

Transit from individual to group: network thinking in the foundation of a limited time group of therapy in a Public Service

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Abstract

The article intends to suggest a reflection about the process of the formation of a limited time group of therapy in a mental health care center located in Rome, Asl Roma 2. The aim is to focus on the delicate process of transition from individual to group therapy in a Public Institution, which involves several implications.

We will try, in this regard, to point out its advantages and some critical issues related to the care service background. We will explore the functioning of the patients in group therapy and then among the staff. We will consider the difficulties arising, and the opportunities the transition from individual to group care will give.

Key words: Institution, Group, Foundation, Transition, Representation

Founding a group therapy: Institutional aspects

Before we start dealing with the clinical aspect of “group therapy” we recognize it’s important to consider its specific institutional background: a Mental Health Center (CSM, ASL Roma 2, ex Asl Roma B). This asset have an influence on the development of the group and in the work practices of the staff, through its history, its culture, its structure and its representations.

Over recent years, the group setting has been efficiently integrated in the culture of the equipe, through a process that focused on the transformation of some parameters in order to enrich the service and allow us to talk about the “Institutional setting” of group therapy. Some changes related to the way of leading it, have occurred thanks to the employment of a number of multidisciplinary trained staff, gathered in small groups for rehabilitation, or in extended multifamily and psychoeducational groups. The resources offered, along with experiences gained from years of working in the sector, allowed some operators to activate working experiences among variegated groups. The variety of these groups became the most valuable resource of the service, proficient to answer specifically to both patients’ and institutional needs.

Another point concerns the proposal of setting a limited time for the group therapy, in an Institutional surrounding that, very often, provides interminable services or, leads to intermitted attendance of patients over the years, losing efficacy and quality of treatments. This proposal offers, in this sense, new challenges regarding the reorganization of the National Italian Mental Health Service, with the aim to answer growing requests in contradiction with the lack of staff and economic resources.

«The execution of time-limited group psychotherapies is to consider, under this perspective, a real new possibility to work simultaneously on different target : individual, communal and institutional level.» (Costantini, 2000). In addition, it opens the opportunity to structure the care’s process, by using a definite time and a

very much focused treatments approach, thus it will easily integrate with other therapeutic moments of (psychiatric, rehabilitation, multi-familiar groups, social reintegration etc...). This process will make us think about the different treatments in a synergic way, and it will consent to monitor the patients' improvements. It will allow to control the expenses in order to safeguard both the patient and the quality of service, which will be capable to evaluate step by step, the care process' outcomes, and to well balance the resources while monitoring the progress and better the efficacy and results of treatments.

However the situation doesn't prospect only positive aspects. If group in this Mental Health Center has been perfectly integrated, we have to consider also the dynamics and other critical issues that may occur inside of the same. We need to explicit and inquire it, to do a better work. It seems that the request and the mandate that has turned to group treatments, is to resolve the problem of a large and growing request of care to the service, in a moment characterized instead, by a lack of resources and national and regional directives that reduce the period of standard treatments for patients. This attitude can create frustrations among the staff.

Furthermore, the health service staff anxiously lives the possibility to be frequently moved in other structures of the same Institution, to have its working hours reduced, to be short in staff, or be subjected to leadership changes. This condition can increase the risk to burnout or it can lead to a work overload due to the number of patients' increase. In addition, over the last months, is been established an unification between different territorial services (Asl Roma B and Asl Roma C are unifying in Asl Roma 2): a change that hasn't been yet metabolized and well defined.

All these matters came along in the form of quick passages from a therapist to another, in terms of representations and climate to the patients, or through a group therapists, causing difficulties in the process of mentalization and comprehension of the motivating factors for group therapy. This can cause dropout or some difficulty to assure patients' constant participation to group treatment.

We focus on some elements that may hinder the transit from the individual to group treatment in this Public Service. Some aspects are linked to organizational needs, and they concern the pressure of a high number of requests to the Service for care occurring in the risk of saturation related to the lack of time. Other aspects may concern the way of managing the relationship between the therapists and the patients, mainly in terms of the countertransfert that occurs during the dispatch of patients to group therapy. Finally, we must consider other complications related to the residual anxieties that can arise from the group for both the therapists and the patients.

