

Therapeutic groups and the institutional container: curative factors of the psychiatric institutional field and its destructive elements

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Abstract

Starting from increasing destructiveness of symbolization processes in contemporary psychopathology, this paper try to suggest connections between institutional containers , subjective mind and group (mostly bionian one), allowing everyone a way to keep available oniric elements for the care of therapeutic containers.

Parole chiave: institutional field, large groups, therapeutic groups, negative capability

Pre-containers

To start writing this article I need a “door”, that of a dialogue generated by this work with the colleagues who got me involved, and secondarily by the group experiences at institutes. Thus the concept of “door” contemplates a passage from an “outside” to an “inside” and hence the crossing of a container, as when you cross over the threshold of a room or a delimited space. And so our article is already unintentionally contemplating at least two container functions, that is, the relationship with my colleagues and my experiences of a dialogue with the institutes in which I work or used to work.

These brief (written) thoughts highlight the implicit turning to container roles to give shape to the psychic experience of a thought communicable through an article, with the implication—not given for granted—that the container doesn’t only contain, but processes and transforms the material it hosts: thus it isn’t purely a lifeless function of delimitation of the contents it contains, but a transformational interrelationship between contents and containers.

We can consider these brief words, which haven’t talked about groups in psychiatry yet, as a pre-container of the article, that is, of that which is before what is written and around it. This attitude of giving value to the elements “before and around” the article-container seems important to me, in the same way that happens with the “before and around” contact with institutions: for example, how and why do I get close to the institutional phenomena and how is my relationship with those who draw me near them and how can I make my personal experience available regarding this topic? What question is posed by the institution to the subject that approaches it? Which are the hidden or conscious motivations? At this point I feel more in the condition of being able to continue with the contents of the article, as I have tried to talk, albeit briefly, about the containers that have to do with the reader and me,

instead of simply starting to deal directly with the official topic of the container in the institutions, meaning “therapeutic groups and institutions”.

Up to this point we have thus unwittingly introduced several containers: these can seem elastic or rigid and we have more or less unintentionally approached one of the objects of the topic I’m dealing with, that is, the implicit presence of the roles of the container in the customary psychic experience.

Just as customary and almost automatically undetected is the operating cultural container, supposedly useful for the work inside of the institutions.

Relationship between culture and psychopathology: the containability of the so-called “negative” elements. Myths of the contemporary and marginalization of death.

In many institutions we can observe a conformist faith towards their own business, be it techno-scientific in the case of scientific institutions, be it psychoanalytical in the case of psychoanalytical institutions, be it in the ability of man to advance unlimitedly in the economical development. In such a historical context the subject/“Superman” would have developed a sense of “strength” which obscures the “weaknesses” and the experiential tools of human groups and the different Kultur; thus the “Superman” would be a man who makes of its own power the object of his strength, often not bound by ethical rules, in a perennial binge of technological purchases and unlimited growth, but in a way becoming primitive again as Pantagruelian and bulimic (Resta, 2009).

This type of man plunges his hands, or is plunged into, the concept of economic development, about which Serge Latouche (Latouche, 2005) points out some emerging risks from his conceptual closeness to the myth of abundance, which would disguise behind the illusion of the unlimited, the erosion of natural reserves, meaning it does not consider the so-called entropic energy or the aspect of damage.

The lack of detection of the area of loss would go hand in hand with a contemporary anthropological element, which means the marginalization of the concept of death in the social culture; on the other hand, inside the individual subject it seems that this social drift is translated into a difficult relationship with the pains of death, separation and detachment (Comelli, 2009), that is, with the so-called “negative”.

The undesirable elements, such as the feelings of destructive hate, can thus need a container capable to integrate them in the fabric of the internal and object relationships both at the mother/infant unit level, and at the institutional context.

All of this is not indifferent in psychopathology: in Coppo’s ethnopsychiatric studies (Coppo 2000) we have seen that the mental elements either from the internal world not much contained by a social group or from a given family fabric, reappear under the guise of psychopathological symptoms: in the contemporary Western ethnic group, it seems that the anguish about death and separation not contained or integrated in relationships reappear in the present, for example in self-destructive

pathologies such as anorexia, in a punctual return of those elements that weren't included and met in the familiar or intrapsychic containers.

To use a youthful slang, which talks a lot about positive/negative bipolarity, we could say that these two dimensions need containers that guarantee its sense of experience and perception. I think it will be useful at this point of my writing to mention the concept of container/content in Bion (Bion 1970).

