Golconde, René Magritte (1953), Menil Collection, Houston (Texas).

"Is there the group?" About "complex" patients in the analytical experience

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Abstract

The excessive rigidity of fondness (narcissism) and the absence of a thought 'as if' (capacity of symbolization) in psychotic patients, make it difficult for the analyst to build a therapeutic alliance and a relationship of transfert. In the early stages of the group, the sensoriality and the corporality, present in the field of group, might play a significant role in the starting of the therapeutic process. In fact, if the analyst in the group or through the group, approaches the psychotic suffering, considering the dimensions of corporality and the sensoriality shown by the patients not as obstacles, but as availability referred to the particular moment (here and now), he has the opportunity of an access to a level of preverbal and proximate communication, unconscious and primitive, which is the only possible way for the patients to put themselves into relation with others. Is it possible to lay the foundation of a therapeutic relationship starting from the corporeal and sensorial form of relationship? If the answer is yes: how would this step take place? To what elements must the analyst refer to when working with the group in order to observe the double communicative register of the body and the senses on one hand and the internal dialogue which an analyst continuously tries to decode? To what right distance may all this take place? What value can the concept of presence assume here? What are the possible settings in which this may happen? What is the role which space and time acquire in the declination of these two dimensions in the group? What are the 'trials' which the analyst is supposed to meet? What function has the context enlarged and contiguous to the setting? What function has the institutional context? These are the most significant questions which we have put to ourselves during our eighteen

months' work as a small therapeutic group with analytical aims. The therapeutic possibilities we have found in our work have encouraged us to share this experience and to go on tracing some significant elements from which to leave and to take the way for a necessary reflection, being conscious that every analytical experience is unique and unrepeatable in itself, and such are the subjects who take part in it.

Key-words: therapeutic process, here and now, subjectiveness, relations of growth, inner, complex patients.

Premise

What value has the therapeutic work done by us for the 'complex' and 'serious' patients. With 'serious' patients, we mean patients whose psychotic development is seriously compromised: chronical psychotics, post madness patients, patients with different psychiatric diagnosis. There are the patients who are taken into care by the Institutions of Mental Health. The use of them 'serious' patients is justified by the fact that Institutions deal with patients who are such for their nature. They are not 'serious' patients because their conditions health are 'serious'. They are 'serious' patients because the Institutions must take 'care' of them. The use of the adjectives 'complex' and 'serious' makes it clear that operators of Mental Health must operable consequently. They are supposed to do a particolar work, a work which is commonly done for this type of patients. The complex therapeutic work which the operators of Mental Health are called to do revualiting the relationship which exists between the èquipe and the patients. We are, for some time, been questioning, in our experience as psychotherapeutic group, about our particular intercourse, physical and mental, with the psychotic patient: the beginning of the therapeutic process. This particular intercourse refers to the motivation by the patients to undergo a therapeutic way, which corresponds with the capacity to take care of himself/herself. This implies the possibility to be inside the setting of the whole group of patients and analysts; to be with the others is the first step to build and it represents an important dimension of the therapeutic process. The group is a fundamental way to follow together with the place of meeting with others and this means the main occasion to develop and to grow. In the group the patient lives and builds significant intrapsychic and relational relative experiences. And then the help of the therapeutic group gives them the possibility to recover and to develop according to particular 'cares' and through the particular 'behavior' of the therapeutic staff; their availability and their professional cares. The patients see in them the possibility to go on the way to recover. The therapeutic group is as containment, availability, experiences, relationships and mental constructions. The therapeutic function becomes fundamental in the therapeutic framework. More than once, the therapy with these patients comes to an end before beginning, because the patients don't take part to the meetings with the

analysts even if they accepted the way to follow. How, then, to meet the difficulties of a psychotic patient withing the setting? The first step is represented by the physical meeting, through the presence or absence of the body. The body which speaks a preverbal language and represents pregnant communications since he/she is present in that place and at that time; a body which marks its absence through the senses and reveals the ambivalence of the words, which express the intention to be there and to meet the other. What must the analyst do in this first moments? He must think of the presence of the body and the usefulness of the words which express the need and the wish to be present? Taking into account both the dimensions, how to conjugate the presence/absence of the patient in the therapeutic process? From an internal point of view, how can the analyst interpret the patient according to this ambivalence? Above all, leaving from these dimensions, how to build a clinical means to overcome the dichotomic 'impasse' of the absence/presence, when, at the beginning of the intercourse with the psychotic patient, such 'impasse' takes place?

