

The institutional container in severe pathologies

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Abstract

This paper analyzes the problematic interlacement in Psychiatric Therapeutic Communities between the process of subjectivation, which is singular, and the intersubjective dimension of psychic sufferings, which is plural. Two tools are indicated to support the clinical function of Psychiatric Communities: Psychoanalytic Group Seminar and Container function carried out by the leader.

Key words: psychiatric communities institutions, subjectivation process, intersubjectivity, psychoanalytic therapeutic group, container, leader function

Institutional treatment constitutes a place where the uniqueness of the subject and the intersubjective character of psychic pain – the difficult coexistence of uniqueness and plurality within the same individual, that challenge of otherness capable of letting a relational tension survive – meet. *A plural singular* (2008) says the title of one of the last books by René Kaës, a psychoanalyst expert in institutional group dynamics. Kaës refers to the plural unconscious foundation that intrinsically constitutes the subject, which stems from the terrain of narcissistic contracts that need to guarantee the survival of the individual and the group he/she belongs to.

We are emerging from years in which this awareness of a plural singular seemed to have become blurred, evanescent, leaving room to a seamless coincidence between uniqueness and plurality, represented by dull, stereotyped, sterile adaptive behaviors. In the social culture at large, the mechanisms carrying an absolute quality, without any ambivalence or ambiguity seem to have dominated in a mirroring manner. Those are the mechanisms that the psychotic uses to deny the otherness, to put in place an idealization of the outcome of his thinking and to construct his too coherent delusional belief. The shadow of absolute certainties is casted on mental health institutions also and risks to mix the required parameters of outcome assessment and the device that organizes its functioning.

A need for clarity and certainties belongs to the best Enlightenment culture that seeks for the ways in which living organisms function, identifying the laws that govern the natural processes which allow for their development. In a beautiful book, *Elogio dell'illuminismo* [Praise of Enlightenment], the philosopher Elio Franzini (2010) renews the deep meaning of the Enlightenment thinking, focused on the observation and sensitive description of human phenomena and interested in a quest for and

individuation of stable functioning principles.¹ Neurophysiological research is moving in the direction of studying the ways by which relationships and links between the subject and the environment are established, trying to identify laws corresponding with the necessary metabolic and evolutionary movement connected with the functioning of living beings that Darwin inaugurated.

Mental health institutions could be places where this interchange occurs; a vital interchange for the functioning of the subjects, a place of breathing between inhalation and exhalation, something – Winnicott said – that nobody can do instead of another person, since physical and mental birth: the infant feels he is breathing, he is not breathed by another person. Therefore, mental health institutions could also be a place of research on psychic functioning and on the quality of the response to be given to its pain, in a vital and fruitful interaction.

The opposition between one and many, trauma and rehabilitation, delusional construction and reality testing, rather than observational starting points might risk to become objectivized interpretative patterns that encumber the caregivers' minds and do not facilitate the treatment of the patients. The structural interweaving between subject and object is the fabric to be disentangled and woven, starting with what clinical evidence and empirical research have found: the inchoate yet inherent competence of the infant's ego to organize his psychic world² (Bordi, 1980) and the importance of the quality of the caregiver's response to allow for developments and to overcome the obstacles, the ability to "look for, accept and recognize always the other in one's own separate identity" (Di Chiara, 1985, p. 459). Giuseppe Di Chiara (1985) described well this psychic dimension that is necessary in analysis and in the relationships characterized by strong intimacy and contiguity.

Any schematic reductionism clashes against the complexity required by the awareness of the subject's need to construct himself in a relational context, so as to enjoy the pleasure of the objects of the world. Racamier (1980) says that, as we know, the more the schizophrenic fights the real with axe and laser blows, the more he fights for the real, the object, the thought and the ego.

Two currents, both in clinical experience and theoretical thinking, have been growing in the last years, and mental health institutions need to keep them in mind.

