



**ARGO** Associazione per la Ricerca sul Gruppo Omogeneo  
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*Group psychoanalysis: 50 years of work report*



**Group analytical seminar**  
**Interview with Paolo Boccara**  
*by Stefania Marinelli*

**Question:** Thank you Paolo for being here, thank you for accepting this invitation. I think that from my point of view the fact that you have been so long and so excellently Department Director in Rome, in short, makes our conversation particularly pertinent. The questions I ask you then are very simple. In other words, I think that in your managerial and organisational duties in the services of an area such as Rome, in addition to the problems of care facilities for users, there is precisely that which you mentioned to me of being particularly concerned with the training of operators. So, let's say, in our edition, which is devoted to a report on 50 years of work and study on the group, what I am asking you is how you dealt with this important aspect of the training of operators and above all the group aspect of the training of operators in groups.

**Answer:** Yes. First of all, I thank you for this opportunity, because it allows me to focus on a whole series of events that are part of my experience over the years, even though I have not been working in the services since 2016. It is a subject that of training and particularly of training in the public services that has always interested me. Because, having entered the public services from

the very beginning as a basic worker, I gradually realised from what I was learning and experimenting that organisation, the clinic and training were fundamentally united in the services, precisely in order to try, on the one hand, to use as much as possible the resources and the wealth of experiences that the services offered to the workers, and on the other hand, to avoid a series of problematic elements that arise especially in services dealing with serious patients with respect to the clinical and subjective nature of the worker and the aspect of his therapeutic efficiency. So it was very useful for me to be able to understand how much an organisation could take into account training that also favoured the emotional aspects of the operators, their subjectivity and also with respect to how they worked with patients in a difficult condition. We know that services have the characteristic that the quality of the suffering they offer through their patients and family members, has even unconscious ways of reaching the operators that are the most varied. And so I also imagined that the organisation of a therapeutic structure should take into account the variability with which all this takes place and also be able to grasp a listening to the conscious and unconscious aspects, the actions, the behaviour, the experiences of the operators, as well as those of the patients, which would take into account an attentive listening, but also capable of grasping elements that, in the concreteness with which the services have always distinguished themselves, could escape. So training must be, in my opinion, a training that starts from the group of operators and as much as possible inserted within the everyday life of the institution. Perhaps we will then have a chance to talk about supervision and the importance of supervision in the training of operators in the services. However, it is also true that I gradually realised that the supervision that took place once a month in a particularly significant manner, welcomed by operators who were 'hungry' to be able to reflect on their daily activities, was lost in the context of the subsequent daily routine and became an event reduced in its potential for change and training, without it being able to affect the general situation. At that time, the subject of training was very much linked to not only the ongoing training of all operators, regardless of their level of training and experience, but also to the possibility of inserting themselves as much as possible into the daily life of the institutions. And for this, group situations were fundamental since in the services patients were cared for in groups, in groups of workers with different training, with different experiences, with different personalities and also with different ways of interacting. What

happened in group meetings or daily or weekly institutional meetings had to be particularly monitored in order to avoid that the group or team, from being a potentially enriching and functional element, risked becoming instead an element of heated discussion, ideological confrontation, and avoidance of conflict, which then led to separations. And so all that I tried to experiment, first as a practitioner and also during my role as director, was to participate as a listener, as a 'learner', in supervisory sessions that could allow me to understand how to bring back into daily life the dynamics and significant therapeutic elements for the group and the team that came to light during the supervisory sessions themselves. And so, within this framework and trying to avoid situations coming only from super-experts or, in any case, from people who did not have specific experience in institutions, I gradually gained particular experience both in the Diagnosis and Treatment Services and in Mental Health Centres and Communities. A supervision that took place through what are called Group Analytical Seminars, which were firstly carried out for more than 10 years by Anna Ferruta at the Diagnosis and Treatment Service of the Pertini Hospital in Rome. And then gradually, those who had this experience with her over those years, activated them, implemented them and brought them into the various structures I mentioned earlier. Here, this experience of Analytical Group Seminars I propose again both in the services where I supervise and in the training schools, where I train operators who are psychologists or psychiatrists who will deal or are already dealing with serious patients at an institutional level. It seems to me to be a particularly important device for personal training and updating on how one can work in a public service. If you want, I will tell you a little bit about what they consist of.

