ISSN: 2318-8413 DOI: 10.18554/refacs.v8i1.4484

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# Group analysis with psychotic patients: the experiences of the "Life Group"

# Análise em grupo com pacientes psicóticos: a experiência do "grupo vida"

# Análisis en grupo con pacientes psicóticos: la experiencia del "grupo vida"

**Received: 21/03/2019**
**Approved: 14/10/2019**
**Published: 17/02/2020**

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The purpose of this paper is to give an account of the experience of forming an analytic group for subjects with a psychotic psychic structure, named "Life Group" (*Grupo Vida*). The purpose of the group is to help participants improve their quality of life and establish social bonds. Developed in 2001, with weekly meetings taking place ever since, this experience enabled the creation of a new direction of treatment, which consists in the intercalation of analysts and patients where three analysts reproduce a family nucleus, promoting an active transference and applying creative and projective techniques. This direction of treatment produced significant results, reducing psychiatric hospitalization and excessive use of medication, preventing dissociation episodes, increasing their level of symbolization, and promoting social reintegration.
**Descriptors:** Psychoanalysis; Psychotic disorders; Group practice; Group structure.

O objetivo do presente trabalho é relatar a experiência da constituição de um grupo analítico, desenvolvido com sujeitos que possuem estrutura psíquica psicótica, o "*Grupo Vida*". O grupo tem como proposta a melhoria da qualidade de vida e o estabelecimento de laços sociais. Existente desde 2001, com encontros semanais desde então, essa experiência viabilizou o desenvolvimento de uma nova direção de tratamento que consta da intercalação de analistas e pacientes, três analistas reproduzindo um núcleo familiar, a constituição da transferência ativa e a aplicação de técnicas criativas e projetivas. Esta direção de tratamento apresentou resultados significativos possibilitando a diminuição das internações psiquiátricas e dos excessos de medicação, deixando-os em realidade e, aumentando o nível de simbolização e promovendo reintegração social.
**Descritores:** Psicanálise; Transtornos psicóticos; Práticas de grupo; Estrutura de grupo.

El objetivo del presente trabajo es relatar la experiencia de la constitución de un grupo analítico, desarrollado con sujetos que poseen estructura psíquica psicótica, el "Grupo Vida". Este grupo tiene como propuesta la mejoría de la calidad de vida y el establecimiento de lazos sociales. Existente desde 2001, con reuniones semanales desde entonces, esta experiencia viabilizó el desarrollo de una nueva dirección en el tratamiento que consta de la intercalación de analistas y pacientes, tres analistas reproduciendo un núcleo familiar, la constitución de la transferencia activa y la aplicación de técnicas creativas y proyectivas. Esta dirección de tratamiento presentó resultados significativos posibilitando la disminución de las internaciones psiquiátricas y de los excesos de medicación, dejándolos en la realidad y aumentando el nivel de simbolización y promoviendo la reintegración social.
**Descriptores:** