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*Group psychoanalysis: 50 years of work report*



**Psychoanalysis of Multifamily Groups  
Interview with Andrea Narracci**

*edited by Stefania Marinelli*

**Stefania.** Oh good morning

**Andrea.** Ready

**Stefania.** I would ask you those questions that I have pinned down and that you have seen, so that the reader can slowly get into the subject, even though I understand by now that GMP is getting a hit everywhere so everyone knows this field, but I will try to go slowly with my introductory questions.

**Andrea.** That's fine

**Stefania.** I have noted that we have known each other for some time and that I have followed your activity as a psychoanalyst and for a period of time as Director of the Mental Health Department of one of the ASLs, in Rome. Of course particularly as a founding promoter of GMF and GM psychoanalysis. So on the basis of this broad and profound experience of yours, before asking you for your opinion on the diffusion of GMs, which is truly incredible, I have direct experience of it, I would ask you to give us some historical information, that is, how GMs were born in Italy, but above all I am personally very interested in understanding what trajectory brought them to Italy and the reason for their strong development, that is, what need prompted you to seek them out: and therefore the perception of what usefulness made you focus on that particular and innovative format. If the question is not intrusive and if you can give some answers in this limited forum, it is very interesting to me.

**Andrea.** Sure

**Stefania.** Here I ask you what your analysis of institutional, social or rather socio-health needs had been when you sought out and met these groups - in fact you even moved continents to do so! It won't be easy to trace a history in a short time, but in short we have some time.

**Andrea.** Let's say: the encounter with the Psychoanalysis of Multifamily Groups was by chance, let's say, in the sense that Anna Maria Nicolò had invited Jorge Garcia Badaracco for the presentation of the first book that had been published in Italy under his supervision, which was "La comunità terapeutica psicoanalitica di struttura multifamiliare" (The psychoanalytic therapeutic community with a multifamily structure), a book written in 1989, published in Italy in 1997 by Franco Angeli. It had come out first in Spain and then in Italy.

When I and a colleague of mine, Adriana D'Arezzo, who is a psychoanalyst, met him, we were preparing to open a therapeutic community for psychotic patients. It was in the 1990s, in theory, when the story of the first public community in Rome began, after the one opened by Massimo Marà, in 1980, with patients coming out of the Santa Maria della Pietà; we intended to open it, and this partly begins to answer the question you were asking: we were opening it because I happened, let's say. . in '78 I took the specialisation in psychiatry, I started working, I was already working at the university from '73 to '78, and then I went to work in July '78 in Terni, and Orvieto, and I came back to Rome. In those years, from '79, '80, and then up to '90, one thing was very clear: we thought, we moved according to the classical medical-biological model of psychiatry, where the patient when he was well was at home, he came to the outpatient clinic, then you saw him there or you saw him at home, and when he was sick he was hospitalised. It was just that the impression we

had was that serious patients were not treated properly. I worked in the CSM where I started; the first patients I followed were former patients discharged from Santa Maria della Pietà, who lived in a renovated hotel on Via Giolitti in the centre of Rome, and then I saw all kinds of patients at the CSM.

In those 10 years it became very clear that in reality treatment as it was imagined to work was not productive. On the contrary, the private communities (I am referring to the 'Maieusis', which later split into the 'Maieusis' and the 'Reverie', and the 'Gnosis', the three historical communities in Rome), were treating patients. The cure was something else, the patient went there, stayed there for a long time, it was possible to build a relationship, something that was practically impossible, to build the same intensity of relationship with patients followed in outpatient clinics or at home or, when it was possible, in hospital for very short stays.

Let's not forget that in Rome (...if I make it too long...they'll laugh, eh...) in 1980 there were 3 SPDCs for a catchment area of 3 million inhabitants, so there were 45 beds, hospitalisations lasted less than a week, today they last 10-15 days, still too little, on average, and so in reality, during the hospitalisation, a rough adjustment was made to the crisis and the patient was put outside. And outside the work that could be done was mainly psychiatric, there was drug therapy, there were some rehabilitative attempts yes, but very few, and to do family therapy or personal psychotherapy was a feat then.

So we fell in love with this idea of the Therapeutic Community. But the situation was so dramatic, to put it briefly, that when they finally decided to open another SPDC, I volunteered to open the SPDC at San Giacomo in 1990. There, the head doctor at the time, whose name was Puoti, asked me if I would be interested in working in a therapeutic community, in fact he asked all the staff. Since there were about ten of us doctors and only I came forward, I was put in charge of opening this community. However, it took seven years for the ASL to find the location, vacate it, and get things organised, so by '97 we were on the verge of opening this community and building a way of intervening that had some hope of providing treatment for psychotic patients, which in the situation we were working in was very limited.