Concerning this last point, in some cases, the group is perceived through ambivalent emotions, that swing from an idealize acceptance, to the feeling of being refused from the previous therapist (psychiatrist or psychotherapist) whose took care of the individual treatment. In this regard, the transition from a dual setting to a group one, will probably reactivate fears, ambivalent past experiences and the re-proposal of internal events. Sometimes, the express willing to take part in the group, although already explored, seems closer to the will of pleasing the colleague that sent the individual to therapy and it subtends levels of hanger and delusion that necessitating

to be explored before starting. On the other hand, a categorical refusal to start the group therapy, can hide instead issues that may result important for the group's motivation, if this can be explored together with the patient. Sometimes the manifested will to participate to the group therapy, if it's explored, seems closer to the complaisance toward colleague that send him to the group, and also included anger and delusion for being "abandoned" or rejected, feelings that it's important to explore before starting the group therapy. Vice versa we must be careful to a categoric initial reject of group treatment that, in some cases, if deepened, can hide important motivations under initial fears or shames to the group work.

In other situations the group can be idealized (both from patients and therapists) as an instrument capable to harbor all, a salvific third that set in the relationship, but in the moment of unavoidable disillusion it can instead turn into something destructive and dangerous for the Self.

«In the different phases of the therapeutic process, the fantasmatic elements can interact whit the dynamic of the relation and they can create particular configurations. The patient that contact a service can often perceive the therapist as a part of a reassuring Institution that is expected to provide all answers, thus causing a lack of responsibility in the patient, more than in a private context consultation ... The patient can perceive the treatment as a good motherly institution's benevolent offering; the patient , thus, restrains the expression of contrasting feelings relating to the impossibility of choosing therapist or kind of psychotherapy». (Bolelli, 2001)

We will try to point out, what has not yet been elaborated from the clinic staff, regarding the anxieties that may be activated from the participation to a therapy group with standard *setting*. The ambivalence and anxiety that occurs during the selection and passages of patients in what part it belongs to the team, as insufficient thinking out the ambiguity towards group psychotherapy? Which are the most appropriate places and times to reasoning about these anxieties? Considering, in some cases, free to choice the individual or group treatment, isn't that ambiguous, when one-sided and not shared within a process together examined with the therapist?

A central and important moment – and for this reason we will focus on this phase - it seems to be the preparation work before the entrance in group and the effective beginning of the group. Phase in which it is possible to explain and work on the representations that are activated even before the real group takes place, and the specific way in which they are developed and lived by the patients.

Next to this preparatory work with the patient, it is also essential to find a time even among colleagues to analyze together the passages and the representations that circulate among the clinical staff, exploring all the institutional aspects, which influence the therapeutic relationship. This time of preparation and analysis becomes a precondition for the structuring of a working alliance with the patient, and it's a fundamental prerequisite for a truly integrated and multiprofessional work.

This ensures that it possible to constitute a time for thinking, within an Institution often characterized by the tendency to action, with the staff often trapped in an urgency climate. Time are often saturated, and there's no time (in some cases) to stop

and elaborating together. The Clinic' staff seems identified with the mandate to harbor the great number of requests to the Service.

Concerning the described experience of this group therapy, the authors, starting from these reasoning, tried to create a therapeutic and mental frame that could explicit some of these dynamics with the aim to work on it. The Psychotherapist attempt to elaborate these process and critical issues in the psychological consultation period and during the preparatory individual sessions before starting the group therapy, as well as in the staff meetings on cases and supervisions with colleagues. Working on sendings of patients, on motivations, on resistances, and reasoning about the importance that a group can have for each one, concerning his history, his request, his defenses, and feelings is a first important moment. Another step is motivating also the reasoning for the passage to group therapy, and working on the demand for analysis (of the patients and of the colleagues) : this becomes a structuring part of the entire process, throughout the following therapy work, that we will do in the proper group therapy sessions.

«To create an appropriate space for a psychotherapeutic work in the public service, necessarily requires the possibility of building and maintaining a setting: the need for a space with clear borders, for sending therapist and for the patient, a period of consultation before, explaining the usefulness, and psychotherapy treatment where indicated, then. The precariousness and instability of the spaces, the eruption of institutional elements within the setting, all of this elements require a reference even stronger to the therapist's internal setting , preserving a moving mental attitude, capable of oscillating between observation and feelings, tuning with other persons and feel contrasting emotions, seizing various possible meanings of the words and non-verbal interactive exchanges. » (Capani, 2013)

Transit from individual to group. Thinking about the selection phase

«The essence of group psychotherapy is in the encounter of a group of persons, in what, over time, will be originated from this in different ways in its participants, including conductor. This meeting took place before, inside the mind of the psychotherapist (and of his colleagues) - as a pre-conception; then it will decline in moments of intense work that will lead to the real encounter». (Vasta, Girelli, 2013).