Container/Content in Bion: from the mother/infant unit to the institutional containers

In this clinical model the mother can introject and contain that which is unbearable in the child, to experience it as an unconscious fantasy. Subsequently their transformation into experiences of motherly reverie gives back to the child a relationality in bearable and digestible shape, through an elastic container that welcomes complex objects, but also resistant to tolerate one's own awkward fantasies. The "negative", hate and in general the range of destructive and unbearable mental states seem to be the most complex elements to have to tolerate or to contain so as to be transformed.

In general we are thus talking about roles that are operational even before the words are containers with conscious representation or before they have gone through the more differentiated and adult aspect.

A defect of this container/content function implies that the child will experience pre-verbally states of total loss of the container he belongs to, meaning the mother/infant unit, resulting in a deficit of symbolization. (Mc Dougall 1990)

The "leap" from the mother/infant unit to the container/content topic rises also from the analogical "leap" between group and institution that Corrales (Corrales 1990) proposes through his work on the institutional field: he brings the institutional life of the subject in the institution close to some characteristics of the mental life of the subject "contained" in a therapeutic group. The complex phenomena that happen within the mind of those who participate in a therapeutic group and the just-as-complex phenomena of the institutional life can thus need different containers to give space to the present mental states, some only personal, others that rise from the group of patients, others from the staff, and even others transpersonal in the whole institutional population. All of these mental states can create precise institutional needs and hypothetical containers, and are hence tied to needs that rise from more than just the type of mental discomforts the institution deals with.

Therefore it wouldn't be enough to create, in a curing facility, a specialized therapeutic group for a given population with a discomfort if we don't also question the phenomenon of the institutional mental state and of its "symptoms". To get back to the mother/child unit, it wouldn't be enough to cure the child in the absence of

some attention towards the unit that the mother constitutes with the infant. The many specialized institutional offers would thus often be geared only towards the cure of the contents and not towards the relationship container/content. From here the importance of maintenance and cure devices of the institutional field, before proposing those more properly specialized of the specialist group or taking care of the single “clinical case.” (Perini 2010).

The narrative and anonymous deposits in the institutions and therapeutic groups.

Even during a political period where the institutions talk only in an individualistic performance language, we can question ourselves regarding the existence of transpersonal and narrative group elements of a space/institution.

It is imaginable after all that has been said that institutions might have narrative deposits of different natures, not yet expressed or expressed only as personal points of view, or even more as deposits of each component of the institution in an area not yet represented in the mental spaces of the institutional life.

Kaës, remembering Bleger (Kaes 1998), talks about an unconscious spatial root of the subject in the institution: he deposits one or more parts of himself in the institution, for example his own unconscious fantasies of protection of grandeur; they would thus be deposited in a third place, which is neither itself nor something other than itself.

The common institutional life is therefore enriched by a third element which gathers the community of the individual deposited states.

According to Kaës, to talk with these elements that have anonymously and unconsciously been deposited in the institution, the subject can make use of several containers related to each other: his own group, e.g. the staff, which is itself contained in a bigger container, which is contained in hypercontainers. The passage through these containers produces a dialectical effect between the operating ideals and the collective deposit of the unconscious aspects.

To Kaës (Kaes 1998), then, the function of the “I” of the operators passes through the continuity of the unconscious deposits with the institutional and social ideals, integrating him who is not yet integrated and uniting family and personal roots of the subject with the psychic work imposed by the wider connective and collective fabric.

This phenomenon also happens in the therapeutic group (Gaburri 1996), where the depersonalization of the individual is the result of the fissions that the individual operates within the group itself, separating his own elements of identity.

This phenomenon, which can be consciously lived as suffering, allows nevertheless the shaping of that “anonymous tank” from which the primitive elements of the group take place.

Similarly the institutional life seems to deposit scenarios and procedural “scripts”, like stories, around and about the characters, who implicitly live ingrained in the institution.

These narrative or scene levels (by scene meaning the multidimensional story of an institutional space-time) turn out to “bend” our presence at an institution and to subscribe us into an environment which envelops us and includes us in the progress of its daily life.

Such an enveloping and shared level would be an implicit and not expressed container of the common life at an institution which is waiting to receive its own visibility.

In my experience the cure of this container has given evident results of a drastic reduction of the drop-out of the patients and the burn-out of the operators, but structuring it wasn't automatic and especially not explicit or direct. This activity of structuring of the containers which can give voice to the cloud of stories and scenic processes at the institution imply the work of one or more minds which assume upon themselves the dialogue among institutional symptoms, denying pacts of the institution (Kaes 1998) and the unconscious institutional narrative deposits.