The story, the meeting with Garcia Badaracco was enlightening from this point of view, because he in a morning, presenting this book in June 1997, at the Santo Spirito, went over the psychoanalytic treatments of psychosis that had taken place throughout the century, and came to propose his way of working. It was a way of working that he had thought of at the turn of 1958-60, after having been in Europe, in Paris, doing a personal analysis with Sacha Nacht. When he came back to Buenos Aires, he won a competition and became head of a psychiatric hospital ward, very similar to Santa Maria della Pietà, in terms of recovered structures, with large green spaces around the pavilions; apparently a good idea too, let's say - except that the psychiatric

hospital, for what it had been, was not even right to recover it. And anyway, in that ward, there were 40 people, he told us that morning, all crammed together to sleep in the central hall of this pavilion, because they could be better controlled that way, according to the nurses. And he started after a while: he put the patients together, he started to take care of the nurses - in those years it must also be said that psychotropic drugs did a job, so the use of drugs made it possible to come into contact with patients with whom it had previously been very difficult to come into contact. He put the patients to sleep in rooms that were all radial, all two-bed rooms, around this central pavilion, he began to treat the patients as people. For example he brought objects from home, he made a daily meeting corner. He realised that when he called the patients for the meeting, the patient did not come or came and went, did not adhere to this request; then he reversed, he did something similar to what Bion had done more than ten years before, the legendary experience of Northfield, which he did not know then: and the patients started to stay in this furnished corner, with furniture brought from home, lent by friends, the patients started to breathe this different situation. The therapy staff, nurses, psychologists, began to realise that they had to radically change the way they worked, things improved and some patients seemed ready to go home. At that point he called the family members. The relatives were very puzzled: the idea of taking a patient who had been hospitalised, perhaps for many years, back home did not convince them. They were disturbed to see patients on whom, in short, the relatives had now lost all hope. They found people who were different from the way they had always been and this intrigued them and the group started, they were very impressed, and he brought them together, family members and patients came together. He recounts this in a work, 'De sorpresa in sorpresa', which appears in a small book we wrote together, in 2011. He brought together patients, family members and psychoanalytic thinking, he started from psychoanalytic concepts on which there is a broad consensus, such as the concept of symbiosis. What seemed clear to him was that the patients were not so different from their parents, in fact they resembled them, in fact even one patient was a bit of a caricature of one of them, trying to copy his way of being and behaving in order to match his expectations. Badaracco knew perfectly well all the American experiences, e.g. of the Menningers and those who were dealing with this: at that time there was a therapeutic community for psychopathic patients of Maxwell Jones, but no one systematically dealt with psychosis - and he, referring to psychoanalytic thought, began to make these groups. As I was saying, the other important observation they made was that the patients were in one way when they were in hospital, transformed into a therapeutic community, and in another way when they were with their relatives: as if when they returned with their relatives they regressed, that is, they returned to being more like how the relatives remembered them. This

also made them think a lot and they began to think about the kind of relationships that existed between people, within each family. They did a kind of experimental study on the consistency of symbiotic bonds, it was a non-scientific study but an observation that they came across and that struck them very much. They realised that these bonds between children and parents were of a very strong intensity. That for the son, in order to correspond to his parents' expectations, the process of individuation and separation had not actually occurred and that they were both holding on to a relationship that was, as it were, stuck in the days of growing up. This corresponded to a series of observations made elsewhere on psychotic patients: one for all the observation of Harold Searles and those who have dealt more with it, who spoke precisely of the need to reconstruct, within an analytical psychotherapy of the psychotic patient, the symbiotic phase, in which the patient could experience again, with the therapist, the type of bond experienced with the parent to whom he had been closest. So he moved on the one hand based on his experience, on the other hand trying to read and make sense of everything they were facing, from a psychoanalytic point of view. He on the other hand was in the Argentinean psychoanalytic association and became its president; so he was absolutely homogeneous, he was linked to the Argentinean association. Those were the years in which all of Pichon Rivière's contribution was developed, therefore all the work on groups done by him on the theory of the bond. Then in my opinion he detached himself from it, but he was very much affected by that atmosphere.

So let's go back to '97: we were faced with all this and it did not seem real to us because somehow there was a systematic idea of intervention with families, done through these groups. This corresponded to a piece of the overall treatment of the patient, which had not been dealt with systematically in the community experiences. It was as if we were saying to ourselves: let's try to set up a community, let's do our best for some patients, not all of them, whose functioning can be recovered, even if not fully, at least a minimum of self-recovery. But we were terrified of regular treatment of families. Both my colleague and I had worked both with families and with our individual patients - we both had relational and analytical training experience. But this area was still not sufficiently explored, at least as far as we understood it ... And the group seemed to us a great resource in this respect because it was a way in our view to involve patients and families on the same level. And to require the same level of commitment that was required of the patient, by agreeing to come to the therapeutic community, also of the family members, who were called upon to intervene in the community groups. In fact, we got so enthusiastic that somewhat recklessly, a month after the therapeutic community opened, in October, we started doing these groups having never seen one, having never had any other form of collaboration with Garcia Badaracco until 2000. Then we woke up, became aware and got in touch with

him through the Argentine psychoanalyst Jorge Canestri, who knew Garcia Badaracco's work very well, he had followed him in their country. And then in 2000 we left for Pavia where Garcia Badaracco, it was perhaps April, was coming for a conference on psychoanalytic training in psychiatry. We went there to meet him individually, we had only met him by attending a seminar, it was not as if we had ever exchanged words (if I go too long, tell me I'll stop and reduce).

**Stefania.** I think we are quite free, the digital thing is more streamlined than the paper thing, and I am convinced of the ability that personal narrative has, proceeding from the point of view of direct experience, to account for such complex and now historical situations. So I really appreciate the fact that the story will also be longer, I think that at most we will have an interview that is a little longer than the others, however we will enhance the point of view that I also feel is necessary to get to know.