This group, before being activated, started to been thinking within the service thanks to a network of colleagues who worked to make it possible. Specifically, it is a group founded, following the proposal of a Director Psychologist of a Mental Health Center of the ASL Roma 2, group activities coordinator, who takes care of the evaluation and management of the various patients afferent to a group psychotherapy demand, redirecting them to the more indicated group for the specific requirements.

Furthermore, he is also the internship supervisor tutor of the co-author's training, of more than three years, that she is doing inside the Mental Health Center.

During the confrontation and supervision of individual cases, the idea of a group foundation was born, reasoning together about some similar dynamics and themes that some patients showed (many of them were divorced or came from dysfunctional

or maltreating relationships, anxiety symptoms and / or depression, relationship difficulties and tendency to closure and isolating, some difficulties in working contexts, somatization or direct and indirect experiences of disease, but also different resources and capacity of self/government and appropriateness in their situation of life etc ...). Compared to this original nucleus of patients, we proceeded to the selection of the other ones compatible with the objectives and typology of the specific group we want to founded. The selection phase and the preparation of the patients before the start of the group was a very challenging and delicate period. Together with the psychiatrist colleagues we decided, after different individual psychological evaluations, to select 8 of them (four men and four women aged 38 to 60 years). Another patient was added in 2016 January. In particular the group is a time limited group of two years, groupanalytic oriented conduction (one psychotherapist only), with session of an hour and a half. The aim is to allow patients to live shared emotional experience that consent them to increase the capacity of mentalizing and to use the work centered on the present moment, to bring to light the repetition of dysfunctional relational models, some of their conflicting nodes or blocks and make them aware and less strict thanks to interpersonal work. Near to anxious and depressive symptoms another difficulty which unites these patients, is a lack of trust in human relations to which a relational closure is the consequence.

One of the aims is, in this sense, to create hope in relationship, giving the possibility of sharing in a protected group situation, something intimate. The group allow to put on evidence the relational patterns that each one repeats and reactivates, and allow them to open to different perspectives and possibilities of changing in a more satisfying and adaptive way, according to their age, (the average age is 40-45 years old), in which there are a lot of possibility to better and improve relationships, in terms of satisfaction. Another goal is (obviously) the relief of symptoms and / or the change in character disorders.

We will describe the composition of group. With two patients, S. and A.,(40 years old women) we work to prepare them for the transition from an individual therapeutic relationship during approximately one year toward a subsequent maturation of a group therapy motivation. Other patients have been selected directly for the group therapy and a period of individual preparation in an individual setting was structured with them, explicating that individual sessions were preliminary and oriented to the next group work of therapy. In this period we work to analyze the demand for group therapy and to explore all fantasies, expectations and possible problems that might later come up. We have to make a separate discussion concerning three of the patients. They attempt an individual treatment with a psychotherapy of the service that, for institutional reasons, it was very quickly moved to another structure, working with them, before moving, to rise motivation for group and exploring together with them, the possibility to transit to a group therapy. In a last situation a patient has been sent by a colleague from another territorial district in January and she enter in group after three months from the beginning of the same.

This different conditions gives a first idea of the complexity and of the initial difficulties we have in the foundation. Representations and fantasies have been

explored, as possible as we can, they were analyzed and recorded, making them more conscious, as far as possible in the short time of the preparation, and in the longer time of the group therapy, trying to make possible a narration and confronting with ancient pattern or with fears, rather than acting later.

Concerning the different fantasies we can put on evidence, in the cases that were followed individual therapy before joining the group, a strong fear of losing a relationship of exclusive, dual and idealized attentions. The group for them could be an important step to be helped to externalize and thinking differently about the possibility to open up to an emotional life with others, after the experiences of separations and divorce, and the consequent self closure. We explored together the defenses and resistances, the fears, the worries of confronting with the males to which whom they had negative experience, fear of repetitions the difficulties they lived in past group situations etc ... The group, in the imagination, also seemed to be a threat for the Self: there is fear to disperse, to being judged or attacked, or having no longer their own space, finally to repeating unfair situations like work or family experiences already lived in the past.