Clinical experience

The characteristic approach of this clinical experience refers to the theoretic framework of the Time-Limited Group Psychotherapy. Both the individual patient and the group have been important 'focus' of observation and exchange. The group has had the function of a primary setting which has made easy the conscious and unconscious and in which each individual patient has had the possibility to experience significant relations of growth: he has been able to reveal, 'here and now', as a physical and mental place and time, in a creative tension, where each member has been able to recognize his own possibilities and to own them. The group, on its side, has come out as a psychical field where members have met, communicated and questioned about the mental process, conscious and unconscious, of its members in an explicit or implicit way. The group has been considered, then, according to a 'bifocal' prospective, which has made possible to look at the dynamics of the group and those of the intersubjects.

It is a complex operation to describe wholly and punctually all that 'happens' in a therapeutic group. In any case, the result doesn't give the immediateness of the experience which an analyst and the patients live. There would be a lot of these experiences to deepen. One might reflect about the experiences of separation lived in a therapeutic context of a *Time-Limited Group Psychotherapy* (Costantini, 2000); and which, on the part of the patients, would be declined as important experiences of growth. Moreover, the complex institutional dynamics could be delineated through their articulation and the function which they have had; and stile, one could see the function which the group and the whole healing èquipe have had. Finally, the context

and the models of rehabilitation present in these experiences could be taken into exam. Every prospective towards which one could aim to and to which we address our interest and our work of observation would have the same origin or the same 'point of flight': the psycho therapeutic process of the group. With this analysis we have wanted to underline the importance of the group in the different stages, dealing chiefly with the difficulties which we have met. Our aim is to promote a series of reflections on this matter and which concern the work of those who operate in this field and in the institutions with 'complex' patients. The experience is the result of a sperimental project of a short psychotherapy related to a socio-rehabilitative context on the part of a team – limited group (18 months). The institutional committee is 'U.O.S.M.'(Mental Health Organization)of Caserta, which for many years (since 2007) has assured the existence of the therapeutic group as foreseen by the 'Regional Plan', of the 'new' activities in the setting of psychiatric rehabilitation and of the social inclusion, executed in collaboration with 'bodies and institutions' which operate on the territory and communities. The group was formed by five patients who lived together in a house and by four operators of social cooperative, who followed this group of patients. This is a "group living". The therapeutic group has had the co-conduction of two analysts, who worked with the U.O.S.M. as interested in the training and specializing. At that time, in fact, we were in the period of formation and supervision with S.P.I.G.A. (Society Interpersonal Psychoanalysis and Groupanalysis). We took advantage, positively, of this position 'internal/external' to the Institution, since it allowed us to be, at the sometime, within and outside the dynamics of the Institution, both of the different operators and those between the operators and the patients. The name we chose for the project, "The inside of the group living" is perhaps a little 'cacophonous', but it seemed strongly emblematic to us, since the therapeutic group aimed at promoting a virtuous circle and a dynamic process between 'inside' and 'out', and centralizing the relation between the patients and those who gave 'cares'. It was thought that all this would have given way to thought, to the emotions, the fondness, the corporeity and sensority, and the growth of the group. All this would have meant a continuous growth of the équipe at the Institutional level. This reflection appears to be significant if we consider the dimension that of the public Institution which is called to answer, both as social instance and as therapeutic instance, as regards as the patients who are entrusted to it. On one side we find the Institution that must provide for the services and the 'cares' to the patients and on the other hand we find the patients who cannot think of a 'care' by themselves. It is just the duty of the Institution to provide for the 'care' and the patients who cannot provide to their needs by themselves that it is necessary that psychoterapy provides all the possible help within the inside of the Institution, a work-in-progress function. More than a *tout court* psychotherapies, the task of the Institutions is to be able to understand the meaning of the suffering expressed by the symptoms. The symptomology expressed as a patient's attempt to face the specific nature of his/her suffering and this his means the respect of the pathological defences