**Andrea.** And so picking up the thread, we then had this meeting, where he stayed and we met for lunch, he had a break from the conference he was attending, and we shared a first course together. While we were waiting for him, before we went to lunch together, we found the book *Psychoanalysis multifamiliar* on display, I bought it and when we were talking we told him about our madness and that his way of working, however, excited us. He was very happy about all this, and after half an hour I asked him if I could translate the book into Italian and then have it published, and he said yes. It was practically as if we had known each other for I don't know how long, let's say... and that's how the collaboration started. Then he came, we met again, at the IPA congress, in Nice, in July 2000, Jorge Canestri at that time was one of the scientific leaders of the congress, Badaracco participated in a symposium with Zapparoli. At the symposium they talked at length about psychosis, about the difficulty of treating it, in short, there was a close confrontation on the models of the time... and from that moment on, from that participation in Nice, we became friends. Then he came to Italy, his book was published and he started coming regularly until 2005. Then I went to Argentina in 2005; then he came back to Italy and in 2008 at a certain point I realised he was getting passionate. When he first came to Italy he wanted to know and saw the reality up close, he saw Sergio Zavoli's interview with Basaglia and he had the feeling that Italy was fertile ground, a place where the multi-family group would be understood, would be appreciated. He came from a difficult situation as it was difficult for him to be taken into consideration in Italy. When he came, in 2004, there was AIPSI, which had split from the SPI after a long affair and Adriano Giannotti had been its president. There was the split from the psychoanalytic society... We invited all the heads of therapeutic communities in Lazio, about fifty people because in the meantime there had

been a lot of experiences. In those years, there was one person who opened a group in 2004... In other words, it was not easy to think of opening a group of this type within models that were not consolidated... As we know, there are many problems in therapeutic communities: there is the relationship, there is the difficulty for families to accept that someone should take care of their child and to whom they can entrust themselves... In short, they are not linear relationships... Well, I was very perplexed by this and I wondered for a long time why. It seemed strange that Garcia Badaracco's thought seemed quite clear but very little understood - in AIPSI, for example, no one understood this discourse. When he returned in 2005 there was another community, Gnosis, in which Fiorella Ceppi did the second group, after a first one, in which Badaracco participated: it was a memorable group, from my point of view it was didactic.

Then afterwards I had a lot of luck because in 2007 I was appointed head physician and so I was able to transfer the experience I had gained in the community to the two CSMs. In the meantime, in this very second book, 'Multifamily Psychoanalysis', Badaracco explains that he had started practising the group not only in in-patient but also in out-patient situations. So much so that in 2005 in Buenos Aires I went to the outpatient situation of both male and female hospitals and there the group was held every day, in the female sector. There was more attention there: he found it difficult to get the group accepted in the men's hospital even though there was a great deal of consideration in words. He, in his time, had opened the first Day Centre in Latin America within the hospital! And anyway, he always tried to find a meeting between psychoanalytic thought and groups, that is, practical institutional experience. He did this for ten years in the psychiatric hospital, from 1958 to 1968. Then there was a somewhat general crisis ... operators were disappearing ... (it was the era of the Generals). So he went into the private sector, the Ditem therapeutic community, for 25 years. Then, at the end of that period, there was another dramatic situation, in this case economic, in Argentina, it was very difficult to carry out private work as he did in this community, and he retired. By then he was over 70 years old, he had continued to do this kind of activity and came back as a consultant in a psychiatric hospital. So when he came to Italy in 2000, he had just started counselling groups, which by then were not only dealing with in-patients, but also with out-patients. There he sanctioned the activity with the name, saying no longer Multi-Family Groups, to indicate those that take place in an in-patient situation, but: Multi-Family Psychoanalysis Groups, which can be done in any situation, be it hospital or community in-patient or out-patient situations. So coming back to us, when I then became head physician for RM 1, a small municipality in Rome (there are several), I took him to the two CSMs with adjoining day centres. So I was very lucky, because in Via dei Riari there was Tiziana Bastianini and in Via Palestro there was Federico Russo,

and I was lucky to work with sensitive and interested people. Gradually getting to the subject of why groups are interesting and useful, eh are many people who began to find themselves in the conditions in which I found myself and who first tried the community experience and then the use of groups. Because all the psychoanalytic heritage was hardly usable, but also the relational heritage. Family therapy was difficult to use with very serious patients, not to speak of the community, and even more so of hospitals... The tendency was to use psychiatry: diagnosis and pharmacology, as is still being done, not because the problems had been solved! At that time there was the impossibility of giving a psychoanalytic thought to these patients, with a strategy and in a short time...and I repeat in this I was very lucky because in those years I became head physician and the activity in the two mental health centres was very intense in doing groups of 25, 30, 40, 50 people. There was a lot of attention, it completely changes the climate, which works in the service. I had full experiential knowledge of this: in the sense that a different climate is established with the patients' families, of collaboration, a therapeutic alliance can take place. And this does not apply to just anyone - I am referring to some of the workers who lead the group - but I am referring to any of the staff who want to participate: because the group is open both to people with personal psychiatric and psychotherapeutic training of different kinds, and to staff without specific training, such as nurses, social and rehabilitation workers. This is the reason why I think the group is very interesting in the services. Because it takes into consideration a problem that is otherwise difficult, that occurred in those years and that is difficult to overcome. In those years we had wonderful experiences of supervising serious cases, done by very good analysts. I remember Bordi's at Ammaniti's CSM, extraordinary situations where analysts from all over Italy came...I remember many others of great value like Resnik and so on. But to translate then into an operativity that cut, that way of considering the patient is unfortunately very difficult. I am not saying this because I am against it prejudicially because...I tried to take care of patients, I tried to take care of families: but we could not do much more, we encountered enormous difficulties. In this situation, I have noticed, in the last 10 years, that a number of psychoanalysts have begun to focus on the same issue. One of my age, Luca Zuppi, for example, but others younger, Alessandro Antonucci in Asl Roma 1, Fausta Calvosa and Barbara Fedeli in Asl Roma 2, Antonio Buonanno who works at the Samadi clinic ... They are psychoanalysts who carry out psychoanalytic work and with the help of the group manage to maintain a cut of intervention that includes both patients and family members: they can see them not only from the individual point of view, but also of the relational dynamics in which the patient is inserted. And therefore the need to take care of both the patient and the family members, because otherwise it is difficult that in the situations of friction with one's own family members experienced by patients, they stabilise and continue to heal