**Question:** Maybe! Thank you for these introductory elements that also help one to participate by realising and I believe that yes, I have read at least one of your works on the group analytic seminar, I would like to ask you if it is possible to describe how the seminar works and why you believe it succeeds in performing those functions that you introduced just now. Thank you.

**Answer:** The Group Analytic Seminar is basically a clinical discussion group, which is made up of practitioners from different backgrounds, not necessarily trained from an analytical point of view, who share either work in a service (and therefore know each other), or groups can also be set up, whose participants come from different institutional realities, who may have various

training and also various professional roles. So this, in the meantime, is a very important first point because, for what I was saying before, it does not propose something that arises only within a sub-group of the operators of a service, but takes into account the different training, the different experiences and the different professional roles of the operators themselves. Together with this group of operators from different backgrounds, therefore homogeneous by service or coming from different services, there are one or two psychoanalyst conductors, who are in some way experts in group dynamics, even if this group does not deal with the specific dynamics of that individual group within the group, but indeed, as we shall see later, deals with something else. Within this group, every time we meet for about two or two and a half hours, it is prearranged that one or more operators, but in any case generally one operator, brings a brief report of about twenty minutes or so, of a couple of sessions that have been held or of a specific clinical situation that is at a particular standstill, but describing a clinical situation generally of serious patients, which basically needs a reactivation of something problematic, which evidently creates a series of obvious stalemates within that relationship or individual or group. This report is read, and listened to by all those present, the participants, in such a way that they can each put their individual minds at the service of that listening, not necessarily to make an assessment of the clinical situation, but to put themselves into a set-up of free associations, of fluctuating attention. Basically, this is the method of listening of the individual participants, including the conductors of that clinical situation being brought. At the end of this report the group is activated in such a way that impressions, images, feelings, fantasies or even doubts about what has been heard can emerge, without asking the person who brought the report for further specifications, but simply by activating what is precisely the group mind that at that moment, through the individual interventions, can somehow be expanded within the group itself. So impressions, emotions, images emerge substantially, which can be progressively referred to split, dissociated parts either of the patient patient that everyone has in their head, not necessarily of the patient in the flesh or of the patient that the referent knows, or even parts of the operator who intervenes, of the participant who intervenes. So that slowly, these characters, from being internal to the relationship between practitioner and patient that has been reported, gradually become part of the group discussion. Very often elements that were not present in the relationship itself are highlighted, some other times the

implications of certain elements that had not been made explicit are made explicit in that way. And progressively many different images and parts of the patient and of the therapeutic relationship are also highlighted, which can trigger further reflections on the part of the person who brought the case, who is then asked to make a further contribution with respect to what he heard. The conductor, at the end of this first round of opinions and impressions, initially tries not to interpret, but to collect what has come out in the form of either prevailing images or impressions, which can also be new compared to the report itself, proposing them to the group as a further contribution to what has been brought. A second round of opinions and interventions then opens, until the group concludes, in which all these parts that have been highlighted in the two rounds of discussion can be highlighted in a more integrated manner. Up to the point of proposing to the initial rapporteur a contribution on what is the group's point of view, varied of course, not unified in a single proposal, not necessarily of supervision for an alternative intervention to the one that has been made. A contribution that allows one to identify, through this whole process described, problematic elements that had probably appeared difficult to identify in the individual mind and in the individual relationship, and that the group's mind made it possible to activate and highlight. The contribution that the conductor can propose at the end, can also identify a patient different from the one that was brought, a dynamic different from the one that was somehow narrated. But it is precisely this diversity and enrichment that can then become a further contribution for the continuation of that particular therapeutic relationship. This is a very important element, therefore, not only on an operational level, for a specific contribution to unblocking a deadlocked situation, but it is a way of enabling individual group participants to experience the importance of their subjectivity, the importance of their emotionality within that listening, and to grow a group experience, which can then also be carried over into the daily group work of the individual teams that may work within the service. Very often this element of contribution of the group mind is also evident at a strictly experiential level, in the sense that in general the Analytical Group Seminars are, like all supervisory meetings, invested with an emotional participation, initially also of a particularly intense problematic nature. Here, generally after an Analytic Group Seminar meeting, both the conductor and the participants experience this experiential situation as liberating, as lightening, as something that is able to activate the mind more and avoid that

