PREMISE

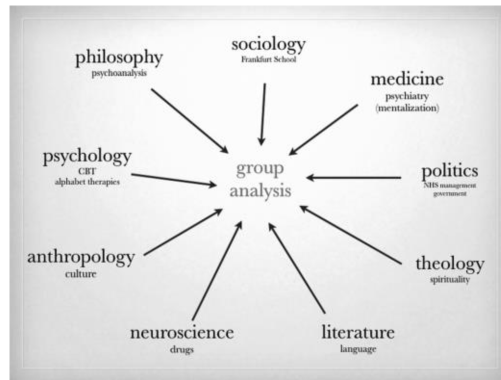
Dear colleagues,
having listened to Dr Stevenson's report, which I greatly appreciated, I would like to begin with an extemporary consideration, but which I think is very true. I fully agree with Dr. Stevenson, at a time when we have to question the positionality of the group analyst, his "self-location" in the group matrix, his work with his patients' and his own intersectionality.
In addition, I think it is time to question the positionality of the Group Analysis itself, which today is living in other intersectionalities, also traumatic, in which the idea of mental health risks being decontextualized in favor of an individualistic and utilitarian conception, bent to the aims of neoliberalism.
That's what I want to talk about today.

GROUP ANALYSIS AND PUBLIC HEALTH
What setting for Minor Psychic Disorders?

The relationship that Group Analysis maintains with the Public Health Service is undoubtedly difficult and complex.
The main difficulty stems from the current tendency of the Public Health Service to rely increasingly, also for mental health matters, on the dictates of neoliberalism, managerialism and the health economy.
Can Group Analysis accept these dictates? And, by doing so, can it survive by maintaining its nature, or will it not have to be distorted for this?

What is Group Analysis?

For the Public Health Service, Group Analysis is a psychotherapy like the others, which aims to treat people with a psychic disorder.
For us group analysts, the answer is not that simple.
Important colleagues, such as Dalal, Campbell, Einhorn, believe that the Group Analysis is something more and different from a simple therapy. They look not only at the goal, at the outcome, but consider it as a whole: as an ideology, as a philosophy, as a broader cultural experience, which can also be therapeutic.



(Campbell, 2010)

This is a figure from a work by Campbell.

Group Analysis looks like a star powered by numerous forms of knowledge, which it illuminates in turn. But what light are we talking about?

It is a light that, as in the rainbow of the suggestive metaphor of the group proposed by Campbell herself, takes on different colors depending on its angle of incidence on the drops of water. We can imagine that red represents the meaning and sense of communication; yellow, the sociality of human nature, interconnected and interdependent; the green, the ethics, the democracy of the group, which puts all members on the same level, including the conductor.

Can these colors, which for all of us are the founding values of Group Analysis, continue to shine in the Public Health Service?

According to Campbell, Group Analysis cannot be part of the prevailing culture in society, nor of the established power, because it is nonconformist by nature, because it has an anti-systemic ethics. Dalal goes further, calling it subversive.

Group Analysis and Society

It is true, the analytic group is a tool of socialization: each of the members is part of an interpersonal network within which they can experiment and learn new forms of relationship. However, this does not mean that we want to teach what is right or to promote compliance with external social standards.

Foulkes made that clear. For example, it seems he started his groups in Northfiled:

"Whilst in the group, we are not in the army"

(Foulkes, quoted by Hinshelwood, 1999)

I have often wondered what kind of *acting* this was, since the assumption is clearly false: Northfiled, after all, was a military hospital! Then, over time, I realized it was a real provocation. While Bion, who had preceded him in the role, adhered to military-style propaganda to raise morale and compact the group against the common enemy, neurosis — that is, by resocializing the soldiers so that they could return to the battlefield — Foulkes' purpose was instead to heal men, simply. His focus was and remained the individual, although he treated him in the group.
Foulkes himself tells this us, as follows:

"Group therapy has nothing to do with getting people ***to march in step****. On the contrary, good group therapy — developing a good group — causes the two processes* ***to go hand in hand****: the reinforcement of common ground and the freer development of individual differences"*

(Foulkes, 1948)

The obvious contrast between *"march in step"* and *"go hand in hand"* encloses the difference between Bion's and Foulkes' settings.
This difference is the basis of the Group Analysis. Speaking of sociality means emphasizing the interconnected nature of human existence, therefore the interdependence of individuals among themselves, certainly not their assimilation in view of a common purpose. If that were the case, the dynamics would resemble that of the mass described by Freud, with the only difference that the ideal of the ego would be represented by the purpose, unique and common, rather than the leader.