themselves and resume their growth...Here all this has begun to be brought into focus by a group of psychoanalysts attentive to this problem. All of this, as I was saying before, correlated with important aspects: that is, the fact that this group is not entrusted to super-specialists, who come into the room with patients, take care of the group, then close and leave, or at the most tell what they have done. We do a few things together with the patients, their families and the workers. Then for half an hour after the group is over, we meet systematically for an hour and a half after each group with all the operators who participated. And the operators are very interested on the one hand in the dynamics and the things that come up in these groups; but on the other hand they are interested in realising what it means for them - because participating in these groups is very demanding. It was no accident that nobody did it at the beginning. It was only much later that I realised this, I didn't explain it to myself at first, that it was so difficult to approach. At the end of the first book, which I wrote together with Garcia Badaracco I also say this, that I was very puzzled by this fact. That is, it seemed to me that this type of work with groups allowed us to maintain that style of work that works in the psychoanalytic field, and to be able to maintain it with serious situations. And other operators could have been involved in this, I repeat both those trained, even with different therapeutic explanatory orientations; and operators with a lower level of training. The fact that all this could reverberate positively in the overall activity of the service, however ... occurred with great difficulty. In short, they were years of great commitment on my part, when I then became director of the department - again, a fortunate occasion, in 2010 I had 3 groups in Rome A, and then I began to propose introducing the group in the other Services: there were 11, including the SPDC at Sant'Andrea. In 10 of these 11, I proposed it and the operators replied that they were interested; indeed, in some of these Services, there were already some operators who had begun experiences of this type: I am referring to Alessandro Antonucci who had begun his experience in the Marsiliana therapeutic community, in Via Nomentana; there was Federico Russo who had begun groups in Via Palestro where he had moved to work. In short, there were already people moving inside and many operators approached it not knowing what it was ... But then when I was presented, when I started doing groups with them, people found it made sense: so in a few years we managed to do 10 out of 11 groups, we even managed to bring the group to the SPDC at S. Andrea. And that led to an experience that I think left a mark. And now a few years later, on the initiative of Antonio Maone, who works in Rome II, the community of Via Sabrata and began to get involved in all this, we put together a research on the work done that resulted in a kind of register of activities. It went on from 2016 to 2021, 5 years of observation of a homogeneous sample of 6 CSMs of the former RM A...then merged into Asl Roma 1. This work gave rise to a very interesting work: it is the account of this work, done recently at the congress of the

WAPR (for rehabilitation) in Perugia, where the presenter was very surprised that six groups in six CSMs were doing the same policy and she stresses very positively that this fact was the opposite of what usually happens. She says: Usually each head doctor does what he or she thinks is right and it is difficult to have a system at work in mental health departments. For those who worked in the services this was very clear. So here we managed to set up a Department that moved in this direction, much discussed but also much shared.

**Stefania.** (Sorry I'm asking you something technical Andrea, please make the image of your face better, I'm afraid you can only see part of your face). I can tell you that on the one hand you seem to have answered most of my questions. On the other... you have said many things to work on with great participation and interest... and here I will limit myself to a couple of observations. One in particular, which all the time accompanied my listening and thinking (then if possible I will also say the second and third) is this: I/you wonder what powerful attractor was there in the format, other than what you described, that allowed for such an exceptional thing, i.e. for parents to make themselves available for active participation? We all know how difficult this is to conceive. Yet what such an important and cohesive attractor was there in this therapeutic proposal? While it is more understandable that for the operators it had a great animation function, especially based on the experience that operators often have of families ... So one can easily understand the operators' enthusiasm. But much less understandable that the parents would make themselves available. The second thing I noticed when you brought in an element that is part of my training tradition - the Northfield experiment of Bion and Foulkes and the memory of the Bionian tradition of group study - is that I remembered a note written by Claudio Neri. It was an occasion in which he recalled the first 'founding' meeting for the birth of group research, which he, Corrao and a few others had held at the Institute of Psychiatry in Rome. I remember in passing about the origin of his interest in the group, an Interview with Francesco Corrao in which he stated that individual psychoanalysts are all healthy, but the institution is not, so I thought of turning to the group. So I was saying that Claudio Neri recalled that at their 'founding' meeting (of the Pollaiolo and Group Research Centres) they had had to choose between two opposing orientations. The terms had been as follows: if we think of the group as psychoanalysts we think of a type of work that brings several people together, for example the format of the small group for analytical purposes. Then we are presented with two possibilities: the family, the family schema. Or instead the group, the group/subject. Immediately at that time in that first meeting the choice was made. Not the family - and thus also Freud's model in which the idealised father is at the head of the group, thus the group leader, and the participants play the role of sons/brothers. The Freudian pattern of family functioning

