity to think and to cultivate new thoughts and the Establishment the modulating function of the institution which regulates the amount of thinking that can be let in ‘safely’ within its walls.

Once the capacity to think and consequently seeds of freedom develop, is the menacing ‘organization’ – both the organization-in-the-mind and that in the reality - able to tolerate and integrate a new asset or is it going to squash it.? Within the mental health unit this dialectic made its appearance, surfacing in clusters of dreams of which the following are examples:

“I was in a tribunal, most of the team was there: one man has been sentenced to death by his colleagues because “He doesn’t think like us!!”

“My grandfather and my daughter were dead, I try to dress them and keep my daughter warm, but they are so rigid, there is nothing one could do”.

-In order to enter the hospital I have to go through a tunnel and a kind of door, very, very narrow....in order to come out I have to go through an even narrower door...

There were also glimpses of change and of the possibility to be freer:

- *My cat is dead: I hope I will be given one of the kittens which have just been born*
- *I was going to the hospital but it is no longer as it was before. They are restructuring everything. I don’t know if I like it*
- *My car has no doors, nor boot, but it works well anyway, the inner structure is sound.*
- *I meet a man, we like each other. He says ‘I am married!’ ”Me too!” I reply, then we can relax and be together. I see myself relaxed and beautiful. We don’t need to think about a permanent relationship, just enjoying the moment...*

An obvious and first form of containment in institutions is offered by a good enough leadership. As the staff group was working through its dilemma between dependency and adult responsibility, the chief consultant seemed unable to sustain the same development. He started undermining manouvres to his service: in agreement with the policy of the administration, he attempted to centralize the service, which spread and served a large territory, into one location. Surely he did antagonize his staff.. He also started at the same time to apply for a post in another town: everyone knew and he quite honestly admitted his preference for new challenges, as though working with a team who had started to think and function.could not stimulate in him a mirroring style of leadership. He innocently declared himself a leader for emergencies...

At this point we advance a **third hypothesis**: *the containing function of the leadership can spread and be owned by members of the staff who, with the*

authority which comes from thinking, can manage themselves in role in spite of a weak leadership.

Containing and institutional containers

In our economically developed countries, we do live in a particularly uncertain, complex and unsafe environment: network systems, diversity, liquidity, globalization are visions of reality supported by and intertwined with the latest economic, scientific and technological developments, particularly in the domain of ICT. In these turbulent waters, supervisors and consultants have nowadays to find a model, a stance, and the related skills, which enable them to “swim” with their clients within their new, unpredictable, boundariless organizations.

A useful way to deal with this shift could be to re-think the concept of containment and the notion of an “institutional container”.

The word *container* or *institutional container* has become a very popular word and a sort of magical *passepartout* in healthcare and social organizations, as a concept easy to handle and thanks to its immediate capacity for conveying emotional meanings connected with “holding”, “being inside”, “protection”, “bounding” etc..

To explore this notion more in depth, we must turn to the psychodynamic theories of containment, beginning with Bion’s conceptualization of a relationship between container and contained (Bion, 1962b). Just because there is not such a thing as a container, and to avoid the risk that it may become an “obstructive object” blocking thoughts and learning, we do not consider Bion’s conceptual model as a specific theory that needs to find its own place among other psychoanalytic theories², but rather, as an epistemological and meta-theoretical contribution to psychoanalysis. It helps us to reflect upon clinical phenomena (here in relation to group and institutional processes) using multi-faceted theoretical frameworks and, in doing so, to appreciate the “stereoscopic depth” of mental experiences.

Bion conceived the psychologic notion of a containment and the related model of container/contained relationship ($\text{\textcircled{f}} \leftrightarrow \text{\textcircled{m}}$) in his book “*Learning from Experience*” (1962b), where he traces back the containing process to the mother/infant early relationship. What is most relevant to our discussion is that this concept goes far beyond the static idea of a vessel with something inside, as implies a process

dimension at the same time dynamic and relational. Bion's fundamental points are:

- *reciprocity*: container and contained are interchangeable;
- *functional specificity*: the capacity of the container – e.g. the mother – to accept and tolerate the contained – e.g. the infant's anxieties or projections – and then to give it back in a “detoxicated” form so that can be used to think (this capacity is what Bion will later develop in the concepts of “reverie” and “alpha function”);
- *relational configuration*: Bion describes three different models of container/contained relationship: *symbiosis* (where both container and contained contribute to the mutual good or wellbeing); *commensalism* (where each element of the pair pursues its own advantage independently from the other); *parasitism* (where one element destroy the other or lives at its expenses)