To make visible and practicable to everyone this summit of scene which envelops the institutional protagonists can allow the development of an important element: that all of the components may become conscious protagonists of the scenarios not knowing that they put them in a certain position on scene.

Passing, like the main character of the “Truman Show”(Weir 1998), from unconscious to conscious protagonist.

Below I will present a possible way in which to deal with this scene that envelops the protagonists, both patients and operators.

An experience in a psychiatric community.

In this work I try to make available some of the transformations that happened in my inner self, to understand and transmit how much these were tied to the institution in which they happened and how much they were tied to the therapeutic devices that were born from this interaction. This is an important point: the institutional psychic containers shouldn't be avulsed from the internal aspects of the operators.

In parallel, the experience I present was born casually and took on only involuntarily the role of experiment: we could say that the known part is that of the operative reality, but the “not-known” is the shape that the internal psychoanalytical objects of a subject within an institution can take on in a way not thought of before.

The community was laid out as a common house in which the operators and the patients jointly carried out the cleaning schedule and management of the house, while the rehabilitation activities were deployed externally.

From a historical point of view the community was born about eight years before as a structure dedicated to drug addiction thanks to an association of the Catholic kind.

Some time before my arrival the structure had to move on from a drug-addict community, with a predominant use of superego functions, to a community for psychiatric discomfort. During my first impact with the structure in 2001 I found a situation characterized by the presence of critical patients, followed by a group of educators who proceeded following two methods: on one hand (internal management of the community) they followed their own authentic and inspired feelings which sprung forth from their contact with the patients, perhaps often very idealized towards anti-psychiatric themes. On the other hand (external management of the community) unfortunately they had to cancel their own feelings to benefit the unquestionable opinion that came from the mental health institute, put outside of the structure, dedicated to pharmacological, pension, welfare controls, but “away” from the patients.

My internal stance

Starting from attitudes not consciously chosen, I can represent the first year of work as a state of active attention, accompanied by a renunciation about suggesting solutions or interventions, since I faced needs I noticed at different levels.

This state of attention, corresponding to what can happen with a single patient or with a group, was in this case aimed towards an institution. One of the elements of the institutional scene consisted in a position of division, with two opposing elements: a spectrally evil institution (the mental health center) and another one good and idealized (the community): this division was already present as part of the institutional field and gradually I tried to transform it into a D element (in the Keinian language), meaning I was thinking “about the object-community” in a less idealized way and more visible in its aspects of difficulty. This way the institutional symptom became more visible, which was fundamentally represented by the people who left, both among the operators (a barrage of turn over without having the time to get to know them) and the patients (acute crisis or patients who couldn’t “stand” the community).

At this point I could propose the hypothesis of a relationship between different points of view: on one hand everyone’s hypervisibility (an idealistic hypervalorization of authenticity); on the other the blinding of the sense of continuous separations of operators and patients from the institution.

Transversally I sensed a feeling between patients and operators of depression for the loss of operators, but it wasn’t possible to perceive it: on one hand I saw an institutional defense from depression for the losses, on the other I thought about the community as a place with a group mental state, beyond the differences of role or function, in the same way of tribal villages.

Visual Summit

The presence of this visual/perceptive fragmenting state in the institution required tolerance and courage: tolerance for the impossibility to face it head on, on penalty of risking to augment the fragmentation into ulterior subgroups. Courage, in trying to see what was unseen, enduring a condition of solitude.

I hesitated though to propose excessively my point of view, preferring that the observational summit be constituted as a shared summit and progressively cohesive, tolerating even defeat or failure of it all.

This operation of tolerance among my perceptions which I could consider as true and the availability to valuate whether they had been formed as a progressively shared point is definable as a negative ability, meaning an area in which to conserve a neutrality in allying oneself and saturate the field, preserving everyone's free and non-prejudicial observations.

Among these there was the dwelling of the patients with non-specialized figures, for example the employees who came to eat or the cook or the young people from social services, all of whom had in common the fact that they didn't have the slightest psychiatric training.

Faced with a very pharmacological relationship from the public service, good, small relationships were slowly arising, outside of specialized spaces, among patients, single operators and people who had nothing to do with psychiatry, but who were a constant presence in this small village: these relationships represented significant moments of the institutional relationship life, in conflict with more technical moments. Once again I noticed the danger of a division between a specialized side and moments of spontaneous relationships.