within the group was not chosen. Rather, an analytic function group model was indicated in which the group can be conceived of as a single, multiple, but self-contained subject, over-determining its parts. In this sense certainly some important aspects of Freud's social studies tradition (Social Works) are displaced 50 years later by Bion's theory. He posits the holistic view of the group, not as a bond between siblings or with parents: the group as an over-determined unit becomes instead a subject that operates and develops its own processes and thinking, if it is seen as a field of shared elements. On the contrary, in your description you take it for granted, even though your account was so vivid as to give reason already for the answer, that the group arises above all from the approach to the other side, the family side. To start with the psychotic patient, to see him and his family, to bring these data together, can be done while maintaining a psychoanalytic summit. I wonder if these different origins of two such different group formats (much water has passed under the bridge after Freud, and after Bion) have anything to do with their different origins. One, that of the needs and consideration of the needs of territorial and institutional psychiatry, from the psychoanalytic summit. The other, that of the psychoanalytically oriented group, which originated in the sphere of social and cultural institutions and would only later extend to psychiatric ones. After all, as Hinshelwood's book highlighted a few years ago in *Bion's Sources* (Routledge, 2013), Bion's *Sources* (Borla, 2015), Northfield's experiment and the psychoanalytic interest in the group was born in a social context, that of the post-war period, dense with hope and change, in which the psychosomatic body and the social body would soon gain prominence and an important evolution. Although we will certainly not be able to exchange adequate ideas here today on which format and which context can best initiate the psychoanalytic process...nevertheless, I wanted to present you with the theme of these differences.

**Andrea.** Yes it is clear what you say. But I would emphasise the point that Badaracco, let alone me, never saw this way of working as alternative, absolutely, he always thought and believed a lot in psychoanalysis, he continued to feel like a psychoanalyst and therefore loved to consider individual treatment, the treatment of the family, very much. True, he is also tributary to relational work, to the work of Bateson. Although he says very clearly in the book that in order to understand the stories, to learn the emotional, affective contact with the patients' stories, one cannot do without the deepening capacity of psychoanalysis, of grasping the depth of the situation that only psychoanalysis can give. But he recognises an importance of Bateson's work, on the importance of crisis: Bateson's contribution to the conceptualisation of crisis as a moment of both illness and health. From Garcia Badaracco's point of view this is very important, then we come back to it later. But staying with what you were saying, he does not think at all that

the patient who comes with the family or who comes alone, is not appropriate to participate in a treatment for two or in a group of patients from the psychoanalytic point of view, so a small group. All this he sees very positively, indeed as a result of the work done in the multi-family psychoanalysis group. So this is good to keep in mind. He makes a very simple speech: any situation we take in psychotherapy, in the various forms of psychotherapy, are experimental situations. So one has to be aware of this. The Multi-Family Psychoanalysis Group in some ways is the place where we come closest to the way madness manifests itself in external reality. We try to think of a village meeting where families come together to deal with the relational problems present on the part of certain individuals and families. And he says: let us also add this possibility; we do not see this as an alternative. Absolutely not, it is not put as an alternative. I absolutely believe that seeing how to work in an alternative way to the more traditional forms of psychoanalytic psychotherapy...is not to be equated with what happens in this type of group, with what happens in any group, be it a group of homogeneous patients, families and others. In my opinion they are different things. And in the last few years, I have had the chance to get clearer ideas on this: for instance, by continuing to collaborate for a long time with Anna Nicolò and her group - so all the work on the theory of the bond and also the contributions that have come out extremely fruitful, on the work that can be done with individual patients and couples, taking the model of object relations theory as a model - I refer for instance to Paul Williams, to this book he wrote "Invasive Objects" - which encloses the possibility of moving, finally, with very different conceptualisations. Now the thing that Badaracco does and this is perhaps not so easy to accept...perhaps it is beginning to be understood today, 60 years after it began. It is beginning to be understood to the extent to which it has been thought of, and now appropriately re-evaluated: because in short, it is since 1985 that we have been talking about the trigenerational, about alienating identifications, about which he wrote this article on... "The object that drives one mad", which in short opens up an epistemology, transforms an object from an object of projection into an object that produces things, performs an active function, drives the other mad, has a transitive function...

**Stefania.** Here if I may stop to focus on this, it concerns the question that is perhaps closest to my heart. I thank you profoundly for having clarified that when we speak of a model we must not confuse it with others, that is, we cannot speak within something that may then have been seen by another model and be different there - this settles many questions and I thank you. But on this last point touched on by you I would like to draw attention and say that my impression is that yes the psychoanalysis of the Multifamily Groups sees a specific reality and has a format, a methodology and techniques and we have seen their function at the institution and at the operators and we have

seen it effectively because you have given a very clear and effective discourse. But in my opinion there is something underlying to be made explicit, which also concerns a type of social and health pathology emerging today, which frankly is not psychotic but which contains nuclei of concreteness, the one you mentioned. And so, I apologise if I interrupted you, I wanted to add this perspective. I ask you: does this perhaps also account for the reason for this format?