¹ "The qualitative dialectic between naturalness, civilization and barbarism is, as we have seen, a frequent play between the Enlightenment philosophers, who interpret civilization as an achievement of the reason which follows nature and grasps its variety and richness, but seeing that it will not degenerate into barbarism. (...), being aware about the limits of the reason, to go searching for those mediations capable of making often still-obscure laws understandable – the laws that guide the man's behaviors as a social and natural animal in the quest for nature's laws." (Franzini, 2010, pp. 40, 44).

² "Since birth, there is an organization and a psychological equipment – that is, what we call ego in psychoanalysis – capable of functioning with remarkably complex performances. (...) From the third week the baby has a high capacity to imitate the mimic expressions that his mother does, just to play with the child and by putting in place her known actions of marking with the intention of being imitated. With these performances the baby shows that he has perceptive patterns and motor models of parts of his own face that are elaborated enough to allow him, without any learning, to identify those parts with the matching parts of his mother's face. (...) This development is the result, not only of developmental organizations present in the infant, but also of a constant work of the couple, made of continual and mutual adjustments. In other words, there is no development that is just based on a sheer, benevolent or painstaking maternal watch over the instrument board controlling the mechanisms." (Bordi, 1980, pp. 169, 171, 177)

One concerns the subjectivization process by which the psychotic tries to create himself, sometimes bordering a delusion of self-generation, but always trying to reorganize the experiences of the world according to his own uniqueness. Being unique, not in terms of excellence, but in order not to be overwhelmed by a mold he is forced to accept and being reproduced by, so that he can feel he is able to make sense, at least through his own breathing that lets him contact the other than himself. Not much attention has been paid to this clinical and theoretical thinking current because of the theories of trauma that, by shifting the focus on adverse environment, have turned the attention away from the need of the subject to develop strength and make sense. Similarly, a schematic use of the knowledge about the primary mother-infant relationship has not benefited this new current. Indeed, the mother-infant relationship has been imitated too mechanically in the clinical practice by providing a mirroring dual relationship rather than emphasizing the need for an environment-mother as an ongoing holding context where disgregated sensory experiences can find a psychic arena in which things can be put in place to construct some unity of the subject.

The other current is about the qualitative response to give to the suffering of the borderline or psychotic patient, a response that needs to take into account the group dimension of the psychic apparatus, understood as a pluri-potentiality of relational traces settled in the unconscious and as a need to meet and access a plural mind capable of understanding splitting and contradictory aspects. The difficulty that such a development raises has to do with the possibility to expand the range of responses without making the function of mental container dissolve. This latter can break into pieces and, backfiring, turn into 'killer content' (Ferro, 2007) that shatters the container and does not take root and grow as real content.

To keep both orientations together means to have an adequate theoretical and organizational mental container. Mental health institutions should have this therapeutic functioning. It is a matter of giving them back their full clinical competence, by reversing the process by which outcome assessment risks to become their functioning principle, in an imploded short-circuit, and instead weaving constructive interchange relationships on this foundation. Therapeutic Communities, Day Treatment Centers, Diagnosis and Cure Services, as group devices, are institutional structures where this renewed focus on psychopathology and clinical practice can initiate again, as the function of a mental and organizational container is present in such facilities and can be fully used to broaden the plural areas. This will reduce the risks of collapse and fragmentation of the individual.

The Group Analytic Workshop

A tool that can help us move in this direction and find a response that can put together uniqueness and plurality is the Group Analytic Workshop/ Clinical Conference that has been used in a variety of institutional settings (Psychiatric Units, Mental Health Centers, Diagnosis and Cures Services, Day Treatment Centers, Therapeutic Communities, etc.). This tool offers the plurality of the caregivers' minds to get a live understanding of the functioning of one clinical case, as the individual

mind cannot overcome its own denials, splittings, and blind spots. This functioning is described by several authors from different but essentially converging vertexes (Green 2000, Ogden 2004, Hautmann 2007), all derived from Bion's thought (1961). The clinical Workshop where a work group and a psychoanalyst leading them meet to discuss a clinical case is a means to activate an analytic way of functioning that is particularly helpful in situations in which, in a therapeutic relationship with patients that are difficult to be reached, thinking gets stuck and there is a tendency to take a diagnostic-definitory way out and to apply pre-established concepts to a reality that remains unchanged (for example, by repeating the paranoid-schizoid position pattern or using an extended countertransference to the point of erasing the feeling of the patient).