Bion's notion of containment is grounded both in his studies of mind and thinking (and psychoanalytic work), and in his explorations of group processes: that's why – as Obholzer points out (1996) - it may be easily applied to social field for what concerns the emotional dimension of social institutions and their capacity for promoting thought. Both the psychoanalyst and the organizational consultant continually switch between “negative capability” and “selected fact”, between the risk of a deteriorated or pseudo-knowledge (-K) and the search for a clinically effective “language of achievement”. The analytic mind is an investigative instrument trained to focus on the emotional experience prevailing in the environment under observation (Hinshelwood & Skogstad, 2001; Skogstad, 2004). Yet, in the institutions as in the clinical setting, the emotional experience is not an individual property: it is not bound beneath clients' nor patients' (physical or psychic) skin. Rather, it is an emergent property established within a specific network of relationships; phenomena that are, so to say, “spread across the psychic field created by the meeting of one and another, within a defined or assumed setting” (Armstrong, 2005).

Now, it is just drawing on these elements that we make our working hypothesis, that *the specific function of supervision is dealing with and taking care of the institutional container*.

Differently from clinical, individual supervision and also from what is often asked or practised in healthcare and social services, the object of institutional supervision wouldn't be so much the “clinical case”, the clients, or the quality of offered services in themselves, or even the staff support, but rather the institutional container. This discourse could be easily extended to all social organizations, also to those from the private, industrial sector, where other

methods are used more or less as equivalents to supervision, namely organizational consultancy, role analysis, coaching etc.

The notion of institutional container is not an original one, but maybe needs to be further explored also in the light of the new organizational order. Obholzer (1996) argues that organizations may work effectively as containers, embanking anxieties and developing the capacity for reflection, strategic thinking and problem solving. Naturally, things happen to go wrong and organizations may then reveal themselves as defective containers, or can be damaged by the contained, and thus act as a resonance box which increases anxieties and problems.

In this sense the concept conveys therefore primarily the idea of “the institution as a container”, which mirrors Jaques’ and Menzies’ notion of “the institution as a defense” (Jaques, 1955; Menzies, 1988), but also includes all what may in turn contain the institution itself, like an healthy environment, a good enough leadership, and actually a supervision – in a word, the idea of “the institution as a contained”. Here the word “institution” is used in a broad sense as a living dynamic system, whose work is based on the interaction between its different sub-systems, including staff, management, leadership, clients (or end-users), stakeholders, the “under-the-surface” culture, and the “organization-in-the-mind” (Armstrong, 2005)

A subordinate hypothesis is that the current global uncertainty and turbulence – which creates a “liquid” social life (Bauman, 2000, 2005), boundariless organizations and weakly connected networks – is nowadays perceived as a stable condition and leads to a different kind of request in terms of organizational support and supervision: the institutional container to take care of is no longer just damaged or leaking or intoxicated or under attack, but more and more evidently a “vanishing container” (Cooper and Dartington 2004), a large-and-loose-mesh net or a not-place (Augé, 1992), where people may get lost or fall into a blackhole or simply fail to maintain the capacity for thinking. A crucial role in ensuring institutional containment should be the one played by leadership and management. This certainly relies upon their personal life story, in particular the child’s experience of feeling adequately contained by a mothering person so that he/she can introject this function in terms of what will become in adult life a “negative capability” (Bion 1970; French, Simpson & Harvey, 2002), and the capacity to face anxiety and manage themselves in an authority role while maintaining a depressive state of mind instead of falling into a paranoid defensive organization.

But all this also depends to a significant degree on how leadership and managerial roles are built and dealt with by the organizational culture whom they belong to, as we all know that so many organizations do not support or contain their leaders

and managers. In exploring these aspect of organizational culture we generally find very useful to rely upon such notions as “maternal” and “paternal codex”, which refer to Fornari’s original conceptualization of emotional life in institutions (Fornari, 1976), and also on the semantic ambiguity of the term “contain”, which fluctuates between a “military-like” (Foresti, 2009) dimension (related to facing, constraining, boundaries, norms, aggression, security, responsibility, authority etc.) and a “womb-like” one (more involved in protection, tolerance, warmth, shelter, safety, understanding, care, support etc.)