**Andrea.** Absolutely yes, I thank you. Of course this is true, look, it's not so easy, then real events complicate people's lives... In the last few years I was no longer director, only chief physician, there was this merger between departments, the chief physician of Roma E became director. It is clear that this interfered with what was happening both in the former RM A and in the former Rome E... but how can I say... we are... well, I'm trying to answer, maybe I took it from a distance, but to try to explain. The new ASL Roma 1 chose to deal with patients from 18 to 25 years of age and then lowered the age limit, merging with other departments for the treatment of childhood, the age of patients up to 14. Regarding this topic you speak of, in the ex-Roma A there are no experiences of multi-family groups for adolescent patients and their families at the moment; and the same in the ex-Roma E. I started this winter, or rather in the spring ... an experience in the ASL Roma 2 ... where a CSM and a children's service (TSRMEE) got together because they also have parents to take care of, that is, of patients from 14 to 25 years old, those who are first followed by the Tsrme and then are passed on, at 18, to the CSM. And so...they decided to do a multi-family group. There is the psychoanalyst Fausta Calvosa and the other operators who were very interested in trying to get help for a turbulent group and, as you say, more than the typical psychotic forms that we are used to historically, there are, with a right way of defining things, forms of concreteness, passages to the act, an enormous difficulty to stop and think, to reason, to be able to talk to each other. It is an extremely interesting experience, one of the fields in which we should be doing more today: this experience was born three months ago and is going ahead, we had proposed it in Rome 1. For the moment it is encountering difficulties in opening, I believe that this is absolutely the way to go because this type of group allows for an overall reformulation of all the work. The work of building a psychological place where problems, week after week, can be brought and shared, and by many families and patients, and by many operators even from different services. Then the way of working becomes more integrated and in some ways easier. When we were doing this group at St Andrew's Hospital, I'll give you an example, when there was an in-patient from one of the districts of the department I was directing at the time, I would invite the referring doctors of the DSM to participate in the group at the hospital while their patient was in hospital. This created a possibility of interchange first of all of a

diversified observation of the patient and family members in a very complicated period of life such as that of a crisis. But above all perhaps it allowed the possibility of confrontation between the operators of the territory and the operators of the hospital, and not to base the organisation of their relationship on the systematic disqualification of the intervention of the others: this was what happened ... When I went to work at San Giacomo in the 1990s I witnessed this fact ... that the patient, once admitted to the hospital, was changed, in principle, all the pharmacological therapy. The importance of the external referent was cancelled... But with what construct? because the patient would then be referred back to the external referent! then this was and is senseless. We cannot think of a department, like the one I was in charge of, of 11 services, where each one does an intervention on its own. If one does that, it leads to a situation that is a disaster. If each one does a part of an overall intervention, which then becomes the intervention of the department, how does that contribute? when a patient is in crisis, he goes to hospital, then he goes to a youth community, then he is taken care of in the outpatient youth service, then to the CSM ...: these four services cannot work separately ...! Then each service has to do a part, and can contribute that at least it is done properly. At least that people don't feel that they are left alone. This is dramatic. The four services mentioned must be part of one shared overall organisation, in which each develops its own specific part.

I was recently confronted with these writings by Davide Mencarelli. In short, he wrote a book... he was in the SPDC for a week: the only people he talked to were his comrades, and that is not possible. Paolo Milone, author of the book 'L'arte di legare le persone', I don't know if you've seen that book this psychiatrist from Genoa wrote, he described what he did for 30 years in the SPDC: pure psychiatry, without any connection with the stories, with the territory, only the symptoms...I found myself the other year with the head of the Bambin Gesù...I don't want to make any personal controversy, there is no need, but I don't know if you have seen, on RAI Play, this work made at the Bambin Gesù appeared...in Rome, the hospital of the southern paediatric area, of half of Italy from Rome downwards...I am talking about a film made with actors, on which a lot of money was spent. From this script, from this fiction came out, there was a debate, the children were also present, and the actors... It came out that they only felt supported among themselves. I tried to talk about it with the head of the adolescent psychiatric service, but it was not possible. But how is it possible that we have services where Mencarelli on the one hand, who is a writer, or those who make a fiction in another acute hospital, in this case adolescents, say that the only people they felt supported by were the other in-patients? This tells us that the institutions are not doing very well, maybe they should rethink a little about what they do. Then nobody teaches anything, everybody does what they want .... I think that going on like this is not going well, but then again, in some ways it is inevitable. I think that

if I hadn't had the curiosity to do the training and to rack my brains a bit, and also the lucky encounter with Garcia Badaracco, I would have inevitably found myself working as a psychiatrist in the morning and as a psychotherapist in the afternoon: within two cultures that perhaps met for a moment in the supervisory sessions... But of those supervisory sessions done by expert psychoanalysts... that remain isolated... how should I say, they don't adhere... the operators the next morning redo what they did the day before in fact! Unfortunately, I have seen, I too have participated for more than 20 years, it is not that I am saying something so by hearsay, I too have done it, it is very difficult. So do we want to come to terms with these difficulties, or not? That's all I'm saying.

**Stefania.** It's not necessarily very easy, now I'm thinking of a book I'd like to send you, in this circumstance we could review it, I'll show it to you, a book by Mellier, 'The Psychic Life of Teams', I edited the Italian edition. He has the model of the psychic wrappings and describes how the collisions of the various wrappings that contain the psychic life of the operators within the institution make this (life) very controversial, conflictive and at risk. More so now at risk, since regulations are rapidly changing and all the wealth of accumulated experience is in danger of being lost. He is writing from a very different point of view, but why am I quoting him to you, because again it occurs to me to ask: what powerful attractor makes parents become all amply active after decades of being abstemious, contumacious to requests? What powerful attractor makes practitioners communicate with each other so effectively and likely after, as Mellier describes them, they had been suffering from years of inability to communicate, or in conflict? and instead in the Multifamily Groups various institutional actors go and communicate with each other.