The Workshop constitutes a mental place that takes in aspects of the mind of a severe patient (situations of psychic death, frozen capacity to think, love, work) that the therapist's individual mind has not enough room to take in and that symmetrically pulls the therapist into a trap of inert, ideological or imitative patterns. It is a place where movements of mental freedom develop and can loosen that paralysis and allow for the formation of new psychic reorganizations.

Its analytic quality is formed by the elements characterizing the method: a well-defined setting (a broad space-time frame so that the group can meet in conditions of freedom which allow for thinking to develop) and a technique based on free associations of the participants and free-floating attention of the group leader. Ogden (2004) described the container-contained relationship as a continuously growing and ever changing vital process. Container and contained cannot be separate, they are in a reversible figure-background relationship. "The container is not a thing but a process." "Shortly, in a healthy individual, container and contained are fully dependent on one another: the capacity to dream (the container) needs dream thoughts, and dream thoughts (the contained) need the capacity to dream."

The Group Analytic Workshop is a "playing" container in Winnicott's sense (1971): it offers a group work that, like in playing, does not consist only in observing a phenomenon (for example, the patient) but also in becoming part of the activated dynamic as it entails a direct participation in the group and the therapeutic experiences.

The transformation concerns the emotional state of the participants understood as the main source of knowledge and not as a perversion, in a therapeutic sense, of the workshop's function: the emotional exposure of each participant, open to free associating to offer his/her own permeability to host the stranger – the other than oneself – and to let unknown and inevitably pathological aspects of oneself emerge, is not to be abused for the purpose of individual psychoanalytic interpretations. Verbal communication – not only in its referential meaning but also in its dramatic, theatrical dimension of becoming something, that is, the character speaking on behalf of denied, split or unrepresented parts of the patient – is at stake here. Kaës (1993) developed the theory of the group apparatus of the mind, where not only the objects with which one had a relationship but also their functioning patterns are internalized. He described the functions that unfold in a group where others are given the

spokeperson and thought-carrier functions. We need to give the patient a space-time frame in which the subject can take place.

The time and space necessary to let us be what we did not know we could become is strongly lacking in our social and cultural life that tends to prepare ready-made synthesis rather than growth paths. The subjectivization process can occur only in an intersubjective space, in places that the subject has not constructed but has found and that have been carried on to him, starting with language, which appears together with the control over motor activity: to move upward, with the body and the speech, with the desire. It means to move in a plural and cohesive space, being it an intersubjective matrix of subjectivization. The narratives/interpretations are like ferry-boats crossing the in-between to construct the reality of a subject who is strong enough to be able to belong to a group and a relationship, to become an ego in relating and dreaming. *Crossing the bridge* (Ferruta, 2008): we need to continuously cross bridges, deal with the transition between the banks of the subject and the other, without drowning in the Hellespont waters like in Hero and Leander myth. For this reason, an institutional mental container can serve as a ferryman that has experimented this time and again, in a variety of participation forms lying between the individual and the belonging group.