From what said before an idea emerges of an institutional container as necessarily multiperspective and to be explored from a variety of vertexes, certainly starting with Bion but then going beyond. (Nutkevitch, 1998, 2001)

Drawing on Bion’s concepts one of us created a grid (see fig. 1 below, Foresti 2009) which may allow for an integrative and multi-perspective vision of the clinical and institutional field where supervisors and consultants are to operate.

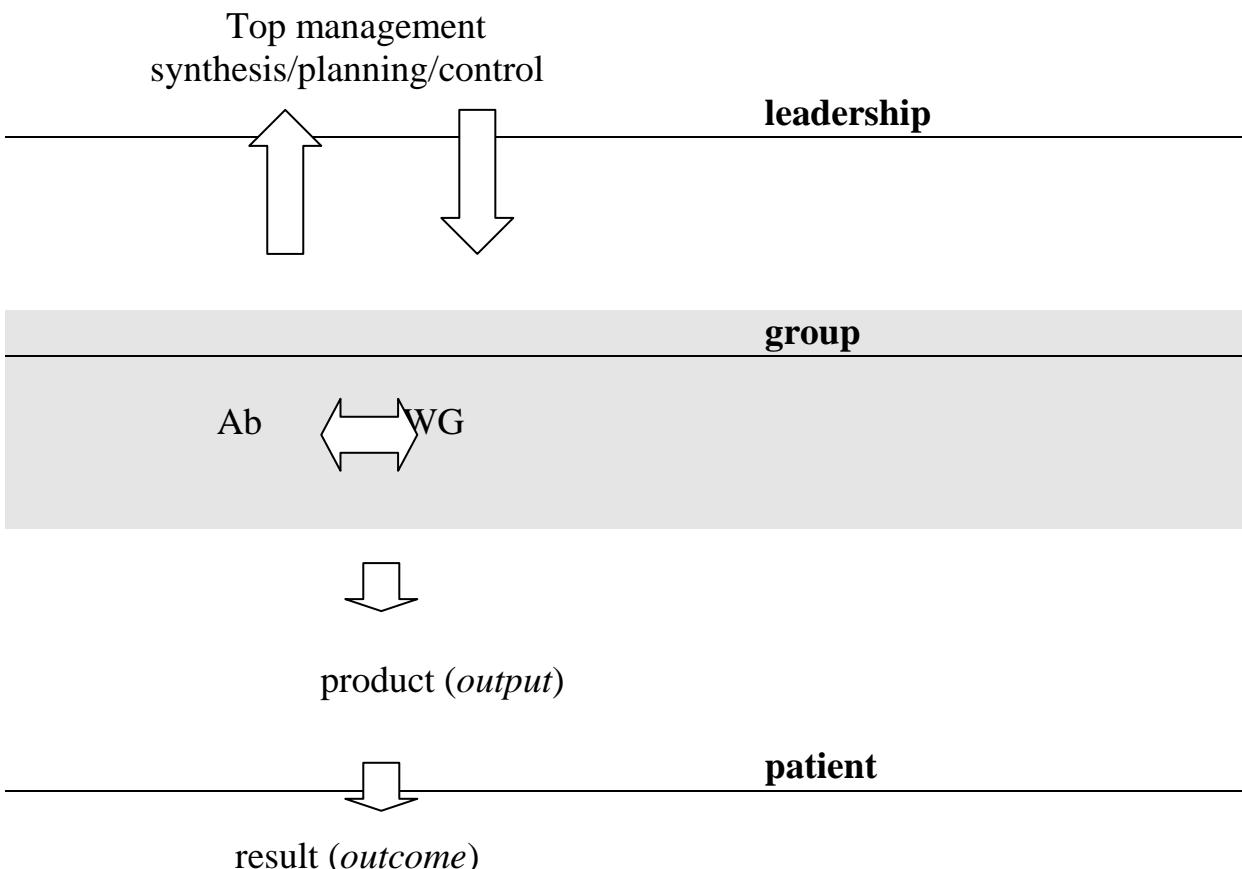


Figure 1

The grid defines the different levels where should be articulated the institutional analysis on which a “psychodynamic formulation” of the clinical case is