which constitute the only way to survive. A particular attention is to be devoted to the successive pathological defences which come out during the therapeutic process and the birth of the anguish to change. That's why we have thought it important to support the attempt and the work of the patient to 're-organize' to face the anguish. To work with a view to the 'care' and the recovery has been helpful since it has allowed a meeting point between the task of the Institution and the potentiality of the person, giving back to the patient a part of responsibility to take 'care' of himself within a therapeutic process. We have thought of giving back subjectivity to the patient through a mode of listening, a comprehension of the operating dynamics and an availability to bean suffering. We have tried to be available to undertake and interpret all the 'co-transferable games' which have found realization in the group, accepting to compare whit the complex psychological movements which we 'play together', being conscious that these movements are vital, expressive of the fondness, of the thought, of the corporeity of the patients and not 'complications' of the pathological background. In the coming out of the group, corporeity and sensority reveal as primitive relational modalities. All this has represented a difficulty but a richness at the same time, since through it we could 'build' a relationship. The first meetings were significant in order to have a global vision of all that was necessary to structure the mental field of the group. It was clear the difficulty of the patients to remain in the group. This difficulty was expressed through the total absence of the patients or through a partial participation, as if the condivision of the space and the time and of the relationship was impossible. It seemed as if each one took a distance from the group totally or cut a 'piace' for himself, there was not participation with the others. It was the body to regulate the possibility of a relationship. Space and time of the group setting appeared to us as crucial dimensions since the first meeting, when the patients, even if they accepted to follow the way which analysts proposed, soon went away shortly after the group began work, so did they do for different reasons. We reflected, then, on the level of the anguish that probably, our presence and our proposal had provoked. Above all, we had been able to observe what happened when we were in the circle as a group.
We have wondered about our fault because we had not foreseen a regular percourse with single meetings with the patients. Being willing to continue the percourse of group, we have tried to modulate the anguish that existed in the patients and so we have given more autonomy to them in the organization of the setting which we had agreed with them. We hoped that the presence or physical absence of the patients might 'have voice' in the group. At the same we thought of the presence of the analysts who, in their turn, would have given voice to their presence and declare their 'availability'. The beginning of the group had been fixed, together with the patients, at two p.m. and the end of the sitting at half past tree p.m. . The sitting had to take place two times a week: on Tuesdays and on Thursdays. It was to last eighteen months. The room chosen for the meetings of the group was the sitting-room of the flat where the patients lived together, in a circular disposition and where the analysts

usually sat in the same place. The aim was to create a setting which the patients could consider stable, firm, continuous and containable and which could bring about new, vital, psychical movements. It was thus thought that a more cohesive sense of space and time could be gradually structured, as living space and time lived in a more significant way. The patients could have compared with the rules in a clean way and at the sometime they could have realized the availability of the analysts inside the field of the group. This way, we tried to work so to promote the capacity of the patients to take 'care' of themselves. We have tried fully to respect the defenses of the patients who felt they could be alone, to come and go from the group, to be sitting, with each other, to change their place. This has mode the patients realize they could be distant from their analysts, their fellows, and from the group itself. All this has been felt by them through their bodies, a state of thing which the chiefs have tried to read and understand accepting to live the unavoidable frustrations that have touched the analysts themselves. For the whole initial period of the group, powerful defences have been active in the field of the group and which have modelled a powerful management of the time and of the space. The patients, with their presence or absence, aimed at 'dilating' or 'deflating' the time and the space of the group and the therapeutic function seemed not to be able to have a prefer constance and continuity. The patients seemed not to be able 'to live' in a group, which aimed at the relationship.