A. tells his own family memories, she remembers of suffering a lack of proper care. The mother attended her disabled brother, so she was secondary and had to do everything on her own. After the death of an aunt due to a cancer, three cousins moved in their home, living with her family. At this point the mother was really charged and tired and had no time for taking care of her. This first connection with some family experiences, gives the opportunity to work on the fears that the group causes, like the fear that therapist is not able to give attentions to her, but only to the brothers. Moreover group is also an opportunity to do something different from the original experience, something reparative, legitimating to be in relationship with the others in a different way. In an emblematic way A., during the preparatory period of transit from individual therapy to the group, was "preparing" herself, doing little experiences of group contexts in his life and being able to process and to reasoning together about the effects and experiences.

She takes part in a meditation group, he had previously criticized, and this experience allowed her to talk about the positive and negative feelings she felt: anxiety, aversion or curiosity. These lateral experiences and the patterns arising thanks to the encounter with the other - which, in her living and working experience seemed inevitably persecutory and dangerous – allows us to better use the preparation and analytical work, fears and resistances, compared to the imminent group therapy, being more aware and conscious of difficulties but also of the opportunities that, within a protected environment, confronting in a group can represent to her. The group in fact, allows her, even in the preparation phase, an important movement of opening in its social relationship. Themes that will be explored and deepened with the real start of the group.

The group sessions, also in S. experience, allows her to open new points of view, that in individual therapy remained hidden. Comparing with group, she can recover her story of youngest son of a family with seven brother, including one disabled person. It becomes possible to tell the vexations endured by male brothers and instead the

alliance with sisters, all unfortunately affected, just like her, by a cancer. It is possible for her to recontact in group those emotions and make them visible, touchable, with tears or moments of laughing in groups, accessing a different level, deeper and with more resonance, compared to the individual setting. In addition, she regained the possibility to access to sexual contents that the meeting with other men in the group allows, giving voice to the fears of "being touched", after breast cancer and mastectomy operation : in group she start again to consider herself as a woman not only as a mother.

Concerning the three patients sent to the group by the colleague before being transferred, these cases were definitely more delicate and complex than the other, because of the transit invested by lot of ambivalences. They lived this passage as an imposition, feeling "abandoned", and angry, although the apparent enthusiasm for the group. We had to spent time to consider together resistances, in part due to this situational situation, in particular manifested in nonverbal behavior, anger, shifts, absences, already in the preparatory sessions.

This work was useful to explain, the ambivalence and anger of being "transferred" and reassigned (R. talks about the mother, hospitalized in a geriatric clinic, moved to another clinic with other rules and therapists, treated as a "voiceless object", and he feels angry and sad for her). We need to work to elaborate the loss of the therapist and a male figure, important for him. The transition from one setting to another was really difficult for him, despite the effort we did to preserve a sense of continuity of the treatment.

The institutional passages and transfers themes characterized also the case of S., a patient sent by another service, that starts participating to group therapy in January 2016. Even in this case, we found a similar experience of feeling abandoned, after a period of consultation with the colleague of the other service. The individual sessions with her were centered on the experience of feeling abandoned and without possibility of choice in her life. This passages activated an immediate transfert for her, in which she repeat other situations of her life, characterized by a sensation of been abandoned, the repetition of a relationship with a man, with whom she is compliant and passive, that seduce her and then leaves her, feel at the mercy of the other's choice (the indication to group therapy was made from a male psychotherapist that she idealized and she accept this decision in a passively).

The work of preparation before the start of the group needs to elaborating the personal and specific valency that group can represent for each participant, related to the individual history, on several levels. We must to be careful of too positive and apparently motivated requests to group, that can hide complaisance and anger. At the same time under and apparent categorical reject of the proposal of group therapy, we can find, if we give the possibility of a time to elaborating fears, important and precious motivations.

Another frequent representation of the group is the illusion that group will save and solve problems without efforts, magically, as a *deus ex machina*. In these cases it is useful to give back to the patient the common responsibility of therapy process, and to build with him a more active role, in taking care of himself.

T. (a 38 years old Japanese woman), expresses her will to participating to a group after different failed therapies she left after few sessions (individual psychotherapy, couples therapy, private and public treatments). She prefers to participate to a group to have the possibility of feeling less involved and constricted to talk, but at the same time having the chance to compare with similar situations and receiving benefits from others and their experiences.