Group Analysis and Democracy

The idea of sociality that underlies Group Analysis is actually even more complex if we consider its ethical aspect. Indeed, interdependence among individuals brings with it the exercise of power, with all its dynamics. Unlike the mass, in which authoritarianism is

affirmed and power is in the hands of one man only, while all others are equal, among groups power is disputed: that is the essence of democracy. The dynamics then tend to become the one described by Elias and Scotson in *"The Established and the Outsiders: A Sociological Enquiry into Community". Winston Parva* 's experiment analyses the conflict between *established* and *outsiders* and teaches us that in every social configuration the power relationship between subgroups is hidden behind discriminatory prejudice, which can be racial, ethnic, religious, economic or cultural.

Is there a way of avoiding the totalitarian concentration of power in one man only and also of deconstructing prejudices, bringing to light the conflict of interests between subgroups in order to discuss it openly? It is this question that Group Analysis tries to answer to.
A first answer is that provided by Foulkes, who calls the group therapist "conductor" and not "leader". It is an apparently simple answer, at first glance I would say unsatisfactory. Yet, Foulkes insists so many times on the therapist's position in the group, that one may suspect that this is a really important thing.
Foulkes says first that the term "leader" was largely compromised by the dictatorships of Hitler and Mussolini, which led to World War Two, and is no longer suitable to describe the role and function of the group analyst.
In particular, he added that:

"While it is easy to become a leader... it is much more difficult to wean the group from having to be led, thus paving the way for their own independence. With both methods one can have success and it is in the last resort a political decision or a question of Weltanschaung which one prefers. One way lies fascism, the other a true democracy. Moreover, in the latter one, the truly democratic one, the group method pays in fact the highest tribute to the individual"

(Foulkes, 1964)

In fact, the democratic functioning of the group is just one possibility, neither more nor less than that. It is only if the conductor of the group chooses this method that therapy can become a Group Analysis, that is, also a form of civic education, training for citizenship, promotion of democratic life.
However, it is not as easy as it seems. In fact, there is a formidable obstacle to the weaning of the group: the primary unconscious desire to be led by a leader who exercises all his authority and relieves it of the responsibility to decide; a leader who is omniscient and omnipotent and offers the group a magical help, a fatherly figure like a God, the father of the primordial horde of *Totem and Taboo*.
This dynamic of the group has its individual equivalent in falling in love and hypnotic suggestion, that is the transference, of which Freud already realized the "transpersonal" nature, stating that:

"... on a closer inspection the difference between individual and social or mass-psychology... does lose a lot of its edgedness... individual psychology is, therefore, from the beginning on also a social psychology in this extended yet thoroughly justified sense"

(Freud, 1921)

For the therapist, the resolution of the transference of the group to him is therefore the first step towards the realization of a "peer cooperation". For this, he has to do just what he doesn't want to do: initially he has to accept to be considered an absolute leader, support transferal pressure and then slowly try to counter this dynamic through free group discussion, gradually ceding its authority to the group itself.
However, unconscious dependence on the leader of transferal origin is not the only obstacle to the realization of a genuine democratic process of the group.
There is at least one other obstacle, equally difficult to deal with, which concerns the conflict over leadership and the resulting division into subgroups.
The problem here is obviously not the conflict itself, which is part of the democratic life, but concerns the ethics of this conflict, its relationship with the truth. The struggle for power often wears the mask of ideology, which builds illusory dichotomies based on only partial similarities and differences; the manifest level says something innocent to hide the conflict that remains latent, in the unconscious of the group. This is the way in which power relationships settle in the psyche to become a fundamental part of Self-organization.
At the social level, ideology guides behavior in an invisible way to preserve the established order, making it appear natural and indisputable. As Elias and Scotson showed surprisingly, he does it through stigma, gossip. Once a resource has been used to establish a power differential, the stigma is then used to preserve it. The effects of this unconscious dynamic, which assures "we" the charism and "their" stigma, are not superficial but structure the psyche at a deep level, enter the image of self, shape our identity in conformism.
I think that's why Foulkes writes:

"Nothing is further from the truth than the idea that (this) therapy has to do with conformity or with toeing the line. Even whether something is considered normal or not is, in my own approach, not a question of values (quite apart from the fact that it is for the group to make up its mind about this). Group analysis has not as its aim adjustment and socialization. It wishes to help human beings to find themselves and to live their own lives as well as they may be able to do so"

(Foulkes, 1964)

And I think that's why, as I mentioned at the beginning, Campbell and Dalal believe that Group Analysis cannot belong to the prevailing culture and that it is by nature anti-system, subversive.
And also, that is why Sue Einhorn wonders:

"Is it subversive to feel entitled to try and understand how our personal emotions are also political because they are socially constructed as well?"

(Einhorn, 2010)

Group Analysis is therefore an attempt to resolve the group's resistances, both transferal and ideological, its deep tendency to adapt and comply, through what Foulkes calls *"an ever-expanding network of communication*" (Foulkes, 1990)
These unconscious resistances and tendencies cannot always be resolved by psychoanalysis. The group, in fact, "acts" them, suggesting indirectly but continuously to the conductor what it expects in the end from him and what it would like to hear him say.

"The group provides a stage for actions, reactions and interactions within the therapeutic situation, which are denied to the psychoanalytic patient on the couch"

(Foulkes, 1964)

Foulkes himself talks about countering as much as possible these automatic forces to free the group from their grip, suggesting the term *"Ego training in action".*
This is the analysis with the tiny "a", as Foulkes calls it to distinguish it from interpretation and identify it instead with the associative process of the group itself.
And indeed:

"Interpretation comes in where analysis fails"

(Foulkes, 1964)

Analysis, conceived as the creation of meaning and sense, develops only if the conductor rejects omniscience, any knowledge that belongs only to him and avoids hindering the spontaneous expression and activity of the group. For this reason, Foulkes defines Group Analysis as:

"... a form of psychotherapy through the group, of the group, including its conductor"

(Foulkes, 1964)

suggesting that the conductor is not "the one who knows", does not have a privileged position in the group, does not know in advance how the communication process will take place and does not even have the exclusive power to interpret: in the group, analysis, is developed by the group and through the group "*as a whole*".
This is an important contribution of Group Analysis to democracy. Foulkes' original thought binds Group Analysis in an indissoluble way to a choice of tolerance and respect for Otherness, even when it manifests itself by provocation, seduction and aggression in

communication. Pat de Maré, in his work on the median and large groups of 1991, added that *"Ego training in action"* emotionally depends on the development of "*koinonia*", impersonal communion among the members of the group, and constitutes essentially a training for citizenship.

I conclude this first part by returning for a moment to the rainbow as a metaphor for Group Analysis, suggested by Campbell. If it were only for the red color, which represents the meaning and sense of communication, and therefore the real therapeutic tool of Group Analysis, we could perhaps consider it as other psychotherapies and therefore ask ourselves whether or not to accept the dictates imposed by the Public Health Service. But what about the other two? ... the yellow of human sociality and the green of democracy? Without them the rainbow disappears.
In Campbell's words:

"So what happens when you chop up the rainbow? Of course, it disappears. You are left with a handful of drops of water and an irrelevant shaft of sunlight. And that's all."

(Campbell, 2006)

This is also the case for Group Analysis without socialization and democracy.

What is the Public Health Service?