**Andrea.** The discourse, I think there is a lot to understand, I don't pretend absolutely... But it seems to me that what the group produces is very interesting from this point of view: it is the three rules, so called, and the three mechanisms that are somehow put in place. The three rules of operation are very simple: but they are not related to the type of culture of the relationship, because in the type of relationship that usually takes place in a psychotic situation, it is three rules that change the cards. To say that a person starts to talk, that is the first rule, and that anyone in such a group has the right to talk as long as they see fit. Obviously by participating regularly in the group everyone realises more or less how right he is to speak, because after a while it obviously becomes a problem, otherwise it becomes a monologue. So one can speak for 5 minutes, 10 minutes, then stop and give the floor to others: but you learn this by participating in the group. Then the second rule in which people are asked, whoever they are, "not to pretend to be

right", not to put themselves in the situation of pretending that what each one thinks is right and if the other says the opposite it is wrong... To accept that two different opinions can co-exist, and there is no need to counter-argue... Because in these groups what must be avoided is precisely this logic of saying one thing and starting a contradiction if another says the opposite. The third is to intervene by reserving one's intervention i.e. by raising one's hand, and naturally there is someone who takes up this order of requesting to intervene. These are the three rules, three rules that introduce changes with respect to the culture of how a psychotic family functions. In a psychotic family, there is no talking, no confrontation on content with different opinions. It is not that someone, for example a parent can say: how did it go? They see the football match together and say, he and the child: I liked this player more, the other one played less well: but they have an idea of having seen something together. No, I mean they have a reading of the idea that life is one way and not the other way round. That is, here I use a relational terminology to be quicker, but the exchanges on messages - messages are of two types, messages of content or of relation: with messages of content we express opinions, we confront each other on something, for example a game that we may have shared in an experience; with messages of relation we express what I think, what I actually think of you, and therefore my conception of life is in one way, yours the opposite, I think I am right. Then generally in psychotic families the first messages disappear: people no longer speak, they only confront each other to prove themselves right and to prove to the other that they are not worth anything. And according to this hypothesis that Garcia Badaracco makes, these are the bonds that are formed and turn into pathological and pathogenic interdependencies: what the parent does to the child initially, the child returns with interest later, i.e. he learns to behave in exactly the same way. So much so that we used to observe patients bullying their parents. And so actually these three very simple rules, similar to those of an assembly let's say, actually introduce huge changes, because if people manage to follow them already it is very different. If they don't pretend to intervene: no because he said that; it is absolutely urgent that I say that - but he is empathetic, can he have the patience to how should I put it? to watch the other person say, and the person before him in the list say other things - then two things happen. One, that the group gradually begins to function with an enlarged mind, as Garcia Badaracco says: that is, that the things that each person says, the contents of the interventions of each one do not enter into opposition but are arranged as if to construct a single overall thought - which is an observation that is really not Garcia Badaracco's, it was already present in those who deal with groups. That is, another type of logic is introduced within the group, and this in two words is the concept of mind ampliada. In addition, there is another thing that is very important in my opinion, and that is that in the period from the moment when the urgency to intervene emerges, when



one raises one's hand because the thing said by that person arouses the need to intervene and to have one's say, there are other interventions. When these interventions are said by other people, the thing a person initially had in mind gets mixed up with the things said. That is, conceptualisations as it were become associated, the functioning of the mind is no longer predominantly rational but also by free associations. The two principles, let us say of the functioning of the mind, secondary and primary, are both present. I believe this is an absolutely fundamental point. Then this is my opinion because there is much discussion on this, so I tell you what I think. I think that in those moments there is a possibility, perhaps due to the fact that some people have talked about things that have come to their mind through dreams or thinking back to times when they were in groups - that it starts a way of functioning of the mind that people are absolutely not used to, neither family members nor patients. This is very important because trauma actually does not only affect the patients, but the patients and also the parents involved. In relation to the parent very often, let's say, there are 2 orders of events. There is of course the possibility that the patient has also experienced trauma or has not grieved, I am not saying that this does not occur. I am saying that this also occurs in parents. In addition, the parent may in turn have had a parent of their own, the patient's grandparent, who gave them a similar experience.

I am seeing a family, I will speak about this clinical case in the next psychoanalytic conference, in which the mother of a 19 year old patient who had a first psychotic crisis, coming to the group recalls that when she was seven years old her own mother, the patient's maternal grandmother, stopped doing anything inside the house; she had a job outside which she continued to do, but inside the house she was a disaster. And she says that she was most likely depressed, that her father did nothing, that she had an older sister and a younger sister and that she started doing what her mother did. She reports that she previously felt unobserved, "I did not feel taken into consideration". This came from a situation that had been structured in this way: she had continued to be the manager of her parents' home, and had started a family but continued to maintain this role in her family of origin. When her son is sick she realises this for the first time in her life. Eh! How can I say, it opens up very interesting elements of reflection from this point of view.

Another person, this is a material I presented, concerns a woman who suddenly tells in a group, a very crowded group held in a suburban area of Rome very full of problems, in short a situation that is anything but simple, of work - this one told of how it had happened to her in life that her father died on the day she had given birth to her child. And she recounts in this group, for the first time to herself, that: "my daughter when she was little, I used to do everything, then my daughter would ask mum what's wrong? Now I understand why my daughter used to ask mum what have I got. Because for me, now, in two words, there had been this overlap... and I had been caught

up in this whole thing'. This person rediscovered it 30 years later, she had never talked about it with this daughter. We then open the tri-generational discourse, of what happens over 3 generations, on why a parent for example experiences separation from their child with difficulty, we have always said that the child experiences difficulty, the symbiotic child, no? That he fears separation from the parent. But then also the parent: Garcia Badaracco talks about the parent's difficulty in separating from the child.