suffocating condition that the relationship with serious patients often entails. And it is a device that is used as supervision within the services, where the conductor is usually a conductor from outside the service who periodically goes to the service and where a different case is proposed to him each time. A case that may be known by more than one operator in the seminar group, or in any case that is known in general by the operators of the service even if they do not follow it directly, because it is a typical experience of the service itself. It is a training experience that many psychoanalysts have been carrying out for many years in the Italian Psychoanalytic Society, where we meet weekly with operators from the various services in Rome. We also experience it directly during group supervision in training schools. And it is a very interesting device from the point of view of the training of analysts who do not have specific experience in the public service and who may have had structured and traditional analytic training, but who, however, when they work in the service do not know how or have difficulty in using their analytic training in the various therapeutic, care, and support relationships with the various patients and their families, and who in a dimension of this type are able to live an experience in which their analytic training is integrated with the very experience of institutional work. So it is something that we would like to be able to include within the psychoanalytic training pathway both of the Italian Psychoanalytic Society and of the other analytically oriented training schools, which then find in the services, either for internships or for structured work, a working environment and application of the analytic method that sometimes fails to integrate with the daily practice of the service itself.

**Question:** Thank you Paolo, you have touched on a great number of points. I am very interested in all the elements you have presented. It is certainly an aspect that particularly interests me. I too have had my share, let's say, of training in the services, of participating in supervision in the services. And I find the model you have described very clear. I would be interested if you could, here, expand on this part, to ask you if you could help to understand let's say the model from the point of view of the theory of technique. And that is to say, to give you an example, to start this process where then the type of participation you have described is developed by operators who are also very different from each other, if there is the adoption of certain rules, if for example they are told, all the participants, something or if in any case you can

say something from the point of view of how to activate a process like that, thank you.

**Answer:** Yes, I think it is very important to work on the technique, because precisely, as in all group situations, it is not enough to get people together to be able to talk about a clinical case or to be able to achieve the objectives that are presumed to be fundamental both for training and for being able to better understand the situation that is being presented. The first thing that is clearly proposed is to listen carefully to the report that is brought. 'Carefully' means to be able to grasp within that report all the elements that freely come to mind of the individual participants. That is, to imagine to suspend a little the part of clinical judgement, of the evaluation of the appropriateness or otherwise of the interventions that are proposed, and to be able to listen as free as possible from technical judgement to what is proposed. Because the risk is that then each of the participants may - as often happens in service group meetings - propose only his or her own point of view as the most opportune, most functional, most useful point of view and begin a critical confrontation or, in any case, an evaluation of what is proposed. Having said that, once this indication is given, it is by no means certain that it will be followed, because precisely these modes of interaction between operators are activated very spontaneously, and this, however, becomes important to point out. Even before that, an initial indication is given to those who will bring the case to be able to write down what they consider most important, to be able to write it down, because when one is writing one's own report, one can choose facts rather than others, one can emphasise emotional elements or silence others present within the relationship both in the analyst and therapist and in the patient, and one can more easily reach both in the emphasisations and in the silences or in the omissions of elements that are not necessarily interpretable, opening up the possibility for the other participants to fill them in spontaneously through questions and requests. Third element: at the end of the discussion when the group is activated, as I mentioned earlier, the participants are asked - this too is more difficult to implement, but it is said and then we work on it from time to time - not to ask the speaker for further information and above all not to go into the specifics of what actually happened or is happening in the therapeutic relationship in addition to what is recounted in the report, precisely to avoid entering into a situation of concreteness that is sometimes very present in the services and which then