These motivations were examined together, in a process of progressive awareness of what group therapy involves, in terms of intensive work. We analyze the aspects of idealization (in the case of the group as an invested object with saving expectations) and we try to build a more active position in her care process, and the awareness of a shared responsibility in her care, and in her participation to the group. «The work on the expectations, motivations and performances thus becomes a crucial first step that drives the therapeutic relationship for all subsequent stages. It's not about the expectations placed on service and on care, but it's about the regulations of them in order to use the possibility of evolution that they contain» (Kohut, 1976, Mitchell, 1993).

All these themes, explored before the start of the group, have been further developed in the early stages of the group therapy. In the first sessions there were a lot of fears, resistances, ambivalences, discontinuity in the participation. We need a certain period of time to gradually and slowly reach a progressive ability to trusting with each others, and to activating circularity in communications. During one of the first sessions G. talk about a mountain hike, he recently did with his "mountain group" (group that G. started to frequent in conjunction with the beginning of group therapy). When it passed tollbooth on highway, while he was reaching the others, the bar was already opened and he did not know whether to take or not the ticket ... he did not know whether to go or not... he remained with this doubt during all the trip, worried if he would later receive a fine...

P. asks him if he spent the whole trip thinking about the bar remained opened or closed after him. Then, in the same session, he talks about his fear to fly. The moment that causes him anxiety and worries is the take-off : there is an instant of suspension, and there are a lot of physical sensations that trouble him. You feel fear, there's no more ground to touch, and it seems to die.

Then some minutes of embarrassed silence.

The first phases of the group therapy was characterized by difficulties and fatigue, frequent delays, absences, complaints about the day or the timetable of the group ... there was some effort to take off ... The images which came out was, on one side of confidence and positivity about the group, but at the same time, other hide a certain latent menace.

G. tells about the pleasure of participating to the mountain group, he appreciates to share with the others, to discover new places together, the sensation of feeling helped if you lose, something that you couldn't experienced alone. He tells about the moments, at the end of each hike, in which all together live a moment of sharing and

refreshment, where everyone brings something: sweets, snacks or soft drinks, and the can eat, all together with joy.

Since the first sessions he often said that the group is very good for him, and it is easier than individual therapy.

Next to this conscious aspect about the group, included idealization, sense of well being and support, other ones more unconsciously are compresent. Ambivalence is expressed through acting: G. misses a group session because too caught up in the mountains group, in another situation he forgot the dates of two session of group therapy making them coinciding with work (he establishes himself his working hours). Even other participants to the group express the same ambivalence, with different associations, like those regarding dangerousness pictures connected to the attacks that took place in Paris in November 2015, or other representations that recall the work of prison guard of one member of the group .

During the following months, the matrix of group has been consolidating, near to the increase of the possibility to feeling more involved, to sharing pieces of stories that evoke resonances in the others, similar but different: it becomes possible to make a narration, identify each other with similar aspect.

Actually (7 months after the start of the group) this process of elaboration and consolidation of the group matrix is still in progress, as well as the mentalizing process that the group is activating slowly in each of the participants.

The goal is the possibility to transforming the encounter with the other from a threatening and traumatic experience (as manifested in the early stages of the group, in which there were many images of violence and danger) in resource and opportunity overcome the past, thanks to what the encounter with the "other" allows. The group, in this sense, opens up a new opportunity to provide the patient new interior restorative and reparative experiences compared to early frustrations, traumas, stories of abandonment and violence experienced in the internalized relationships.

Conclusions

In this work we wanted to highlight that, as well as for patients, even for the Clinical Staff it's important a time for thinking and Analyzing. The construction of a therapy group needs a network work and even in the staff a time dedicated to group work.

It's essential - especially in a Service in which everyone is over stimulated by the charge of a very high number of requests and work, with the risk of a constant saturation- to dedicate a time to analyze and think about what is happening, with frequent staff meetings and discussions between colleagues: this is necessary, but also a responsibility for all to preserve care process. Only with these attentions we can think to really work in an integrated and multi-professional perspective. This is also true even for therapists: care passes through an encounter with the "other" and together with the other, with all the opportunities and ambivalences that this implies. (Di Leone, 2004, 2013). But also with the resources that only the encounter with the other and the group work can gives.

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