This second part of the report tries to briefly describe the social and political context in which we live, obviously having a different angle from the first. However, it is a necessary step to understand the questions that we need to answer to and then to discuss, in the last part, whether or not we are willing to accept them.
In a nutshell, these requests would make us give up those colors that characterize us, the yellow and green that form our rainbow, in order to become fully part of the Public Health Service.
But what is this famous Public Health Service?
I hope I can say that in a nutshell.

After the Second World War, *welfare* systems are set up in a Europe weighed down by the memory of the conflict and its dramatic consequences, with the aim of providing social assistance to citizens in need:

"... to eliminate social diseases linked to capitalist forms of production and to the uncontrolled effects of a market economy"

(Aneurin Bevan, 1952)

as Aneurin Bevan wrote.
Specifically, Public Health Systems are established and financed in two different ways: a "universalistic," or "tax-financed" mode, based on general taxation; and a "mutualistic," or "social health insurance" mode, based on mandatory contributions paid by the citizen.

The OECD countries that adopt a universalistic health system are the United Kingdom, Italy, Spain, Denmark, Finland and Sweden, while those that adopt a mutualistic health system are Germany, France, Austria, Belgium, the Netherlands, Switzerland and Norway.

In this report I will mainly talk about the English National Health Service (NHS) and the Italian National Health Service (SSN). What I am about to say applies also to all the other Systems.

The Public Health Service in the United Kingdom

In the midst of the war against Hitler, the National Unity Executive led by Winston Churchill commissioned liberal economist William Beveridge to conduct an analysis of the state of British society. The famous 1942 "Beveridge Report" advocated the need to establish, at the end of the conflict, a welfare system capable of compensating British citizens for the sacrifices they had made and solving the five "great evils" of society: squalor, disease, ignorance, want and unemployment.

The reform of the British Public Health System then saw the light of day on July 5, 1948, representing an effective and profound transformation of the welfare state.

In the new National Health Service (NHS):

- health is a "*universal right*" of citizens
- health care is implemented through "*an all-inclusive health service aimed at ensuring the improvement of people's physical and mental health through disease prevention, diagnosis and treatment interventions*".

The principles on which the NHS is based are:

- *universality*, both in terms of accessibility and of all-encompassing performance;
- *public financing*, through general taxation;
- *free of charge* in relation to the benefits

The organization of the NHS is characterized by public ownership of healthcare facilities, the vertical integration of service delivery structures and a high centralization of management powers, located within the government.

The welfare state hinged on the NHS has not been affected for more than 30 years, not even by conservative governments, until the advent of neoliberalism in the 1970s, which, as we will see, will break the class compromise reached after the Second World War through the deregulation of financial markets, the privatization of state companies and the backlog of labor and welfare state protections.

The Public Health Service in Italy

In Italy, the Servizio Sanitario Nazionale (SSN) was established at the end of the 1970s, exactly on 23 December 1978.
Unlike the NHS, it is not a single administration but a group of bodies that contribute to the achievement of the objectives of protecting the health of citizens. The heart of the Service is decentralized to the so-called Local Health Units (USL), usually with provincial territorial distribution.
The establishment of the SSN takes place in absolute contrast to the rest of the world; in fact, the most important Italian *welfare* reform takes place when, at the international level, health becomes the target of neoliberal policies. Although lagging behind the United Kingdom of Margaret Thatcher, these policies eventually prevail, leading to the so-called "reform of reform" of 1992, which designs a new pro-competitive structure of the SSN and stimulates its privatization.

The Advent of Neoliberalism

The advent of neoliberal policies has changed the way of doing Health in European countries, eventually involving psychotherapy, not only in its practice but also in its epistemology. Therefore, we are now at a crossroads between welcoming the dictates of these policies, with the risk of distorting the very nature of Group Analysis, or rejecting them and remaining isolated, outside the public service and delivered in the limbo of the private, perhaps as an ethical, critical conscience of our professional world.
What is neoliberalism? It is an ideology that, relying on the democratic rhetoric of "freedom" and "choice", supports individualism and self-sufficiency. It denies that there is something like "society", beyond the individual and his family. It promotes consumerism through the free market, with a redistribution of wealth that increases social inequality. It exercises a moral condemnation of the weak and vulnerable because they support a culture of dependence and rights and need state subsidization of public services. This ideology inevitably entails the danger of social fragmentation, which can only be contained through ever-increasing public control, which exploits debt, illegality, and even mental illness.