prevents us from activating a thought. Because precisely the objective of Group Analytical Seminars is to activate a thought, to reflect in a group at levels that are not necessarily conscious, but precisely by activating elements that can be dissociated, removed, split both by the person bringing the case and by the listener. So it is advisable to avoid asking for further concrete specifics, which could certainly be useful if we were in a service meeting, and instead work a lot on oneiric thinking, on activating thought 'other' than concreteness. Do not worry that everyone will bring an element that is different from what it is in reality, and so we also ask, fourth element, the operator who brought the case to remain silent - and this is also an element that is difficult to happen, but to remain silent after having read all his report and to wait, perhaps taking mental or even concrete notes, on what are his considerations on the listening that is done. This is as far as the participants are concerned. As far as the conductor is concerned, he must put himself in a condition of participatory listening, even non-critical and judgmental listening, in order to grasp the not only verbal but also non-verbal elements of everything that happens and, above all, also manage to highlight the differences that have emerged within the debate. Then in the second restitution - because precisely the first restitution of the first round of discussion is an integrative restitution, i.e. aimed at integrating the various images that emerge, the various indications, the various expressions of the various participants, - an integrative function is accentuated, but at the same time also a creative or transformative one, in the sense that a therapeutic relationship, a practitioner at work, a patient in therapy that is not necessarily the same as the one reported at the beginning of the seminar can be highlighted. It is thus a matter of introducing into this process of creation a new situation, a new clinical situation and therapist-patient relationship, also resulting from the aspects of listening to the conductor and his general impression that has been built up throughout the seminar. Another element that could be, as it were, a seal to this, is that often - this is an indication that Anna Ferruta has proposed to us so many times and it has been particularly interesting, - the character or the new patient that arises from the initial report, grows, diversifies, is enriched by the various contributions of the various participants and at the same time also becomes something else or is added to what was reported at the beginning. It becomes something different and can become a character with a particularly evocative name that the group can come up with - the name of a character from a film, or a novel, from a

fairy tale or a name, like that game that was played many years ago or, in any case, I don't know if it is still played, which began with the phrase 'if it were a tree, if it were an animal'. The last element is that at the beginning of the group analytic seminar, one of the participants is asked to make an account of that seminar for the following week or for the following 15 days, i.e. before the next meeting, so that each seminar begins with the account of the previous seminar, which clearly proposes a clinical case different from the one at that time, but which in the meantime allows the participants, a week, 15 days, a month later, to enter into that particularly significant atmosphere of the previous seminar: An account that then also allows in the writing to highlight elements that had been present but not experienced, not represented verbally or otherwise, and that instead during the account are somehow grasped and thus brought with that contribution to everyone's attention. And so one also grows in formative terms. Because what is quite impressive on the part of the participants as this series of seminars goes on is that they believe more and more that within those two hours they actually build something original and something different, which can be useful both for that specific case and for grasping in their own subjectivity, in their own mind, in their own emotionality, elements that are not destructive but are creative.

**Question:** But, on this last aspect, it seems to me very clear the intent let's say of the group's work of constituting a group subject of belonging that is very founding and that can be used in more circumstances in time, also the idea of accumulating resources and of making the group's activity and that of the individuals conscious through this historicization in short. So it seems to me very individuating of the group situation. A difference came to my mind with respect to the therapeutic and training group that I know, the analytical group, and that is the presence of the two conductors instead of just one. And then a second aspect that I noticed is this: it seems to me that the relationship between analyst and participants and operators in the group, it is very important that the activity of the conductor or of the two conductors and that of the group is modulated, since it is in fact a complex group that does not speak in the first person about its cases but speaks about its cases in the clinical sense. Indeed, not only do they all talk about their own cases, but they all talk about a common or only partially common case or only one of them, of the participants. So it seems to me that complexity is handled with a special attention to what is the modulation of the group climate and group work and

a perhaps different distribution of the relationship between analyst and participants. I ask if this can be described in any way through the fact that there are two rather than just one analyst leading the group, thank you. Excuse me, there is an intensive exploitation but indeed it is of great interest.