grounded and which facilitates the implementing of the planned intervention (Ferruta, 2000, 2006; Utrilla Robles, 1998; Kassaw & Gabbard, 2001). First, observations and hypotheses on the patient's functioning: the subject to whom health services are addressed (output) shows clinical manifestations which result from an interplay of the story of his/her disease and the caring processes (outcome). Second, group interactions which may be observed within the different sub-systems components of the institutional container (following the model of the mutual influence ↔ between basic assumptions, Ba, and workgroup, WG; Kaës, 2007; Neri, 2004). Last, we should consider the functional characteristics of institutional leadership (Kets de Vries, 1984, 1993; Kernberg, 1998), which impacts on group interactions (↓) and is in turn influenced by them (↑). (Foresti 2009)

One point we would like to develop is the assumption that besides the obvious containing function an institutional container may also carry on a *transforming function*, which would work through primitive social emotions, anxieties and defenses, detoxicating them and giving them back within the institution as elements for promoting thinking and learning from experience. Such function would be very similar to what Bion calls “rêverie” in the context of the mother/infant relationship, or “alpha function” when applied to mental activity. In a dynamic model these two function shouldn’t be considered as independent or separate, and the concept of a *transformative container* could be introduced to describe a process of treating emotional flows coming from both inside and outside the institution (Carlyle e Evans, 2005) in the service of its primary task and the various stakeholders’ need for safety.

An example of such a transformative container in the social field could be what Hinshelwood calls a “reflective space”, an organizational state of mind which ensures that groups and institutions can go on thinking even during extreme emotional turmoils or under the burden of psychotic anxieties (Hinshelwood, 1995). Other examples, coming from the Tavistock group relations tradition, may be considered clarity of roles and authority structures, boundary management, and a “good enough” leadership capable to integrate reflection, awareness and action.

The idea of a transforming container originates from Bion’s studies (Bion, 1970), but has actually been developed in particular by Donald Meltzer with his concept of a “*toilet-breast*” (Meltzer, 1967) as a mental function which is able to receive and transform bad or poisonous feelings – like fear, rage, hate, or other symbolic equivalent of faeces – so that anxiety is diminished and a safer and more creative environment may be created.

Within institutions besides systemic anxieties there are so many psychic waste - submerged cultures, hidden agendas, fantasies, rumours, mistakes, accidents, conflicts, biases, stereotypes, politically uncorrect ideas, scapegoats, nightmares, canaries in the coal mine, etc. – and a healthy transforming container could work as a sort of recycling plant with a resulting production of energy and recovery of materials, in terms of

- sense-making (Weick, 1995)
- organizational wellbeing
- job as well as client satisfaction
- the “intelligence of emotions” which, as Armstrong put it, may operate as a compass for orienting organizational behaviour (Armstrong 2005)

From this perspective we could assume that *the fundamental function of institutional supervision* – besides staff support and performance control – *is promoting development, maintenance, support, restoration, and, when necessary, change of the institutional container.*

Of course, we should acknowledge that in Bion’s times institutional containers were simpler, more readable, localized, clearly bounded, while current organizations look far less identified by a perimetrical wall and a recognizable ownership, and the “boundary” as a psycho-social paradigm has been perturbed or even replaced by the “network” (Abadi, 2003) or the “bridge” (Agazarian, 1982; French, 1998); but bridges may be crossed by enemies or migrant masses, while networks are nowadays “boundariless organizations”, whose beginnings and ends members don’t know any longer, nor perceive clearly where are they themselves actually, whom are they working for, where are the leaders, who are the stakeholders, which are the goals, the interests, the values and the meaning of their work.

Networks are generally presented as connecting and supportive systems, but one could always wonder whether close-mesh nets might prove to be prisons, traps for capturing fishes, while large-mesh ones behind an appearance of freedom could hide black holes where people may fall out or get lost in empty spaces.

Containing the container

If we put aside for a moment all what we know about our human needs for security, for keeping psychotic states of mind at bay , we may glimpse the transcendent human task of recognizing the immensity of what cannot be contained and the mystery of the unpredictable nature of life.

Working with contemporary institutions we see how the dialectic between integration and containing lies ultimately in the task of creating living boundaries one one hand and on the other in recognizing the immensity of what cannot be contained and letting the infinite/unknown/unpredictable percolate into consciousness. It is after all the ongoing dialogue in the mind between consciousness and unconscious.