Through the initial meetings we have been able to observe that the emotional tie was very rarefied among them and exploded in circumstances emotionally charged to turn, then, silent; the same was observed by the operators that's to say the tie was limited even if there was a community of housing. The fondness was shown in a destructive and competitive way, more through the assumption of predetermined roles than through a real and authentic relationship. It seemed that each one of the patients tried to reproduce a symbiotic relation in an exclusive way, sometime a destructive separation/attack. The patients, even if living in the same house, didn't feel the sensation to live a 'common time and common space'. It was as if the emotional side was blocked and isolated from the others, as if each one of them lived in a 'bubble'. The body and gestures which were offered and denied to the therapeutics showed these difficulties in the therapeutic group. During the group meetings, we learn how aggressiveness became destructive in the other moments of the day. Episodes which ended in physical clash were very frequent. Such episodes were told by the group, by the operators and by the patients themselves. We have been obliged to compare, first, with the ambivalence of the presence/absence of the group shown both at a bodily level and psychical level. There was, on one side, the patients' request, that we had to 'wait', as Mr. G., one of our patients, told me at the beginning of one of our settings, "I must go out now, you don't get angry, do you?". The answer had been: "the group will be here till three and half, p. m.". Mr. G. will come back ten minutes before the end of that sitting; he sat down and listened to the

conversation which was on at the moment. His participation was the same as this for a long time. The important characteristic was that in each sitting he succeeded in increasing the time of participation to the group. The time was focused at the beginning and at the end and this as for as Mr. G. became one of the most assiduous members of the group, remaining there for the whole lasting of the setting. Besides waiting and respecting the defenses, the request to the analysts was, at the same time, one of their active participation, as in the case of Mr. F., another patient of the group, who began to attend the group only when the analysts went into his room and invited him to be in the group. Mr. F. had never taken part in the group since the first sitting. Mr. F. lived a deep isolation in the first period, alternating manifestations of madness and moments of solitude. His life was spent chiefly in bed. He was in bed all day long and for a whole month; he went out only when he had to get pension; pension which he spent in a very short time, leading a nightly life, a fray of long frenzies. Then Mr. F. showed moments of solitude remaining in bed. In this case, the analysts considering the dynamics present in the 'here and now' of the settings, have respected his absence, considered as a moment of the patient's re-organization to face the anguish which the process of the group provoked. His alternating presences of group were, on the contrary, characterized by his frenzies, have found a place and a time when he could express his emotions and he could be listened. Mr. F. could not ever share his anguish with others because his entering made, all of a sudden, 'emptiness' around him. The patients who were present all soon went away. 'To be' in the group in these moments was guaranteed and supported by the analysts and by their empathic listening. We have tried to respect the complex psychical movements of both each member and the group as a whole, giving back, at the same time, the constance and continuity of the group through the presence of analyst. The group-field appeared as the expression of intrapsychical conflicts, contemporarily played as defensive way (the going out of the group by the patients, the frenzy of Mr. F.) and as a possibility 'to enter' and 'to be inside' the process and growth relations (the constance and the reliability of the group, the listening on the part of analysts, and the importance of the patient's subjectivity). The continuity and the constance of the group have gradually begun to take form and shape, and psychical and physical absence and presence has begun to have more pregnant meanings. The relationship gradually became more mature. The *syncretic society* (Bleger, 1966a), alternated less and less with a society based on the interaction and on verbal and not verbal communication. Not only Mr. F. was able to show his anguish in a less frenzyful way, but the other members of the group too have succeeded 'in being' whit Mr. F. in the group and communicate with him, sharing his own being. All this has had a slow evolution. We have thought it important to observe the movements of each member in a 'holistic' way, connected whit an intrapsychical process, together with the movements of the group as a whole. From this point of view, we can 'syntetize' sum up the appearance of the therapeutic process through specific group movements in which some modalities of working have been prevailing. The group has gone