The social process promoted by neoliberalism is basically very simple: consumerism drives us towards more and more productivity and efficiency, encouraging us to want what we can hardly achieve; the need to bridge the gap between aspirations and income creates debt and, in the long term, inevitably, feelings of inadequacy, anxiety and depression; the resulting fear of failure creates persistent discontent that can lead to delinquency or illness.
Mental illness thus becomes itself a form of control. Extrapolated from its social causes, it remains essentially a behavioral and emotional problem of the individual; a problem that is relegated to a defective brain, a deviated cognitive structure or internal subconscious mechanisms, and finally organized into a neuroscientific system, which excludes the conception of human experience as irreducibly relational. Mental health becomes an ideal to achieve individually: you need to work on yourself, look inside to overcome your own state of frustration and disappointment, and never think of really questioning the nature of the society in which you live. The laceration of the family and the collapse of social support networks are neglected, while psychiatric structures are induced to operate through the individual medicalization of unhappiness.

The social control of debt, of illegality, and now also of mental illness, is exercised by neoliberalism through the gradual replacement of professionalism with managerialism. The professional, such as the psychologist or the doctor, that is, the person who actually carries out the work, must transfer his power to the manager, that is to say, the one who should only allow and facilitate the work of the professional. The professional is forced to account to the manager for his work through a continuous and exhausting implementation of procedures and *data mining*, which has now become more important than the work itself. This leaves the professional less and less time to do the real work and reduces the quality efficiency of the system.
As an example, one of the first steps taken by the government of Mrs. Thatcher, champion of neoliberalism, was the choice of Roy Griffith, managing director of a large supermarket chain, to diagnose the main defects of the NHS, first as an expert/super consultant and then as Director at the Ministry of Health!

The central organizational principle of managerialism is "efficiency". State-run services, health, school, transport, etc. are inefficient by definition, as they do not have to earn money, and they must therefore all be privatized. Free competition means that private organizations are as efficient as possible and provide a better service at a lower cost to citizens, who will not have to pay taxes to support these institutions.
These principles are valid not only for the macro-economy of the nation but also for the individual organizations and institutions that make up the nation, whose components are put in competition with each other to form the so-called "internal markets". Efficiency is ensured through procedures and protocols built rationally according to an individualistic "command and control" ethics, at the basis of which there must be scientific evidence.

Neoliberalism and the Public Health Service

We can now ask ourselves, I believe legitimately, what results have brought the neoliberal and managerial ideology applied to the world of health, to the Public Health Service, since the 1980s. For this reason, the English NHS is the prototype that the other Public Health Services attempt to imitate, in particular the Italian one.
With the neoliberal reform, the NHS has become the client who — on the basis of the funds raised through general taxation — provides the necessary resources for the operation of the system. The manufacturers-providers of health services, equipped with complete management autonomy, operate on the basis of an internal competition. The supply of services, a land of conquest by the private sector, is now uneven and jagged, with a clear breakdown of that large system with complete vertical integration that the NHS was in the past.

Neoliberalism and psychotherapy

What has been the fate of psychology in this period of strong political and social change? I think the truest answer is: a slow shift from the search for meaning and sense, which has always characterized it, towards the achievement of a goal.
A purpose in line with neoliberal ideology that promotes individual efficiency incardinated within economic calculation. An ideology that accords well with the protocols of positivist science, which works with numbers, counts things and produces data.
Initially, the functioning of the mind and emotional life disagreed with these scientific protocols, and therefore psychology and psychiatry have struggled to establish themselves in the medical and healthcare world in general. They then gradually moved away from the analysis of the inner world, from the attempt to understand it; they stopped worrying about why people suffer and stare at the surface of things, the visible and tangible, the observable and measurable. They fought for a long time to be taken seriously by the rest of the scientific community. Finally, psychiatry has managed to take the form of science itself. With the publication of DSM III (Spitzer, 1989), it redefined itself as descriptive psychiatry, claiming that it has solved the problem of objectivity, reliability and predictability. From then on, diagnosis should be made based on a checklist of presumably objective symptoms.
In a short time, psychiatry was followed by psychology, or at least part of it. The behavioral paradigm adopts the metaphor of the mind as a “black box” and deals only with the stimulus-response circuit. It is then associated with the cognitive paradigm, which partially modifies the previous one by equating the mind with a computer that processes information and focusing on the analysis of processes that mediate learning,