Now, do global dynamics mean getting closer to the work of the unconscious? What shape of containers do exist for containing networked organizations? How does a no longer clearly bounded organization affect the unconscious of the role holders and viceversa?

One of our hypothesis is that in consulting organizations, the consultant's eyes should be open for signs of a changed relationship contained/container. For the delicate balance of elements which lets some of the 'uncontained' enter the container so that both contained and container can change shape – or indeed role – and, in that process, integrate the previously 'uncontained'/unknown into the fabric of consciousness. Where the network nature of organizations is becoming more manifest, it seems important to support the concepts of web, relatedness, ecology, open systems in order to underpin the vital task of sustaining the capacity to think one's experiences.

The mind of a consultant has to shift paradigms and expectations. As scientific researchers in the field of living organizations, consultants should suspend judgement, avoid the pitfall of turning towards the myth of a more manageable past and observe what is manifesting in the present, in order to be in the position to offer some working hypothesis about the reality of what is actually happening. The concept of the institution as container in time and space, is 'just' a concept indeed, and it has moved on to the concept that task, purpose and relatedness provide the containing frame.

Connectedness and thinking for the time being seem to be the substantial container. A container-in-the-mind, actually; a container to contain the institution itself.

In her book on "Chaos and Containment" Vega Roberts (1998) argues that "the delicate task of the leader is to prepare people to undertake the hard problems *at a rate they can stand*" and adds that "this is the essence of containment". We believe this is also the task of institutional supervision, where not only people but the whole institution should be helped to face problems in a *sustainable* way. Not just "problem-solving", therefore, but rather caring.

Unfortunately the quality of the demand is rather different, sometimes oriented to the need for magic solutions or quick, often confused and generally ambivalent.

Ambivalence is mainly related to a passive and dependent quest for salvation, while at the same time people are afraid of devaluation and loss of self-esteem. “Solve my problem!” ask individuals, groups and systems to their consultant, but this must be made on some very obvious conditions:

- “don’t make us feel anxiety, pain or narcissistic wounds”
- “don’t make us spend too much money”
- “don’t disturb our current balances”
- “don’t frustrate our need for certainty and safety”
- “don’t create difficulties in our relationships with leaders, colleagues, subordinates, clients, sponsors etc.”
- “don’t reduce us into a childish dependence”
- “don’t disqualify us or deprive us of authority”

which are all somewhat quite understandable and legitimate needs.

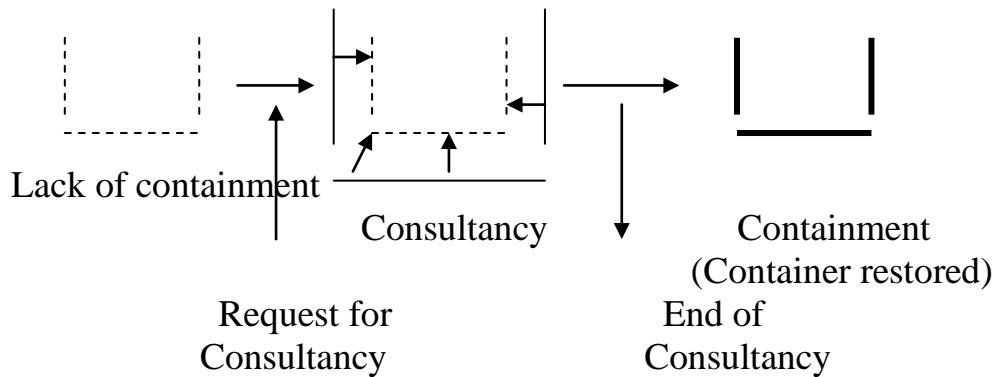
That’s why the institutional supervision tends so often to appear as an impossible mission, where the clients’ resistances towards awareness combine with the consultant’s countertransferrential feelings of ambiguity. In fact he may react to the system’s ambivalence by avoiding to face its many contradictions, and the related conflicts, or, as an alternative, may enact his/her own or the client’s omnipotent fantasies and behave as if he/she were the boss, giving advice, strategic inputs and even policies and orders, while having neither the authority nor usually the capacity for bearing such a role. On one side this “as if leadership” is a hard pitfall for supervisors and consultants, whose role and third-party stance appear then under attack both from inside – through their omnipotent narcissistic seduction (Racamier, 1991) – and from outside via subtle unconscious organizational dynamics. But on another side, the consultative work does “really” hold a near-managerial position, locating itself just like the leader on the system’s boundary.