through, first, an almighty stage, then a stage in which the containts of each one, frenzyful or not fresed together and mixed among them, and finally a stage of conflicts, which after a strong focusing from the relational side, has begun to refer to an intrapsychical plan, side producing more mature communication and comparison and introspective aspects among the members of the group. The space and the time, internal and external of the group, have become dimensions through which patients and analysts have had the possibility to meet, working 'to value' their own 'distance' from each other. The therapeutic group becomes the 'attractor' of these first movements of meeting, which become dynamically valid, only if 'together' with a work as a whole, the probability of conflict is considered. The conflict derives from the 'subjectivits' in the field, the analysts and the patients, and initially it is on the possibility/availability 'to be' in the space and time of the group. These times/spaces which the patient lives in the group could reflect not only his defenses but also his availability to support the experience. It is necessary that the analyst is with the patients in their movements, without spurring him, without mating him guilty and without showing blame to him. If the analyst enables the patient to regulate his distance from the group, the atmosphere of the group may be felt as stable and certain, willing to take into account what the patient is at the time, with his needs and experience. This contributes to lower the basic anxiety and to create a more favorable atmosphere and a more disposition to listen to what the patient feels to have, including his trend to be destructive. The conflict is referred to the patients and analysts and it concerns the acceptance of the rules of the setting, but at a deeper level it is a conflict which is played at an internal level and it concerns the construction of the sense of trust towards the analysts and the possibility of the 'holistic' expression of himself. The analyst is called by the patient to 'be' in the conflict and he is put to the trial to 'with stand', a distressing life, fragmented and destructive, where time and space are constantly and strongly taken by the bodily and sensorial dimension.

The patients who are absent or present, who go away and come back, who approach the analyst with a challenging loot and who soon after greet him with a grasp of hand, who say that is cold and warm at the same time, who change their seat and their suit in the same sitting, and everything else, they all are communicating something about themselves and the group process. Each expression must be read in the 'here and now' of the group and it is a manifestation of what the group evokes at an intrapsychical level.

The analyst must realize the patient's internal fragmentation in experiencing the group that is fragmented too. 'To be' in such situation gives birth to a very great frustration and it may explain the reason why and how the patients may internally feel broken and distressed. Mechanisms of projective identification are present at the group level, not only as defenses but also of unconscious forms of primitive communication, which allow the analyst to go into empathy and to contain the anguish. If the analyst succeeds in believing that also this is part of the therapeutic

process in action, he can find inside the space and the possibility to give an initial sense to all the movements which the patient operates, giving him back the sensation that the group meets his destructiveness in so far as it is the place where these anguished movements may find space and time of containment and availability, of expression and listening. The experiences of the analysts may enclose strong sensations/frustrations in so far as they are leading an unexisting a 'ghost-group', to fancies to be reproducing so many individual therapies, fragmented, where the presence of two analysts for one patient may seem something which interrupts the relation and where the sensation of the patient's voracity of being the only one to be 'looked after' may make the analysts feel not sufficient and inadequate in taking care of the whole group. During the months in which the group has operated, an initial relationship at more mature levels, has started to be seen only in the last months of meetings, when all the patients succeeded in 'being' in the group for the whole time of the setting. The members of the group have begun to put together their personal tales which, starting to be evident in a fragmentary and confused way during the first sittings, have, in the end, become memory of the group. Each one of the patients, with its singleness and peculiarity of living, has begun to compare with the others less through 'solitary actions' and gradually trying to articulate words, tales, gestures as an expression of itself related to the group. These were the first steps towards a growing intersubjectivity. The trust in others and the possibility to belong to a group have strengthened, the patients' expectation for the beginning of each sitting expressed the desire to take part in the group. The hope that a different future might open has been felt as a vital push. Each one of the patients has feel that every 'movements' had emerged from them and the group acknowledged. All this was moving for us it seemed one of the most important objectives that the group might reach at that moment. Each one of the patients will certainly have a long therapeutic course to meet, but everyone will be allowed to avail himself of this experience of group as a disponibility which has allowed mobilization of energies, in constructive sense. The therapeutic process has become, in this experience, a vital hub of time and space, physical and mental, in which analyst, with their presence, physical and mental, have assumed a tracting and catalyzing function of the individual and group dynamics. The analyst who works in the Institutions must be conscious of this and he must be willing to let himself down in this complexity, comparing and questioning about the capacity of the moments it generates. The therapeuteness of his professional functions may be enriched and increased by the authenticity and genuiness of his personality, from which one cannot leave out to build human therapeutic relations.