A field without group: transversal elements between operators and patients

When an operator departed without having time to say goodbye to anyone or without the patients being able to sense the emotional feelings of the loss, the distance between facts and their emotional weight was evident, without this feeling being able to find a place to be represented. I actually understood that among patients, and even among operators, the departure of the operator had had a certain emotional effect.

This rejection could be translated to the operators as an image of the community constituted by different rooms in which stories or events happened, and they could be important to everyone, but there wasn't one common room available which could give value to everything that happened: many stories went by, with all of the emotional charge connected, but without narrators or places in which to try to represent them.

The model of a group personified by the institution constituted a hypothesis of work which included in the group itself not only the operators, but also the patients and the non-psychiatric operators, trying thus to reduce the reciprocal blindness among these subgroups.

I thus favored the construction of a way to work which didn't exclude aimed and diversified interventions, but which moved towards a different direction than saturating the field with initiatives such as psychotherapy or rehabilitative insertions, besides being already available and not used by the users. Meaning, even though I myself was favorable in general towards institutional psychotherapies, I didn't reckon I should "hand out food before someone asked for it or was hungry".

On the other hand, the tendency to operativity and technicism (for example making many projects or thinking about many techniques for every need) would have reduced the work of common growth, which passes through that which isn't known yet or thought about within the institutional group, risking to eliminate any contact with the unknown. The naive hope to solve it all by resorting to projects conceived from pure facts or external symptoms, would produce a parceling of the services and the experience, creating multiple containers fragmented for each symptom, but without a psychic job of encounter of the institutional elements not yet known or transformed visible only in their symptoms.

Coming back to my experience, inside I was getting closer to the nearness of the patients to non-specialized figures, to their refusal to go to specialized initiatives and at a practical level I proposed that the non-psychiatric personnel participate with the staff. The effect was quite complex since a less specialized and less trained figure was instead allowed in a specialized room (as if in a mental health center the cleaning lady was part of the staff); it made a certain impression.

This first step, considered by many as absurd (i.e. you pay a cleaning lady to clean and not to get her involved in the therapeutic activities), was testing out a first response to the fear of putting together different points of view and, as a result, the staff wondered even more how to welcome an operator or how to get ready to the termination of his presence, or even more different images of patients emerged (according to each one's role) to be assembled with the staff.

I could thus get back to the theme of the disappearance of the operators: if it hadn't had a price and if around it there hadn't been a thought, perhaps frustrating, but which made them aware of some responsibility, the community would have remained a divided place, where each one of them lived a parallel story in an atmosphere of relative blindness, maybe even sustained by the already known fear to see. See the separations, see the sense of arrival and the departure of whomever arrived to the "village". The blindness could also refer to the defenses towards taking a vision of the whole of the fragments that lived together.

Internally I associated two other elements which appeared in the institutional field: the "blindness" (the fear to see, for example, separations) and the concept of "negative ability" (to remain inside of the blindness but understanding what's going on, but tolerating it waiting for it to be included), as if the thought could transform the condition of utter blindness and of an obstacle to be seen into a need not to slam traumatically head-on into everything, which was preconfiguring itself and I was starting to feel I would perceive. That is, the element of blindness of the subgroups, which obscured the hurtful perceptions, was transformed into a qualitative blindness

(negative ability) in which we run after not only what we see (in a logical cause-effect) but we give priority to the suspension of acting to benefit a psychic and mental work on the elements on the field.

A very compelling example of what we could call an experience of a negative ability is contained in "Blindness" by Saramago (Saramago 1996), where an epidemic makes the great majority of the population blind: the sick are locked up in ex-insane asylums. The only one who remains healthy is a woman who fakes being blind to stay close to her husband. So as not to show that she sees, the woman develops an attitude of closeness with the group, becoming almost blind herself, but with the purpose to grow, feel affection and help.

A useful blindness like in the experience of negative ability implies a solitude and a maintenance to benefit the welfare of the group, an area of mystery, understood as a non-immediate publication of her own interiority for the health of the group.

Figurability e narrability of the intersubjective "us"

The "staff/container" had thus integrated within itself the non-psychiatric operators, based on an element from my internal world, which promoted the integration between specialized and non-specialized elements of the caring facilities.

It was still evident, however, how both patients and operators, even though they knew it, didn't "see" the absence of the operator who had left her job. This led me to the idea of the transversality of mental states between patients and operators and of the need of a space where the "us" of the place could see itself and perceive the psychic happenings.