Criticisms about the psychiatric reform, as it has been accomplished so far, with different kinds of in-patient and out-patient treatment services in the community, make sense and need to be used to implement more fully the psychiatric reform and to really listen to the voice of mental pain. There are many limits and faults to it, but nothing is by far comparable with the devastating effects of psychiatric hospitals that reproduced, on the outside, a process of silencing and destruction which is always about to reappear within the individual, with oneself and the others: to sedate, silence, overlook and lock in the 'Cries from silence' (this is the Italian title of the film *The Killing fields*, 1984, by R. Joffé). Psychoanalysis invites to listen to what has been repressed, what has never emerged in the light of consciousness, what has been pushed away into a symptom, or split and projected into other extraterrestrial worlds. Enzo Morpurgo, who knew so well the institutional dimensions of the mind, was strongly aware of that. He said that psychoanalysis finds its specificity, compared to medicine and philosophy, as a "need to listen to the unarticulated voice, the mute needs, the impossible desire, and, mostly, the *inexpressible pain* of the 'negative' Vienna and of our current society that is deceitfully open to plural voices." (1981, p. 88). To listen is painful and difficult; it creates problems instead of solving them, but it is the premise to any treatment of pain, including mental pain. The psychiatric hospital as a concrete containment without a function of mental container is an ever existing risk in the human psyche. To build it also outside creates a stronger and stronger vicious circle that ends up appearing in the consciousness as an insurmountable wall to be maintained and re-built continuously. In this sense, the Group Analytic Workshop is an element of defense against the imperceptible revival of the 'psychiatric hospital thinking'. Relatively numerous psychoanalysts are by now using it clinically and developing it theoretically (Hautmann 2007, Ferruta 2010, Foresti 2010, Burka et al. 2007).

A necessary container: the staff in charge

I think that the subjectivization process in which I and many can unite through bearable oscillations is possible only in institutional structures where there is a staff in charge. He carries out, in a shared and firm way, the unifying function required for such a complex work of recomposing subjectivity. To achieve *I-ness*, this function needs to be reinforced and emphasized. The purpose is to give substance to the participants involved and to allow their coexistence. To this end, several devices are used: review of the clinical case and its subjectivization process, group analytic workshop to find an answer that can recognize and accept the inherent plurality of the subject and the objects, theoretical developments that allow for continuous oscillations between different mental positions rather than univocal crystallizations. The priority given to the importance of understanding what happens inside and outside of the self makes this coexistence possible. One is less frightened. I remember a patient who did harakiri on a hospital psychiatric ward to silence that part of himself – his belly – and make it still, as he blamed that it moved and felt alive, while the rest of his psycho-physical life had been fully silenced. Understanding the meaning of some disturbances and distress is the first step in the subjectivization process. Understanding a little of what is happening allows the caregivers group to live in a more comfortable mental and relational environment. Both the Group Analytic Workshop and the function of cohesion and re-unification of the fragments of subjectivity that have been projected and scattered – a function performed by the staff in charge of the structure which functions according to the Bionian container/contained dynamic – can contribute to this understanding. It is different to find oneself immersed in a meaningless world, like at the beginning of life, or to start to orient oneself among thunders and lightnings, soldiers and births like in Giorgione's painting, *La Tempesta (The Storm)*. Its overall meaning is not clear, the connection between the various characters seems to be missing, but it is certain that the painting has a meaning, even more than one, waiting to be grasped. The staff in charge has to provide a stable and ongoing frame in which to keep together events that are often incongruous and diverse, played out by the patients or the caregivers themselves, but that have the time to unfold in a dimension of clarification and growth, rather than in an explosion of acting out or in the immobilization of chronicity, if the container function is performed. The function of mental container of the staff in charge has mainly to do with the importance of taking care of the frame/*cuadre*, in the sense of the word indicated by Bleger (1967): a continuity and regularity of the structures of institutional functioning that allow us to activate freedom in the quest for meanings, that is to say, how the meetings are timed and managed and what kind of commitment is undertaken in the therapeutic contracts with the patients.

To coexist as individuals with our own inner group dimension it is useful to understand what is happening, by activating a container/contained function. A little. What we grasp is always a little, but it allows us to stay together in a human, alive,

and emotional way by firing our mirror neurons.

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