And his/her “positional ambiguity” may also be part of the supervising function in that it may work as a second-level “transitional” container, offering a holding and caring environment to the impaired, vulnerable, weakened or ill-operating institutional container. This might initially give the illusion of sort of a new idealized “basic assumption dependence” leadership, which should rescue the staff and the whole organization from external dangers. But, as Winnicott points out (1953), creative illusion implies that there is some awareness of how things really are, and here both the supervisor and the client organization are expected to experience this configuration as something halfway between fantasy and reality, where supervision may be effective if the supervisor lets him/herself be used by the client system as an idealized object. Obviously this requires

- that the consultant doesn’t turn to behave as a super-leader, moving from an illusional area to a delusional one;

- that initial “salvation politics” be soon replaced by a “revelation politics”, which provide a reflective space and an effort towards awareness;
- that the group and its leader don’t try to use supervision to get rid of one another.

Figure 2



Institutional supervision can work as a transitional container if the supervisor becomes able to act within this illusional space not as a leader or a temporary manager, but rather as a provider of reflective containment so that anxiety may be relieved and thinking and awareness made possible; this second-level container offers a provisional place where a defective institutional container may be hosted for a while and restored, like ships in careening docks.

In his chapter on “The pain of managing” McCaffrey says that

Containment in an organization is provided by effective management. It is embodied in clearly defined tasks and clearly defined roles, and in systematic provision of spaces in which reflection can occur and difficulties can be struggled with. (McCaffrey, in A.Foster and V.Z.Roberts, 1998)

But as the new “managed welfare” organizations in most of Western countries has brought about a large amount in quantity and quality of systemic “business” anxieties (e.g. business planning, downsizing, mergers, redundancies, cuts in services, increasing demands, decreasing resources, etc.), the institutional container may soon result saturated or overwhelmed with anxiety without an increased capacity to contain it.

Foster and Roberts (1998) describe healthcare institutions as created

to provide a form of containment in which chaotic bits of an individual are, first, understood and managed by workers in the system. (...) However, as systems get

bigger and ever more complex, there is much more scope for increasing chaos than increasing containment. We can all identify times when the ‘caring’ system appears to be more disturbing and more disturbed than the client; times when all people involved seem to be acting out the disturbance rather than thinking about and understanding it. (Foster and Roberts, 1998, p.4)

So, when the institution itself becomes unhealthy - and sometimes quite psychotic, as Burkhard Sievers points out (Sievers, 2006) - acting as a deteriorated container, if not a chaotic or destructive one, it may need to receive the same type of care as its clients. That’s why a supervisor or a consultant is called in with the implicit role of a temporary container for those primitive and chaotic emotional parts on behalf of a suffering institution which is unable to bear them for the moment. The new temporary container is first represented by his/her mind-ful state (the personal capacity to contain projections and countertransference, and to use them in a reflective way), and secondly by the possibility – which also depends on the organizational culture and politics – to create a setting (container) in which difficult emotions can be safely explored or, as Bion might put it, where thought can emerge and develop. (McCaffrey, ibid.)

Containment and institutional supervision

‘Supervision’ is a term bearing different meanings according to the different cultures where is applied. Here we point out the differences both in significance and in use between business organizations and human services, and within the latter between individual supervision and institutional supervision. Another point refers to the grey areas or uncertain boundaries that may lead to a confusion between supervision and such processes as clinical visioning, experiential team building, and organizational development.

Our common psychotherapeutic background makes us familiar with the experience of being supervised as part of our professional education and development. In conjunction with personal analysis and lessons on theory and technique, the clinical, individual “case supervision” represents one of the three pillars of psychoanalytic training (Ferro, 1998).

Since several years, however, ‘supervision’ is also a term which describes consulting for staff groups in health and social institutions, a practice standing at the crossroad between training and consultancy, frequently offered as a staff support system to teams more and more heterogeneous and involved in an often confused and anxiety-provoking network of related tasks and services.

On another side, organizations from industrial, commercial and even public sector generally use the term ‘supervision’ to designate a definite managerial function and position. A supervisor is a member of the organization who oversees workers or the work done by others, supervising a person, group, department, programme, or operation, or even the whole system - a superintendent, sometimes actually a director.