thinking, understanding and problem solving. The main thing is that they are, however, schemes that can be quantified and reproduced. This is how *Cognitive behavioral therapy* (CBT) was born.

Both psychiatry and CBT agree that people's psychological discomfort has little to do with the circumstances of their lives, with their history. People suffer because they are suffering from a mental illness or mental disorder listed in the DSM, with only two possible causes: a chemical imbalance in the brain, which can be rebalanced through drugs; an incorrect and habitual thought, which can be corrected with the CBT.

These therapeutic paradigms are supported by thousands of clinical trials that demonstrate their effectiveness. For this reason, regulators such as the *National Institute for Health and Care Excellence* (NICE) have authorized them, even in this period of austerity when they show extreme caution in spending public money. Regardless of what these clinical trials actually measure, the neoliberal deregulation that permeates many areas of our lives has also changed research. In recent decades, the requirements of clinical trials to demonstrate the effectiveness of treatments have been constantly lowered under intense pressure from pharmaceutical companies' lobbying. Of course, the lower the bar, the more research seems to be successful.

Part of psychology and psychotherapy have therefore departed from the search for the meaning and sense of mental discomfort to embrace an ideology of the result linked to a purpose. We can legitimately wonder if this is really to help people change, reduce their discomfort and make them live their lives better. If that were the case, we could also agree to measure ourselves for this purpose and try to prove that Group Analysis can also obtain that.

However, this is not the reality.

This is demonstrated by the recent English experience of the *Improving Access to Psychological Therapies* (IAPT), the latest son of neoliberal politics. What exactly is it?

The English experience of IAPT

Over fifteen years ago, *The Depression Report* was born, a document from *the London School of Economics* signed by *Lord Richard Layard* that convinced the Labour government at that time to allocate hundreds of millions of pounds to support the psychological treatment of Minor Psychic Disorders (MPD). According to the *Report*, in fact, the MPDs could be attributed very high social costs, amounting to £ 21 billion pounds a year — about 1 % of GDP — of global economic loss. The Report stated that one in six citizens, for a total of 6 million people, would be diagnosed with an MPD. He also stated that "evidence-based psychological therapies" could relieve at least half of this number from their sufferings, ensuring their return to work, resulting in a recovery in the competitiveness of the production system and increasing GDP.

For this, it was necessary to bypass the NHS, which managed to provide adequate psychological treatment to only 5 % of patients, and fund a new program, called *Improving Access to Psychological Therapies* (IAPT). The initial allocation granted by the British Government was EUR 372 million for the three-year period 2008-11, and since then it has been growing continuously to date.

The IAPT model was summarized by Layard & Clark (2014) in six points:

1. Psychological therapies based on the highest levels of evidence of *efficacy*
2. Psychotherapists with complete training in *specific protocols*
3. Collection of seating *outcome variables* per session.
4. Adoption of *step care model*
5. Expert *supervision* on a weekly basis
6. Access to the service based on *self-reporting*