I thus suggested a weekly space in which all the "inhabitants" of the community could see each other and talk, or, if you prefer, give a visible shape to a deposit which was running the risk to remain anonymous and not metabolized by the whole community. Thus the group wouldn't have only the classical value of the regular placement in time, to set a common story as a temporal process, but the value of a device which would give visibility to the most silent and anonymous parts of the institution. Giving visibility to an "us" rather than to single "me", according to a gradient of "us-ness" (Corbella 2004)

This new vision ability of the staff produced a need for each of the members to see both an institutional "us", a base us of the community, including the departures and the arrivals and their meaning, and a more adult "us", more capable to represent itself. In my internal experience, to be able to think about who was really present or absent was not only a direct visual function, but it assumed within itself the need to see the group to try and understand O (element of the Bionian language represented by the ultimate experience of things, non-definable, but that can be experienced internally).

The institutional field: a group in an institution, or the group-institution? To cure the base institutional mechanisms or the patients?

Thus the institutional field became everyone's object of attention: the effects of this group were for a few years promoters of very strong changes: the group was immediately dubbed by an operator the "place for *us*"; both the drop out rate of the operators and the resignations of the patients decreased dramatically, but most of all what happened in this extended group was what gave a reflection of the institutional field. For example the inclusion of a patient inside of the community would really happen only when the patient included himself in the extended group and not already from the date of his entrance into the community. The experience/experiment was a hit due to the fact that what happened in the extended group was a strong expression of the circulating thoughts within the community, and not only of the thoughts of the patients or the operators.

As per the above, the involvement in the group thus didn't refer only to the group as such, but to the institution itself. If the group talked about a protective mother, it referred not just to the group as a protective mother, but to the institutional container: it was the institutional environment that was desired as a protective mother and not just the group. These implications have a strong impact as interventions on the institutional container and not only on the group content in the strictest sense. In this sense I would talk about the cure of not only specific patients, but the institutional field and that the extended group is a "maintenance" of the institutional container (Comelli 2009) or, as a patient used to say "an un-scheduled harvest."

Sample session

The group, which I ran weekly, was composed on average of 20/25 people who were invited to express anything they wished, within a time limit of an hour and a quarter. It wasn't a community assembly, but a place in which everyone could talk freely, but with the aim to a common representation and comprehension of the circulating emotional state within the community. My moderation wasn't a stranger to the knowledge of the group according to Bion.

A accuses D of an evening theft against M, all of whom are patients present in the group. A concrete thought phase follows: to try to identify the person liable for it, whether it was really D, or to suggest more strict rules or think about steps to take, for example to place an empty box that the thief can fill anonymously to return the ill-gotten gains without being discovered. An operator points out that the money will be returned by the community to M. Another operator tries to assert the transience and exceptionality of the fact, provoking an answer from patient E, who claims he was already the victim of a robbery months before and he demanded that the fact not be underestimated.

Cond.: during this phase we all move as policemen, as if no one was to give voice to the side of the robber, to fantasies of thefts, to past episodes in which they stole something, even if only inside of a fantasy. As if we couldn't put ourselves in the shoes of a potential thief, understand his moves and motivations.

M claims that it is the pre-Christmas uneasiness to cause the thefts. H claims that his thefts happened in accordance to the weather and that he stole within his own house up to the death of his father, after which fact a moral sense descended upon him, which prevented him from stealing again.

H says that after the death of his father he started to travel the world, looking for an emotional climate which, combining the (theoretical) northern elements (emotional self-control, a cyclical thought of self-training practiced daily with mental prayers) and southern elements (the attachment to the land, the trans-generational memory, creativity) would prepare "the descent upon him" of moral principles, so as not to steal anymore.

I would like to point out how it was now obvious that what we were talking about was the loss, of a father or even of operators, and that we could hypothesize that the problem was tied to the theft as a removal of people, with changes and pain for those who remain, bringing up as examples the temporal estrangement of an operator and of a guest who wasn't in the community anymore.

The group then reasoned about their experiences of abandonment and loss and to the sense of bonding which could concern those present. We could determine a certain warmth: some components claimed that the last names of those present have a bond with their role and their personality, starting from M's last name and his story: a moment of warmth and pleasure spreads among them and transits toward a climate of reflection; some of them remember how the group went from an inquisitory climate at first, to a climate of emotional understanding. Others remember how the thefts also had to do with the emotional environment or the relationship among us, in a dynamic of common perception that helped the patients to substitute their own delirious solipsism to the advantage of an institutional common sense.

Thoughts about the session and the Large Groups

The group expresses, through theft, an ensemble of unconscious elements tied to the pain for the unprocessable losses, expressed through a persecutory and paranoid group symptom: rather than the ability to face loss, it was the theft and the search for the thief that occupied the mind of patients and operators.