Turning to welfare services and social / healthcare organizations, we wish now to address institutional supervision from a “clinical” perspective, drawing a map which would include such issues as staff needs for support, group and organizational dynamics, the related anxieties and defences, the ambivalence of the request for supervision, and the ambiguity in the relationships - often overlapping and sometimes conflictual - among training, support and administrative functions.

Psychoanalytic supervision is generally requested in healthcare institutions as a way for improving the work performances and relationships at different levels (Hinshelwood, 1997). We suggest it mainly operates by raising, both in individuals, groups and the institution-as-a-whole, some turbulent psychic and psycho-social processes, whose working through may increase the workers’ emotional and relational competences, as they have to face and review the ambiguous solutions they gave to many personal or inter-personal conflicts, and to a number of social contradictions. In this way the supervisor can contribute to the evolution of the institutional culture and frame, provide he/she is well aware of all the powerful and potentially overwhelming anxieties that may emerge, and is able to support the staff and its leadership in dealing with the social defenses (Menzies, 1988; Bain, 1998) and taking care of the “institutional container” (see later in this chapter). (Miller, 2004; Obholzer & Zagier Roberts, 1994; Perini, 2007). We could then assume that the various functions of supervisory work depend on the interplay between the tools and methods used by the supervisor and human and material resources actually provided by the institutional frame (Utrilla Robles, 1998), which appears nowadays more and more challenged by unusual levels of social unstableness and professional uncertainty (Bassetti et al., 2008; Sennett, 1998, 2006; Stapley & Cave, 2006).

The most common anxieties stirred up by supervision have mainly to do with the loss of (personal or professional) identity and cohesion, the fear of group fragmentation, the discover of differences, diversity and rivalry, the destructive or undermining work of envy, the paranoid evacuation of guilt and responsibility, mutual denigration or scapegoating, demoralization (Hinshelwood 1979) and a drift in organizational culture towards perversion or loss of integrity (Long 2008). Within turbulent and weakly connected social contexts both the offer and the demand for institutional supervision become more ambivalent and ambiguous

than in the past, with relevant consequences on effectiveness, consistency of results, people wellbeing and goal fulfillment.

The staff's state of mind and behaviour often shows a split between a conscious need for help and awareness, and an unconscious refusal to face anxiety and psychic pain: the resulting ambivalence is now strongly amplified by realistic fears connected to a physical and social environment which appears more and more insecure, unhealthy and inhospitable.

While ambivalence has mainly to do with individuals or groups who resist to learning from experience, and fear the responsibility for knowing (-K, see Bion, 1962a), we should consider that institutional supervision is also often imbued with ambiguity in relation to the uncertainty of boundaries between person, role and organization, or dilemmas involving control Vs support and the professional/managerial interfaces. Unclear or contradictory agreements on tasks and commitments may leave both supervisors and their supervisees in a doubtful state of mind, where the space of meetings become unsafe, and supervision itself may raise fantasies of a espionage by the head, or a quality control and a pressure for higher results; or, conversely, a place where a conspiracy will be set up against the "bad" leader.

More frequently supervision turns into a Wailing Wall and pressures are made in order to create a therapeutic group setting where members' personal need may be met. Supervisors then could be called to deliver the care that the system has since long stopped providing its employees, or to address a number of issues that may have been so far neglected by the management, such as:

- tensions and conflicts within the group
- management of diversity and rivalry
- unthought and not-worked-through elements of pain, anxiety and fatigue that the workers experience in the course of fulfilling their primary task
- anger against the organization and the leadership, experienced as unreliable, indifferent, dangerous and parasitic.

Between desire for therapy and union-like claims, the staff greedily compete with the patients or clients for receiving care and attention. Often the group gets stuck in the basic assumptions of dependency or fight/flight, hoping to find in the supervisor an idealized manager. Such a regression may be the direct result of the management's policies: as interdisciplinary teams and inter-organizational networks are becoming commonplace, however so often rather unmanageable areas, then supervisors, trainers and consultants are unconsciously called in to back up a wobbly leadership, feeling threatened by complexity and turbulence.