The first point, the one that interests us most, is that of "psychological therapies based on the highest levels of evidence of effectiveness".
What are these "psychological therapies"? Certainly, they are not Group Analysis, nor the other analytical, systemic or humanistic psychotherapies. As the scientific evidence shows, the *Randomized Controlled Trials* (RCTs), the only real therapy that can solve the problem, is CBT.
And what's the problem? The problem is the return to work, thus reducing the social costs of the *Minor Psychiatric Disorders* (MPDs). The well-being of citizens is transformed by the neoliberal ideology, through the dictates of the health economy, into a recovery of the labor force, into a simple economic calculation.
It is no coincidence that the CBT has come to thrive in the era of neoliberal austerity. His understanding of the human condition is closely aligned with the ideology of individualism, with the positivist scientific paradigm and with the managerial fetish of measurement and calculability. The CBT focuses only on the cause of the maintenance of current psychological discomfort. The reasons why people have become depressed or otherwise, which are not graspable by the methods of positivist science – except at the cost of a blind reductionism – do not matter for treatment.
Here, then, the purpose of psychotherapy is" to repair", that is to bring the patient back to a state of operation in accordance with the rules laid down. The CBT

"*… questions negative thinking patterns*"
(Doward, 2009).

This is how psychotherapy is put at the service of conformism. As Dalal says:

"a psychotherapy or analysis that conceives of itself as a scientific and a medical treatment, will of necessity be an instrument of conformity because the principles of science require consistency and uniformity of outcomes"

(Dalal, 2016)

I wonder if we are not dangerously approaching the positions of Bion, harshly criticized by Foulkes, whom I mentioned in the first part of the report, with the substantial difference, however, that Bion treated soldiers in wartime!
The concept of psychotherapy as a way to repair something looks only at the individual and ignores the context in which we live: a sociality that permeates us, a world of meaning and sense, an ethics constantly under discussion, all factors that affect mental illness, and in particular MPDs.

To end on a good note, the father of the economist Lord Loyard, creator of the IAPT, Sir Jhon Loyard, was a famous psychologist, whose analyst was Carl Gustav Jung!

Group Analysis and the Public Health Service

In the era of neoliberalism, concerns were expressed about the possibility that Group Analysis could survive due to competition in the rival therapies market, and in particular the CBT. In the face of these concerns, however, there is a danger of losing the identity of Group Analysis as a potentially radical and critical discourse, of becoming what the market desires, nothing more than a psychological technique for social control, a method for managing deviance.
Although all disciplines, in order not to stagnate and die, must necessarily be able to adapt, change and develop, for Group Analysis it seems more important in today's context not to lose its nature. The current protocols of psychological science require that treatment be manualized, ensuring predictability and consistency not only in results but also in methods, which must remain the same regardless of who implements them. However, concern for evidence, marketing objectives, strategic evaluations and management procedures risk putting the expertise of Group Analysis at the service of control systems, making it part of them.
A good strategy could be the one promoted by Peter Fonagy with his *Short Interpersonal Dynamic Therapy:* to develop as many as possible research protocols acceptable by regulators and academic authorities and thus legitimize Group Analysis in the eyes of the Public Health Service. However, the cost paid by Fonagy was to subject the "analytical attitude" to lists of skills and competences that the analyst must learn, follow and make operational. Group Analysis cannot pay this cost, and therefore should not lend itself to being tested and manualized. If he did, he would no longer be recognizable as such.

Group Analysis, as I state, along with many colleagues of mine, is not only a theory, a technique, a therapy, but a way of thinking; it is therefore very difficult to make it a manual with which to measure skills, count results and ensure quality. Group Analysis is able to welcome the changing cultural climate in which we live, to help us not to fear changes, to make us think creatively. That's why we spend years training, when it would take much less time to learn a therapeutic technique like CBT. The fact is that group analytical training is an education, not only clinical, that does not teach *what* to think, but *how* to think.

Sitting in a group — small, medium or large -, living a bit with others, letting the discussion flow freely, trying to bring out its meaning and sense slowly, is an experience that has in itself a possibility of transformation: it can change things, turn something colorless into a wonder of nature like Campbell's rainbow. How to think about what others will choose to look for, how to describe what they will see, how to feel what they will feel? That's what the conductor tries to grab, that's what he thinks when he's sitting in the group, that's what he tries to convey: not dogmas but opportunities to reflect.