Theoretical reflections

To underline the circularity of the relation 'mind-body-relation' allows to visualize and deepen the individual aspects of psychism in a holistic perspective. The concept

of relation may become significant for the comprehension in the clinical work, of himself and psychopathology. The term 'relation' refers, obviously, both to the interpersonal, communicative, interactional register and the symbolic register, unconscious, significant, biological. In a psychodynamic optic, we can consider the relational dimension of the group as a co-building between analyst and patients in which all are considered as active subjects. The focus goes to the actual and complex relationship between the analyst and the group. In the group we find complex intrapsychic and interpersonal dynamics which bear complex conscious and unconscious dynamics which determine the movements of the group-as-a-whole. The group as a mental field, is a potential space, able to structure or destructure the circularity of the relation and the communicative exchanges. It is through the conductor's wise conduction that the group may become a united and compact structure, whose strength constitutes a relying point, of reference, of containment for each of its members. The group-as-unity has the moving strength and a tension which allows, inside, those transformations of group such as to delineate specific assets. These latter are not only of defensive character, but they appear as specific 'cultures' and 'styles' which bring the group to evolve and to mature, permitting the reaching of the prefixed objective. In the therapeutic group they aim at a psychical growth of each of its members. The analyst is, at the same time, a member of the group and conductor. As a member he has the advantage totally to go down in the climate and the dynamics of the group, even if he runs the risk of being 'to struck' that from conductor he turns less realizes. As a conductor he has the possibility to look at the group as an observer and to be able to perform interpretative, explicatory functions, putting the necessary attention and comprehension of the conflicts which are generated. The therapeutic group becomes the place of election the multiple, the complexity, the immediateness of the relation is experienced. In the actual therapeutic relation the global and real personality of the analyst comes out with his human and professional capacities. The nets of the relations which the analyst tends to renew his basic availabilities (empathy and trust) and they strengthen the consideration of the group as a favorable, available, tolerant, where everyone may have the possibility to express and to grow. In this sense he can considers the group as therapeutic and trust as a clinical instrument. The conductor, then, will have the possibility to consider the group before all in his mind, as an affective value (the one which Bion calles the therapist's "rêverie") before as a rational factor. The analyst's *basic confidence* (Horney, 1942), as healing factor, might help the patient to overcome his own anguish. It <<*includes both confidence in others and in self*>> (Horney, 1950). The "basic confidence" consists of an attitude of genuine 'love' which welcomes, respects and gives autonomy to the other, highly valuing the capacity of comprehension and relationship, even when, initially, he travels on 'channels' of difficult expression and comprehension. The capacity of reading of the *co-transfert* (Garofalo, 2001) allows the therapeutic relation to be taken in a holistic vision and the transfert will be enriched by his 'co-part'. In the complex patients the co-transfert relation would

