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**Thinking about death and rebirth in a covision group of psychotherapists working on a case of suicide in the family**

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Nowadays groupanalysis is facing significant social changes which have led to the reconfiguration of one of its fundamental concepts, the one of matrix (Foulkes, 1948). This reconfiguration was birthed by the experiences of professional practice. 'From the couch to the circle, to the streets' (Schlapobersky, 2016; Scholz, 2022) is the new motto which suggests how the social context notably influences the structure of current psychological issues and the new assumptions on which care should be based upon and organised.

Additionally, the work of the group-analysts of today seems to require a more welcoming approach towards diversity, flexible and creative ways required to listen to and support communities and families in the changes they face. All of this, today more than ever, highlights the need for professional teams to receive support and have specific settings where to share and discuss the more complex aspects of their work. Small groups of covision/intervision are contexts where emotional and identity bonds among attendees become fundamental to elaborate psychosocial knots such as the ones originated from the pandemic of the past two years, where group-analysts themselves, as care givers, are involved.

Our association IL CERCHIO, funded in 1999, works with its members to expand and spread our knowledge of group-analysis starting from Foulkes' theories. IL CERCHIO currently has several offices located in five regions of Italy.

In each of these offices, members have created groups of intervicion/covision. Such groups are meant to offer members different services, including

- Support to their professional identity as psychotherapists/group-analysts
- Support in designing care paths for more complex cases
- Support in gaining specific skills

- Improvement in the efficacy of group-analytical interventions

In the five Italian regions (Sardinia, Umbria, Lazio, Campania, and Puglia), groups are designed and ran differently in terms of the times and formats of attendance. However, they all aim to achieve the common goals mentioned above.

The covision group which we are presenting today is based in Sardinia, founded about nine years ago and consists of seven members, one of whom acts as a coordinator in the planning of the group work. Meetings happen periodically with an initial phase where one of the members presents a clinical case highlighting, following the presentation of the patient's medical history, significant steps in the care path put in place for the patient. In the following phase, the group works to elaborate the material, through free associations, which are useful to expand the meaning and possible changes of the therapeutic relationship and of **further desirable therapeutic strategies.**

To give an example of what I have described so far, we would like to present Romina's request for help in elaborating a bereavement following the sudden suicide of the head of the family. The tragedy of the event is amplified by the experiences of death that characterised the time around the start of the pandemic.

We are all aware of the dramatic turmoil within communities, cities, nations, and the whole world brought about by the effects of the virus, invisible to the naked eye and yet capable of destroying the health and vitality of the whole of humankind. With the start of the first lockdown in Italy, we, as psychotherapists have adjusted our care setting to an online format, both for individual interventions and for group ones in the attempt to answer to the increasing need for listening and support resulting from the widespread fear and anxiety. Romina comes, in these exact circumstances, asking for help for herself and for her young daughter because her husband, who suffered from a terminal illness, suddenly committed suicide. Moreover. In the space of a few months, Romina's parents, both elderly and in poor health, passed away.

The individual settings for the two women delivered by two of the group's psychotherapists as well as the group setting for the covision meetings were in an online format. Later, only the individual psychotherapy sessions were moved back to an in-person delivery, while following the guidelines to limit the spread of the virus.

Our colleagues therefore helped Romina and her daughter Sara to elaborate the meaning of death and to accept it, in a social context suddenly saturated by the need to face the tragedy of the pandemic daily and with the sudden decrease in social interactions.

Even the covision group, affected by the general state of alarm and by the restrictions, went through a phase characterised by poor activity- also a phase of transition as some members left the group and new ones joined.

Then, the group struggled to choose a date and a format for the covision meetings. Everything was happening very slowly and twice a meeting had to be postponed due to unforeseen circumstances. These events can be put into context using Kaes's description of 'hypermodern' (2012) where events follow one another at a fast pace and produce an emotional burden which appears not to leave any room for thoughts. Indeed, the online format seemed to slow down the process of creating a group thought, which brings about creative intuition and allows access to new solutions. The hurdle was overcome and finally, the psychotherapy work carried out with the daughter Sara and the mother Romina, was shared with the group.

During the first covision group, the parents' hyper protective attitude towards the daughter Sara emerged, in an attempt to limit her awareness of dark aspects of existence.

In the subsequent meeting we were able to re-create Romina's original family matrix and give a meaning to the tragedy. The exclusion of death and of darkness socially confirmed by the modern thought based on speed and productivity at all costs, has been put aside with the advent of the pandemic. Death and fear of death have emerged back suddenly into the social and individual scene, as suddenly as suicide emerged into this family. The facts about Romina's family history bring back traumas experienced by Romina's mother as she married a high army officer and the violence in the marital relationship which resulted in Romina's mother suicide attempts. Romina, raised in a compromised family and focused on keeping a façade of normality, seems to bring a matrix which desperately attempts to exclude death. However, when social life suddenly barges into individual life, weakness can re-emerge finally asking for listening and elaboration.

Being able to digest the heavy topics of bereavement around suicide and the almost concurrent natural death of Romina's elderly parents in the covision group has helped both therapists and patients to gradually reach a state of emotional rebirth.

Sara, despite the struggle and the grief due to the bereavement has been able to continue her university studies and to increase her level of separation-individuation from her family.

Romina has slowly managed to re-gain sufficient emotional stability preventing the risk of a depressive fall due to the bereavements. The rebirth of energies and projects appeared possible exactly thanks to the support, the cooperative attitude, and the containment offered by the covision group to the two psychotherapists. The two psychotherapists were also experiencing the burden of a generalised experience of tragedy due to the pandemic and a feeling of powerlessness.

Being part of a covision group/inversion where one can expend the sense and the meaning of patients' messages appears to decrease the risk of oscillating between the feeling of resignation and disheartening or an all-powerful escape. The emotional hazard that the psychotherapist can fall into when facing patients' individual pain within a community in a state of crisis- a anthropological and ethical crisis, before a financial and a social one (Correale, 2013).

The covision group therefore appears to operate as an interpersonal net with the task of changing the saturated family matrix, a particularly challenging task for the psychotherapist immersed in a social context of emergency as the one described.

In conclusion, we can therefore highlight what Foulkes (1948) already pointed out regarding the potential for containment and stabilising action in the group setting.

## Bibliography

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