**Stefania.** (after a momentary screen and audio breakdown). Of course it's true, we took a long time... But let's continue because these last things you were saying...forgive my insistence...in the final phase of our conversation you said very salient things about the setting, the work and the reality of this work. I am very grateful to you for this great clarity.

**Andrea.** And also of why these parents if you can get them to participate authentically in the group they are transformed. There are prodigious transformations because they discover how their life was going and they realise that for all that has happened they are not observers, they are actors in the situation. So much so that I, in collaboration with many others, have written two other books, one Multifamily psychoanalysis as "Esperanto", and the last one From object of intervention to subject of one's own transformation: because I try to describe this, that the group makes it possible for those who participate in it to reach a position that one experiences if one does a personal analysis - since if one does a personal analysis one is called upon to commit oneself and develop one's reflective capacities from all points of view, as we know well. The group can introduce this opportunity. Then there are those who approach it, those who turn away, those who come when they can, there are those who can't make it, there are operators who are passionate about it, but there are those who can't set foot in it and who if they come once don't come again otherwise they have to rethink their lives. It's not simple, I'm not saying it's simple at all because you're touching central elements, let's say.

The three mechanisms are: metaphorical mirroring (1), because in the group you can see what happens in another family and the setting of this type of group is the only one in which this happens. That is, in psychosis it is not that one loses the capacity to represent the situation in which one lives, but one no longer uses it because ... thought is 'concrete', no? You were rightly speaking earlier of situations with examples of concretisation, rather than truly psychotic. Then to see that in another situation things happen that are different, but resemble and allow one to represent the situation in which one lives (2), this is fundamental. As is the presence of so-called multiple transference (3). Because many times the representatives of these families cannot talk, for example a father with his own son: but suddenly he realises

that he can talk to another son. Or vice versa. Then what happens is that everyone says: it's not that I am no longer able to speak with my son, or with my father; or with someone like my father I am able to do it, but not with him. It is a very powerful mechanism, about what you were saying about powerful attractors, maybe it is these. This makes one very curious, this allows people to rethink the situations they have been in and to start a long process of reconsidering and re-elaborating suffering: I am not saying that these are easy steps, but to start having a great curiosity to understand.

**Stefania.** Look now perhaps I am exaggerating in complimenting you, because I am comparing you to Bion! Grodstein used to say of Bion his extraordinary ability to instantaneously arouse the analytical situation. Then what I called a powerful attractor would be what you then condensed by indicating the three rules of the, let us say, material setting. It is as if to say that arousing the analytic situation in the group does not seem to me as immediate as perhaps it can be when one is as good at it as Bion in the dual situation. In the group situation Bion himself tells us that slow situation had been the construction of instantly arousing the analytic situation. Now excuse me for comparing you to Bion, but I am grateful to you for having described so communicatively what are the elements of what I have called the powerful attractor. Then finally I ask you Andrea if in this Interview in which I believe we have you, I have really exploited you and I thank you for your generosity, I ask you if you have any observation, question, answer anything to add, after having given so much to answer my questions.

**Andrea.** Eh, not to be compared to exceptional thinkers! I am an average operator, I don't think I have done extraordinary things. Instead, I think the group has remarkable capabilities. That I think is the point. Garcia Badaracco had them, Bion let alone...these are geniuses in my opinion. The group can allow average operators with a background and curiosity, of course it takes a bit...to set in motion powerful mechanisms, which can be of great help. I believe this a lot, following these rules, observing how these powerful mechanisms constitute, how should I say, interfere in the kind of atmosphere people find themselves in. I believe this can be of great help, in services that systematically deal with serious patients, by correlating this intervention with everything else that is done, the other interventions that are done in the services: pharmacological intervention, rehabilitation and psychotherapeutic intervention in its traditional way, in short the traditional interventions. Because the group as I was saying before should be seen as a stimulator, a means through which to reach the possibility of using the classic therapeutic tools.

**Stefania.** Thank you also for that. Really thank you. I really think I was a bit petulant with my many questions. But thank you because your answers are clear, and also because they are very nourishing, and encouraging to think about the interest of the group, the importance of the group. Now in this edition that I am dealing with with the interviews, which sees the joint activity of the two journals that historically, the *Funzione Gamma*, and that of Argo, *Gruppo: Omogeneità e differenze* (Group: Homogeneity and Differences), have been interested in group research, we are trying to make a historical account of group research - so think how important this Interview of ours is! we may be out of time... but I think it has great importance. Here I for example have in therapy or analysis, various practitioners in the field of psychology or psychotherapy: and there is not one among them who does not have either a passion or a practice or just a frequentation of a multi-family group! This is quite surprising, because the expansion of this kind of experience is recent but very rapid. That's why I asked myself so many questions and asked you so many. Thank you very much, on my part and also on behalf of the editorial staff of the Review, *Gruppo: Omogeneità e differenze* 'Group: Homogeneities and Differences'.

**Andrea.** Thank you.

**Stefania.** I hope to do a good job graphically so that the Interview is usable for all Readers. Goodbye.

**Andrea.** Certainly. Goodbye.

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

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