become a factor determined by the psychotherapeutic relation: it would allow the analyst to perceive, to understand and to support the patient's subjectivity. In the field of the group feelings, attitudes, actions and expressions of the basic relational modalities, are experienced in the co-transferable dynamics through different levels of the mind and of the body, which bring to new learnings and transformations. The co-transferable dynamics that the patient creates with the analysts, the members of the group and the group-as-a-whole would offer the possibilities to enact, acknowledge, elaborate and change one's actual relational modalities, thanks to a new accepting and protective setting of the group, to a major communicative richness and to the conductor's capacity to welcome and support the personal movements which each one of the members does inside the group as 'here and now' processes towards the individual growth and, together, towards the therapeutic work of the whole group. It is fundamental that the analyst knows how to observe and recognize from what levels of integration the group is leaving. When and where he feels that such levels are not mature, but more primitive and separated, his work will be to allow them to reach less fragmented levels, so to be able to offer a more mature relation. With the 'complex' patients it would be necessary, therefore, to do a therapeutic work for the relation, so that the subjectivity may express and relationship may come into 'birth' and 'grow' in a found ground. Just as when the peasant, before sowing, and support the tree, he tries to prepare the ground, trustful that the seed, for a natural development, may change. The metaphor used and that makes common the work of the peasant with that of the analyst has a strong pregnancy, where both trust the natural powers of development of each living organism, the forms for the plants he cultivates and the latter for the patients he meets. The work which both do would lose a great part of its meaning if we didn't believe in the potentials of growth present both in the seed an in man. <<*You need not, and in fact cannot, teach an acorn to grow into an oak tree, but when given a chance, its intrinsic potentialities will develop*>> (Horney, ibid.). Karen Horney uses the term "growth" to mark the realization of oneself in the direction of the "authenticity", according to which "the human individual, given a chance, tends to develop his particular human potentialities. He will develop then the unique alive forces of his real self: the clarity and depth of his own feelings, thoughts, wishes, interest; the ability to tap his own resources, the strength of his will power; the special capacities or gifts he may have; the faculty to express himself, and to relate himself to others with his spontaneous feelings. All this will in time enable him to find his set of values and his aims in life. In short, he will grow, substantially undiverted, toward *self-realization* (Horney, 1950). The growth would be distinguished by a simple development, which may be realized also in pathological sense. The process of development is constitutionally inside each one, as human beings, both at a biological and psychical level: it is the 'direction' which development tends to take and which we might consider in terms of growth of oneself or alienation from oneself. Interaction and disponibility of the setting influence all this. The 'authenticity' has, in this case, a meaning connected

with a process of development related to the growth and self-realization. From the clinical point of view, the 'authenticity' is seen through the comprehension of the capacity of the self-realization and through the acknowledgment and the valuating of the energies in constructive sense, which are also in a pathological development. They concern <<*spontaneity (against compulsion) [...], the acknowledgment of the limits [...]) the feeling for evolution (against to consider oneself already realized as glorious final result), to be (against to seem) [...], truth (against idealizing fantasy), the living forces (of man)*>> (Horney, ibid). An 'authentic therapeutical relation' is the one which considers the individual in its totality and uniqueness, acknowledging, valuating and catalyzing the movements towards the growth, and at the same time, recognizing, welcoming and containing the pathological and defensive ones. On an internal ground, this would help the patient to recognize oneself as entire subject, stimulating an auto-reflexive function and a continuous search after auto-comprehension. In a relation the 'authenticity' expresses as 'being' in 'here and now', being with oneself and the others. 'Authenticity' refers, moreover, also to the quality of communication: words, silence, gestures, expressions and movements of the body express a whole state of the individual towards the group. It is wideness and deepness that the analyst succeeds in realizing both in the single and the group, which would allow him to understand the 'authenticity', in a word, the constructive value inside the 'complex' and global lasting. The conductor enters an 'authentic' relation with the members of his group, considered as active subjects in the relation and he shows available to listen and comprehend more primitive forms and communications of the relation, as those which take place at a bodily and sensorial level. Taking, all this, into account the conductor must, at the beginning, favour the creation of a primary setting, sure and facilitating personally transmitting and stimulating in the group a climate of acceptance, tolerance, and basic trust, through the means of hope, condivision, circularity, universality and looking into oneself. All these elements are proper of the group process and are promoted by the conductor through of a rêverie function. They all have the function of containment of the of man's individual parts and they act as a container of the anxiety and of the anguish present in the individual when he enters the group. The conductor's task is also to 'maintain a creative tension' in the group, so as to favour a *process of subjectiveness* (Morrone, 1991) of each member so as to reveal itself in the group. The patients and the analysts are co-protagonists in the therapeutic process 'here and now'. So as all the different dimensions of reality and the multiple levels of the psychical life are present in a continuous interaction of circular current type, so as to speak of a transfert field. The psychodynamic process is considered as an intersubjective and complex process in which points of symmetry and asymmetry are found: <<*The psychoanalytic relationship [...] appears to be organized around two axes. On the one hand, it would be responding to the answers the patient's conflictual desire and fear; on the other hand, it would center around the analyst's processes. The latter must first of all commit himself to experiencing himself and the patient outside of preestablished*