This is what Group Analysis has always done:

> *"... part of the counterculture, in itself anti-establishment, subversive, too human, too unregulated, too freedom-loving in its conceptualization to be useful to any engine of the state"*
>
> (Campbell, 2010)

And that's what we want to do.
Let's ask ourselves what we really think of neoliberal ideology. Let's analyze some of our unconscious anxieties and motivations, instead of acting on them: symbolism of "cuts" as acts of castration or self-harm; the repressed sadism of managers, behind a facade propaganda; the compulsive need to control the results as a defense against psychological vulnerability; the projection of the guilt that makes us see poverty and unemployment as life choices. Let us try to deconstruct the violence inherent in this political-economic system and the inevitability of the angry and violent reactions that it partly determines. We criticize the dubious methodology and epistemological ingenuity of many of the alleged scientific research. We promote the ethics of psychotherapy, which risks becoming a technique for social control, more interested in letting people go back to work than in their freedom, integrity, autonomy and security.

Group Analysis and the Social

We need to continue to analyze not only what is outside us, neoliberal ideology, efficiency policies and the application of the positivist scientific paradigm to psychotherapy. We

must also, and perhaps above all, look at what is *inside* us, not only individually but as a group, if you want as a movement of opinion, as a critical movement and in some way counter cultural.
In using this term, the social reference goes to the juvenile protest movements that flourished in Europe and North America in the 1960s and 1970s. They have been years of radicalism characterized by collective action, which aimed to deconstruct the false appearances of the welfare society; the groups flourished everywhere, deconstructing the old and creating the new, in politics, art, music... Group Analysis spread precisely in those years of contestation and inherited its counter-cultural and creative spirit. Then the targets were apartheid, the Vietnam War, civil rights. Now the first are just a memory, even if the ghosts of war have unfortunately returned to make our dreams nightmares. Civil rights, on the other hand, continue to be at the heart of the social conflict.
Even though collective activism has gone into the background, the ideas of those years are still with us, alive and vital, and they still look to the future. Three decades of economic and ideological emphasis on individualism made the groups less popular than then, affirmed the decline in popular participation and demand for direct democracy. Group Analysis, however, maintains its original spirit and continues its efforts against sexism, racism, homophobia, misogyny.
I remember only some of the important works produced in this spirit:

- on learning peace – (*"Learning Peace"*, the late Malcolm Pines);
- on the dynamics of racism – *"Ray, Colour and the Processes of Racialisation..."*, by Farhad Dalal, and also the monograph issue of the *"Group Analysis Journal"* of September 2021;
- on misogyny – *"From a Woman's Point of View...How internalized Misogyny affects relationships between women*, by Sue Einhorn, last year's Foulkes Lecture.

And I also remember the beautiful experience of the *Reflective Citizens movement,* which Marina Mojovic has made known in Europe and abroad, in Italy thanks also to the collaboration of Alice Mulasso.
Following its social nature, Group Analysis appears not only as a form of therapy that uses the group for the benefit of the individual as Foulkes said, but also as a way of understanding the group itself and working for it, be it the family, the working group, the institution, the community or the entire social and political process. It also emerges as a discourse "between groups", capable of creating and maintaining dialogue beyond national, political and cultural divisions. In this way, Group Analysis goes beyond the psychology of the deep and the insights of psychoanalysis on individual unconscious processes, deepens and expands them with its theory of the social unconscious, unique in the whole panorama of psychotherapy, attributes to the social a constitutive role in the structuring and development of the psyche from the earliest moments of existence.
Pat de Maré said that while the function of the small group is to socialize the individual, the function of the large group is to humanize society. Today's group analysts, however,

increasingly perceive that even the small group can humanize society, if only its conductor can think of himself according to what Blackwell defines as "*second order neutrality*", that is, in its subjectivity, in the multiple dimensions of its position — in relation to gender identity, class membership, nationality, type of culture, skin color — and in understanding itself in the context of the group's matrix.
I wonder if there's anything in this concept about the *positionality* of the analyst group that Dr. Stevenson told us about before.
And I wonder if this is not the sense in which we can understand Dalal's warning:

'The group analysis is subversive. And subvert it should!"
(Dalal, 2016)