In the past of this institution, bereavement and separateness were experienced as a team from a religious standpoint, through salvific religious methodologies; the unconscious content of the institutional environment was thus represented by the separative pain that couldn't find a symbolization, faced with non-relational truths, but tied to the foundation and to the Zeitgeist.

I find it significant that while I was also considering it, I lived the issue of psychoanalytical "religion", wondering whether what I had activated could be in line

or not with the Psychoanalytic Society. I also consider that I, a layman on the religious level, *believed* that what I was doing could help the patients, in an act of *faith*.

Neri (Neri 2004), speaking of Faith (F), reminds us that Bion “considers F as an essential component of any scientific procedure. The Act of Faith corresponds to the ability of having faith in certain perceptions and intuitions, which surface during the analytical work and that correspond to facts, whose existence is not described and explained by the theories that are available at the moment”.

Therefore I was a believer, without being religious, that this job could be settled with psychoanalytical training, even though the group that was born made me afraid of being a heretic, due to the fact that the device I developed consisted of a group of not just patients. As a matter of fact, a group like this didn't have the ambition to substitute therapeutic groups, nor individual therapy, which was encouraged, but it wouldn't have been possible to lead it without a group and individual analytical training.

From a personal point of view I can thus find the individual-institution relationship significant, according to which the real institution constitutes the external replica of an object that was originally internal, putting strong ties between internal objects and external objects: to transfer to an institutionalized and external group one's own internal idea of personal faith thus transforms one's own internal religion into a shared religion (or an ensemble of articulations of ideas).

It is possible that in community institutions other experiences indicate the need for containers capable to give a voice to a collective and extended context such as in multifamily groups (Badaracco Garcia 2000), in social dreaming (Lawrence G.W.2001), and in collective supervision.

These realizations take place also thanks to the extended groups, meaning extended and shared as much as possible within the institutional field: among the therapeutic factors involved in this type of groups there is the one about “Adult modulation of the term *we*”, mentioned by S. Corbella (Corbella 2004), capable of representing the modulation that the patient perceives, while co-building the group thinking, going from the *I* of one's own internal world, to the *we* as an extension of one's own mental experience within the group. The term “we” must be differentiated in all its inflections that go from a *we* of fusional character, that standardizes and unifies everything, to a *we* modulated and gradual in its relationship with subjects that constitute it.

In the 50's Stanton and Schwarz (Stanton a Schwarz 1954) in the United States formulated the hypothesis of a bond between the dynamics of the operators and those of the patients. The antagonisms of the team or of the subgroups went hand in hand with a worsening in the patients, while an integrating process within the team, with a return towards the patient, was greatly beneficial to them: it was such an evident benefit that it became a condition and far more efficient compared to initiatives towards individual patients, perhaps even inspired and deserving. The emotional exchange between staff and patients appeared to be fundamental. In other words, in the absence of the context of interaction between the dynamics of the operators and

the patients, there would be a partial invalidation of the individual work on the individual patient.

Racamier (1973) maintained the analogy between splitting conflicts within the patient and the conflicts among the staff (mirror effect): in the absence of treatment of these mechanisms it was difficult for institutions to cure the problems that pertained to them, remaining a concrete and mechanical activity, purely bureaucratic. On the same line of thought, Duez (1998) refers us to the visibility of the institutional dynamics and the need to give shape and represent the historical and emotional state in the background of an institution, as a therapeutic factor which is not separate from other therapeutic factors present within the institution. Pinel (1998) talks about this on supervisory experiences, which begin as a job dedicated to the patients, but it rapidly becomes a job that is open to issues about the context in which the institutional scene takes shape.

When talking about therapeutic roles of this type of group I have to point out the one about sharing while getting close to someone, by figures with different roles within the institution: the possibility of “feeling on the same boat” with a “inhabitation” of the same “emotional house”. In this context we can also consider the phenomenon of altruism: this factor, often underestimated because it is considered too non-specific or maybe too disconnected from the world of psychological thinking, appears instead as a sign that indicates a climate of the group, or at any rate an element capable of facing the basic attitude present in the members of the group with respect to themselves. The altruistic dimension shouldn't be included here in this description as a dimension which excludes conflict or the reciprocal diversities which are born from being together in a group.

Indirectly, another element involved in the dialogue between institutional containers and the contained groups can reside in a reduction of the sense of shame: to share in a group can help to draw up experiences that are usually shameful, to an environment capable of not despising the appearance of elements of shame/secret.