**Response:** Here is an element that I did not specify and that seems to me to be very important regarding the group dimension: the conductor must be particularly careful both with respect to himself and to the other participants, some of whom are also analysts or in any case operators with some experience. Careful not to interpret the individual dynamics of what happens within the group itself as it unfolds. Obviously personal comments can emerge with respect to what is happening, personal elements with respect to the problems that emerge, perhaps desires to be able to express something not so much at the level of one's own emotionality but also at the level of other cases that come to mind, and thus re-propose certain of one's own dynamics within the Group Analytical Seminar. So the conductor, in this case, as opposed to a conductor of group therapy with service workers or workers who ask for group therapy with respect to their specific work, is not directed to highlight, to interpret individual dynamics. But to insert them within a greater representation of what comes into the mind of the individuals in order to then be able to create that more group image. This is the first point. Secondly, as I have already said, since the Group Analytical Seminars must be part of a cycle of about ten seminars, so that it can be held once a month, once every three weeks, and also in a fairly continuous manner, it is clear that all the indications that I have proposed in somewhat directive terms at the beginning of the conductor are particularly significant and important within the first two or three seminar meetings; then progressively the group is trained and it is easier to make the conductor's contribution less directive. The second conductor or even sometimes the third conductor: meanwhile the second is not always present, let alone the third. In the first experiences I had, Anna Ferruta was the sole conductor of the group itself, and I myself am sometimes the sole conductor of seminars. But we have seen that having a second conductor in the meantime is a way of training the conductors, in the sense that this is a very significant experience that can only start from an accumulation of experiences that follow one another over the years. A bit like what happens in family therapy trainings, where there is the conductor and the co-conductor and sometimes the co-conductor is a learner or at least a

student in the last years of the trainings. But substantially it is not only this, but also the fact that very often the conductors enter the group dynamic in a condition in which they tend to be too 'supervisors', i.e. they tend to insert exaggeratedly theoretical elements when instead it is important to remain within what is happening within the group. Every now and then one can make a few hints of theoretical elements on the basis of previous experience, but the co-leader can be present to be able to scale down these aspects, also because the second leader sometimes functions as an active participant in the group in an intermediate position between leader and participant. He is also the one who sometimes activates the group itself and helps the group to activate the group mind, which on the other hand can be an attitude best avoided by the main conductor, so as to leave him listening without an immediate directive intervention with respect to the group itself. And then, the second conductor when he actively participates with the other participants has a mirror function with respect to what the other participants can evidently do, which is a useful function always to direct the work of the group in the most creative and productive way possible.

**Question:** I noticed that in these further clarifications that you brought and for which I sincerely thank you, you never used the word 'reverie'. That is to say, I wonder if in some way the activation of an analytic situation, even if not so declared or so scholastic or didactic as you rightly emphasised, but which seems to be activated from the beginning: in short, in this type of group experience, it seems that one can speak of a dream, that is, of dreaming together, and that this is a characteristic of the group's heritage, of the operators' belonging, which they will then carry within themselves in their activity.

**Answer:** Absolutely! Apart from the fact that the dream is continually present in the minds of individuals and is fundamental, when I describe what to do at the beginning of this cycle I very often use the term 'dream', as if to say "we listen to what is being told to us as if it were a dream" and thus we enter into that order of thoughts, of sensations, in which we do not have to listen to the account as an account only of a clinical situation linked to the specific service and the specific difficulties of the service. Very often it happens that participants then ask in which service, where it was, in which years it took place... instead it must be proposed as a dream and precisely for

this reason listening must be exactly the activation of oneiric thought, that described by Ogden in his books, oneiric thought made up of associations not necessarily linked to the secondary process, but to the primary process. This can sometimes create a condition of doubt and uncertainty that what we are discussing is precisely in the mind and is no longer, as it were, usable in reality. But in reality all this - as often happens within an individual analytic pathway, - is belied by the facts, because as the various meetings of analytic group seminars go on the operators in each successive meeting in their way of telling and being within the group and propose that what happens in the services where they return finds in this type of training and experience a usable contribution also with respect to everyday life. It is an experience that allows operators to imagine that the group can become an additional support and possibility and not, as has often been the case, a greater burden for work within institutions. So it is a formative experience, beyond the individual clinical case. In addition to approaching operators who are not psychoanalysts and who do not intend to do analytical training, who can use analytical training and an analytical device that is not the stereotyped one they think of even within the services themselves. This is because very often in the history of institutional work psychoanalysis has been brought in by proposing, above all, certainties, teachings, with an oracular, truthful and more specialised aspect, but then in the daily life of the service it was very little used and sometimes distorted.