Loaded with these group and institutional anxieties a supervisor may risk to resort to ambiguous answers and role behaviours, from keeping a too detached “neutral” stance which conceals a fear of emotional involvement with the group, to taking on the role of a “deus-ex-machina” or a macho-manager, fostering within the organization what Gordon Lawrence called a “politics of salvation” (Lawrence, 1994) instead of acting as a group facilitator and an agent of insight (“politics of revelation”, *ibid.*).

From another perspective, it is quite reasonable that managers employ a supervisor also in an “administrative” role, in order to “improve” the system’s outcome and to “check on” people’s work; but then we ought to be aware that emotional pressures both on the staff and on management tend to transform supervision in a crucial component of the organizational system, essentially as a reflective space for the containment of individual and social anxieties, but also as a kind of managerial leverage. This is particularly true as far as leadership and institutional authority are concerned.

We need to study the containers and the contents using different conceptual models. Binocular vision allows us to observe the objects from diverse points of view, increasing our capacity to investigate the environment in which these objects operate. The reversible perspective that Bion talks about in *Transformations* (1965) is a dynamic procedure that necessarily requires breaks in order to analyze the experience.

We developed the experience of supervision and organisational consultancy thinking about the difficulties created by the continual interplay between work group and basic assumptions. Bion’s idea that the work group is destined to “triumph in the long run” in fact seemed very optimistic. The crisis of health services produced by deregulation and managed care, (policies that radically changed institutional functioning over the last two decades) was, for us, a constant cause of concern throughout our work. The nature of the contents to be processed only intensified our doubts concerning the capacity of the container to contain.

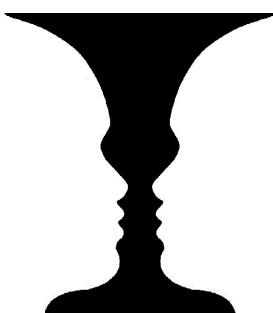
After *Experiences in Groups*, Bion confirmed his basic trust in human capability to confront even the most destructive emotions. In *Learning from Experience* (1962b) he suggested that the human mind is equipped with the potential capacity to process emotions, which he called ‘psycho-analytic function of the personality’. According to Ogden (2004) this idea is the ‘foundation stone for his [Bion’s] concept of the container/contained’. The theory of the psychic working through as a preconscious, dream-like dialogue is based on the observation that

human beings are capable of facing even the most indigestible mental problems. But to do so they need the internal and external facilitating environments that provide the necessary preconditions for thinking.

The initial bewilderment is balanced by recognising the relationship between turbulence and growth that allows us to see opportunities beyond difficulties. The relationship between container and contained is one of reciprocal determination, which results in the same instability we can observe in the basic assumption/work group dialectic. Whoever takes care of an organisation has the responsibility of transforming the primary task into a set of both visible and feasible objectives. This means ‘making present’ (Armstrong, 2005) the emotional contents to be processed and developing the processes that increase the container’s capacity.

In order to realise this task we need to use psycho-analytic theories, Bion’s included, as unsaturated containers. We have to look at theories more as methods to think than as contents to idealise. Only by observing phenomena from multiple points of view and dynamically reversing our perspective, can we develop the processes that will expand the capacity of containers.

In no matter how rudimentary a form, these methods – the continual reversal and recombination of these methods – offer us an imaginative equivalent of what Bion meant when he wrote about binocular vision. If the container is not a thing but a process, the space where the process takes place is a black void between faces.



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Endnotes

¹ Paper pres. at the ISPSO Annual Symposium, Toledo 2009.

² A series of theoretical frameworks within the psychoanalytic thought that could be used to understand the problem discussed above might be the following:

- Freud's work-of-grief model (Freud, 1917);
- Winnicott's theories on facilitating environment and maternal *holding* (Winnicott, 1956);
- Bowlby's hypotheses on attachment and secure base, and subsequent research on *internal working model* as a relational style of family groups (Bowlby, 1988); Bleger's theories of *setting* ('encuadre') as an institution where the most psychotic component of personality are deposited (reformulated by Ogden as the contiguous-autistic dimension of the experience) (Bleger, 1966, 1967; Ogden, 1988)
- The Barangers' theory of '*analytic field*' and the contemporary relational and interpersonal perspectives, which postulate the inter-subjective mental matrix or the theory of the analytic third. (Baranger, W. & M., 1990)
- Abadi's shift of paradigm from the boundary to the network dimension. (Abadi, 2003)

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