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categories could be theoretical, technical, or even ethical (that is, they include the therapist's complex of values). In this framework, the analysis becomes a meeting between two people. Through points of symmetry, they build ways of relating. (...) All this takes place as a process, not a goal. (...) but it is an evolving operation>> (Russo, 1996). The listening which is offered to the patient becomes so more pregnant at the moment when the analyst himself "listens and recognizes himself", acquiring an *interior liberty* (Garofalo, 2001), to recognize and believe in the capacity/possibility of recovering on the part of the patient. It would be possible to catch the *whole personality* (Horney, 1931) of the patient's, in a holistic view of the person and of the therapeutic relation where the analyst 'succeeds in being inside himself and in the patient's world'. This, *<<means that all our faculties come into play: conscious reasoning, intuition, feelings, perception, curiosity, liking, sympathy, wanting to help, or whatever [...] It means being there altogether in the service of the patient, yet with a kind of self-forgetfulness>>* (Horney, 1987). If the analyst behaves this way he becomes fundamental, it is also important to take 'distance'. It is necessary to 'make space' inside himself in order to listen in a pregnant way and give the patient the possibility to begin his personal research. This capacity of the analyst might be strongly, 'put to the trial' in the therapy with 'complex' patients and it would seem to swing or to centre itself, in being only 'inside' himself or outside the therapeutic relation. The analysis of the controtransfert becomes fundamental in order to assure the analyst to have a 'detached behaviour'. Karen Horney's theoretical and clinical formulations even if not of specifically related to the processes and to the dynamics of the group, they might be significant point for the actual psychoanalytical debate that tries to compare on the practices and on the instruments which may reveal proficuous in the clinical setting. The Horneyan model puts into evidence the potential plastics present in the constitutional structure of the individuals and research in a holistic way the blocks which prevent a sound development: *<<The analysis can liberate a person whose hands and feet were tied so that he may freely use his strength again, but it cannot give him new arms and legs. But it has shown us that many factors that we had believed to be constitutional are no more than consequences of blockages of growth, blockages which can be resolved>> (Horney, 1917).* To consider psyche in unitary terms and growth and to insert its development in a process, seen in relational and intersubjective terms; evaluating the dimension of the 'here and now', through which past, present, future compare and integrate in a prospective of development towards self-realization; to promote the therapeutic relation with the analyst's emotional presence, to put the therapeutic process at the centre, and which aims at the patient's subjectivity and which would allow to consider the analytical relation not as a 'cure' which brings to a recovery, but as a 'freedom' of the energies towards the constructive aims of the self-realization. The self-realization is based on an inner impulse to realize *the real self* which Karen Horney (1950) considers *<<the central inner force, common to all human beings and unique in each, which is the deep source of growth (...) it makes it possible, therefore,*

an authentic integration and a right sense of totality, uniqueness. The body, the mind, the actions, the thoughts, the feeling, which reach a harmony, but they function without determining inner conflicts>>. There is an <<*inherent urge to grow*>>(Horney, ibid.), which bring each individual to explicit <<*the capacity as well as the desire to develop his potentialities*>> (Horney, 1945). Through the Horneyan approach the self-poietic function of the individual is put into evidence, such function is considered as a creative function which allows processes of self-perception and self-construction in continuous interaction whit the setting. From this the analyst's trust would draw origin and from this the Horneayan "Self" may be considered not only capacity of self-reflection and self-perception - where conscience and corporeity integrate in a globality projected towards the future – but also capacity of self-freedom and growth, carried into effect also thanks to what the analytical relation promotes. The processes of the group would in themselves have all the functions and capacities which we have described at an individual level. It is so that the therapeutical group represents a continuous process of self-transformation, born of the actuality of the relation which is found both on the verbal register and the corporeal one.

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