***Matryoshka* roles of containers within the institution: isomorphism.**

From this point of view it's possible that within the organized spaces, e.g. supervisions, the talk about a patient and about his relationship with the institution might contain conscious or unconscious thoughts about the institutional “we”, that is, about a mental state with several points of view which pervade an institution at a given time. It is the concept of isomorphism which, as in a matryoshka, reproduces analogue shapes in different institutional groups, on the basis of unconscious reproductions of transpersonal emotional issues within the facilities.

The isomorphism which isn't questioned, isn't identified as a problem, and isn't represented by the perceptive apparatus of the institutional *we* runs the risk of setting

off a chain of never-ending stresses, posing a cascade of institutional symptoms. (Di Lello 2010).

In a mental health department the introduction of a therapeutic group with a Bionian method, with an openness towards unknown and primitive phenomena, determined an inversion of the negative isomorphism which afflicted the institution, that is, an underlying idea that consisted in the repetition of the evacuation phenomenon, that had to do both with the operators which were expelled and a more private group issue geared towards evacuation issues.

In this case only the analytical dissertation of the therapeutic group within the institution unintentionally treated the institutional symptom, besides curing the patients themselves, connected to the group through a representative role of the institutional field (and not only of the clinical issues of the patients).

In this sense it is possible that the curing functions of the group have a therapeutic fallout with two vectorial paths: one towards the patients, the other one, broader, bent towards the “institutional”.

According to this hypothesis, the institutional mind, meaning the mental state shared by the team, starts from the contents and redefines and consciously or unconsciously intervenes on the functions of container. Such functions seem important as they work on the idea of the containers of the objects under treatment, measuring their sustainability for the type of such patients or based on the interaction between operators and patients. Here it is possible to recall the group therapeutic role of “transit” (Kaes , Pinel 1998) where an element can become topic of therapy and of transformation for the subject the moment in which it is put into words and the moment in which it goes through the mind of the group. To put something into words thus allows us to transit through an issue, defining it as important and crucial for the cure of one’s self.

From the institutional isomorphism to the reflection among men

From the phenomena of isomorphism the group can extract areas of authenticity: the therapeutic group in the institution can promote an opening towards “human presence”, reflection and sameness.

These factors can favor an authentic contact with other people, with other subjectivities, with others on their own (Lai 1995). In homogeneous groups, due to the similarities of the hardships presented inside the group, a function of reflection prevails, helping the individuals to recognize aspects of themselves through the others’ mirrors (Recalcati 1995). While in reflection the subject acquires a vision of himself through the other, in the concept of sameness the subject perceives the deviations among the similarities with the other and the difference of his own identity: in a continuum that presupposes alternation between continuity and discontinuity (Yalom 1997).

In the case of sameness, the subject finds in the group other subjects in an alternation between being the same and being different, being able to develop feelings that Yalom (1997) calls “of universality”.

Relationship group/institution: oscillations between differentiation of the group from the container institution and belonging.

In a group experience in psychiatric wards (Contardi, Gaburri, Vender, 1993) it had been observed how the group themes oscillated between primitive elements of primary identification with the hosting institutional container and those pertaining more to the path of the group itself and its more specific contents.

It was a group open to the whole system of patients who are admitted to a ward: in this way the group took on a continuity not only due to the characteristics of the participants (the group’s “sequitur”, its memory), but also to the institutional invariants.

The tight relationship that the group had with the institution in which it was placed and in which it took place suggested a representation of the mother-child relationship. I’m thinking about the image of a group-child who doesn’t have a separate identity from the mother-institution and who presents a primitive and pre-individual relationality which can determine, through the constitution of the group field, a condition for the birth of affections and emotions, common and shared.

The paths of the group in these structures of high indifferenciations will thus present a therapeutic factor tied to the progressive differentiation of the group, with its underlying issues, from the institution which welcomes them, to later return to the end of the group still within the institution.

This means that at the end of the group, as compared to any group set inside of an office, the components will reintroduce themselves in the container ward, starting a dialogue between elements of differentiation and indifferenciation.

During a session in a group in a ward, we go from the issue of “we all have a tumor” – meaning there is no differentiation among the participants, who share a state of primary identification – to the dimension of childhood where all the participants, including the leader, experience the different sharing, common, of an embryonic relationship which isn’t characterized by and tied only to the mother-institution, but also to the specific and autonomous group process. This oscillation, from a group rooted in the institution to the group with its own process, highlights the path from the indifferenciated belonging to the institution to the autonomy of the personal and group contents.