**Question:** Thank you for this last clarification, in fact, I was just remembering an experience in which I had the honour and the good fortune to participate at the RM B at the centre of Mental Hygiene in via Morandi, of those group supervisions that Antonello Correale did as vice-primary within the institution and instead Dr. Roberto Tagliacozzo as external supervisor - but in a more restricted group of operators oriented, let's say, towards psychodynamic work, therefore not all the operators of that service. So what you are saying brings to mind a further request for you to make an effort, that is, if you can outline, if you think it appropriate, also an aspect of the history of supervision, of group clinical supervision in institutions. But if the question goes beyond that...

**Answer:** No, I mentioned it at the beginning that I would like to talk about it. So, I too took part in those mythical Tagliacozzo supervision sessions

within that Mental Health Centre directed by Antonello Correale from which books were then born. First, Antonello's most important book, which was the one related to the institutional context, *Il campo istituzionale* [2007, Borla: Rome] indeed. So I believed in and participated in many supervisions besides those of Tagliacozzo, of Bordi, of the greatest and also most important masters at least Roman but also national, of Luigi Boccanegra who is an analyst who also worked a lot with Antonello Correale in that mental health center, of Anna Ferruta, of many analysts from Milan. Analysts from outside the service who came periodically to the service itself and who proposed their specific analytical point of view in their supervision, which could be fundamental in order to be able to read that clinical case differently from how it was read in everyday life, and which made it possible to train 'in itinere' during the institutional work of so many operators who were simultaneously training in the various analytically oriented, systemically-relational training schools. Supervisions in which the analyst's contribution made possible not only a different reading of that clinical case, but also the possibility of significantly experimenting the notions and analytical concepts that were proposed in the seminars in the various training schools, in the concrete specifics of the institutional field. Supervisions that allowed to help the trainees to grasp significant elements of transference-countertransference, to see projective identification continuously present, to be able to grasp the elements related to the internal objects continuously re-proposed in the therapeutic relationship both by the analyst and by the operator. What is certain is that those supervisions were inserted in a phase of contemporary psychoanalysis in which it was becoming increasingly evident how important the subjective elements and the elements of subjectivity of the practitioner and analyst were within the analytic relationship. And those supervisions did not always grasp this aspect and you would come out of those experiences thinking that your training had to be even more in-depth, because what the supervisor was telling you was so important, so significant and so enriching, that you would never be able to take it even further within that clinical case that you had either brought or had listened to or that might have been similar to your own clinical case, which you would follow the next day, two days later. So they were, in my opinion, supervisions that gave a big push to be able to train in an analytical sense. I think, however, that over time those kinds of supervisions are particularly useful to certain types of practitioners who have an analytic training, but that they perhaps imply a renunciation instead of the