Talking about another level of oscillation, Neri (1997) points out with the term commuting the passage of emotions, ideas, investments from an individual dimension to a collective one and viceversa, where a tale and an individual experience comes to deposit itself and to be a common object, belonging to the field of the group, while before it was kept only within an individual story. This passage implies that the experience in question, becoming a collective, transforms itself, thus acquiring a different dimensionality, linking with an ensemble of conscious and unconscious affections which influence them, re-transforming it. Its re-acquisition after its transit in-group is considered as a therapeutic group function.

Even the oscillation between the polarities cohesion-fragmentation can favor a process in which the identity of the subject can find its own stability in the continuous changing and mutating, oscillating between fragmentations, decompositions and subsequent temporal cohesions (Corrente 1999), allowing a welcoming in the institutions specifically thought about for these movements.

Destructiveness and containers

At the end of the article I return to the issue of opening, that is, the presence of areas of destructiveness in psychopathology which are expressed as a fascination of evil and as an experience of contact with the “negative”, foreclosed by the social and family fabrics and from the mother/infant unit.

If the child loses his own maternal container, he is afraid to die, or we would say he experiments pre-verbally a condition of total loss of the mother/infant unit. He loses the container he is a part of and in which he is contained.

Winnicott (1974) also helps us when he talks about the first transitional phases in which even a part of the mother merges with the infant, giving a mother/infant unit which is valid for the mother, too.

In the mother/infant unit the primary identification in the mother, that is, with the object whom his own survival depends on, supposes also an identification or a dis-identification from issues of the maternal unconscious or even from a non-elaborated family state deposited there.

Thus the intolerable difficulties, not compatible with the container/mother unit, are rejected and foreclosed, exactly to impede the rupture of the container itself. Even though the child might not have verbal tools yet, his mind knows these issues well, those tied to the relationship container/content which today we as adults deal with through theoretical thinking.

If often the psychopathology we deal with corresponds to the destiny of the contents not tolerated by the container of the primary mother/infant unit, we can notice how important the topic of the container-content relationship becomes in extended environments of institutions which would cure the subjects who suffer psychically,

that is, the subjects who suffered a difficult containment within the mother/infant unit.

It is thus possible that the destructive issues presuppose a relationship with the primary guilt tied to the fragmentation of the primary mother/infant unit: subjectively this means the rupture of the infant/mother unit can be felt as a primary guilt due to its destruction tied to its own contents not tolerable by the container.

In the therapeutic groups the containment of the fragmentation (Corrente 1999) is also an element which contributes to reduce the destructive load, especially in the groups with a severe pathology: in fact the diversity of the contributions of the backgrounds and personal experiences can find an efficient narrative capable of reassembling a comprehensive overview of everyone's contributions. The analogies between the container/content, infant/mother, group/institution relationships can thus have an implicit meaning tied to the dialogue between devices capable to metabolize primary emotions, often not aware or not yet endowed with verbal tools.

This function can reproduce a corrective review of the primary family group:

Yalom (1997) insists on the corrective term as a term of healing of group instances sick within the family environment.

Around the end

The circularity of this type of work allows to briefly mention some elements useful for the comprehension of the therapeutic functions of the container/content relationship, by means of some points:

- First of all it is thinkable to bring the function of the institutional container close to a corrective experience in regards to the issues of rupture of the primary containers.

The role of container within the institution can thus allow a contact with primitive mental states, giving back to the subject a less traumatic contact with his own dissociated unknown and primitive areas. In this way the troubling elements of the psychic unknown can be approached by means of the group, trying to treat it, find it and elaborate it, valuing it as a moment of growth and psychic work. The risk tied to the absence of containers which bring the individual nearer to the unknown subject who inhabits it is tied to the individual remaining outside of the story, meaning an isolation of the subject from the past and from the future.

- The therapeutic factors of the groups (contained in the institution) can thus be thought of as possible therapeutic factors for institutional devices as well (containers) and viceversa, in a difficult but necessary dialogue between these instances.

In this sense some basic aspects can be useful as healing factors of the institution:

- The care of the institutional field
- The oscillation between indifferentiation and differentiation by the group contained in the institution.
- The figurability of the institutional scene
- The effect of being part of a living story, constantly being “written” with a discovery of one’s own intersubjective position and, more important than being interpreted, it’s shared.
- The contact with the area of anonymous deposit within the institution
- The role of containment and treatment of destructiveness

All these elements seem to be inalienable for a beneficial activity or reverie and for the development of feelings of tenderness and intimacy even starting from situations of extreme destructiveness.

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