richness and enrichment that a contemporary analytic perspective can, in some way, also give to practitioners who are not analysts or who perhaps are also psychotherapists who are not analytically oriented or who are not psychotherapists. Here, this seemed very important to me. A second level of supervision, for example, which, in the final phase of my managerial experience at the Department of Mental Health, was the one we did with Mario Perini who gave analytical training to the entire institutional group. Mario Perini is an analyst who has long institutional experience, who trained at Tavistock, and who used the Tavistock method precisely to be able to grasp what is then the title of one of his most important books, the hidden emotions within the organisation [Perini M. (2007). *L'organizzazione nascosta: dinamiche inconsce e zone d'ombra nelle moderne organizzazioni*. FrancoAngeli: Milan]. That type of supervision was very important because it was realised that in the folds of one type of organisation with respect to another or in the construction of a certain organisational level more attentive to the subjective personal aspects of the operators, emotions can be hidden: how much, for example, the hierarchical level is significantly important in the way relations between operators are conducted; how much the unease of an individual operator is then nurtured within one type of organisation with respect to another. Lastly, other types of supervision, for example, carried out by Claudio Neri in our Department - Claudio has taken them all over Italy and also in Europe - are more specific on the group, on the growth of a group, not just on the clinical case of the group, but precisely on the group's dynamics. And that I think is particularly important and not necessarily always easy to carry out. It takes a great, great group training, group analysis, group activity carried out over the years - which a group therapist like Claudio Neri can certainly guarantee - but which I believe is particularly delicate within the evolutionary history of an institutional group, in which a whole series of dynamics must be managed in a particularly careful and delicate manner, because if not, the subsequent reverberations between one group session and the next could be particularly difficult to manage by the group participants themselves.

**Question:** Actually, I was remembering a seminar in Child Neuropsychiatry by Dr. Tustin, who was giving her reports on her experience with autistic patients, with autistic children. And she was describing how a demanding session worked and then she described how at the end of the session, when

the analyst thought he had tidied up all the material of the session, the thoughts, had given the appropriate interpretations, at the door the patient said something that called everything into question; and so she emphasised how attention had to be brought to the last minute that the person was in the office. And so I referred to this example because this clarification, through a question about the history you have just made, I consider it really valuable and so I am glad that I have really exploited to the full your ability to return the experience that you have made, that you are making and continue to make, because it is as if this working, formative and clinical device that you described had a great complexity within it and slowly various elements emerged that constitute it and this aspect through the history and the difference between different types of supervision that could be done within institutions in the last decades, I think it is really important, especially also the relationship between psychoanalytic activity, the psychoanalytic conception, the psychoanalytic contribution to the training of institutional workers and how it has evolved over time. So I am really grateful to you for having answered to the end without tiring, for having really made a great clarity and enlightened all the aspects that this device is also valuable from this point of view that you said at the end, that is to be shareable by a larger population and to have a formative quality over time and also perhaps give back to the analyst different models of work, in short. Like an exchange between the analytical work and what the institution can offer the analyst's mind. So thank you for that clarification. Now also I would like to ask you if you wanted to add anything you think.

**Answer:** I wanted to add, on the wave of what you were saying, that precisely for example this device of the group analytic seminar is also used in health care settings not necessarily concerning mental health. There is a particularly interesting book by Anna Ferruta [*et alii* (2016). *Genetic diagnosis: a dialogue for treatment*. FrancoAngeli: Milano] that recounts the experience she had in a medical genetics institute in Milan in which the operators asked the analyst supervisor how they could return to the users the diagnoses of genetic diseases that then prevented them from carrying out a generative project with respect to their family, because obviously if a genetic disease was highlighted, they had to block their generative project. This type of experience was particularly useful at the time and made it possible to work on the emotionality that the genetic doctors and nurses had put in place when they

had to deliver the envelope with the diagnosis. Not being able to manage everything that would arise after the envelope with the diagnosis had been opened, they left the users left to themselves to deal with the consequences of what was then read out. The progressive work through the Group Analytical Seminars of all the phases of this institutional work, allowed us to organise a completely different way of working, starting precisely from what the individual cases brought by the operators had brought out with respect to the difficulties and delicate points of management difficulties that the Group Analytical Seminars had highlighted. Here, this seems to me a good demonstration of the fact that an analyst can work in an institutional group situation not only addressing people who are already trained, but also those who are working in the relationship with the patient, handling particularly significant emotional, personal and intersubjective aspects.

**Concluding comment:** Thank you very much also for this image, which we can definitely consider a concluding acronym because I really do feel a bit guilty for having exploited you too much. However, I think it is of great use because readers will also enjoy this interview because of its discursiveness and sincerely thank you on behalf of the editorial staff of our journal.

### *Group psychoanalysis: 50 years of work report*

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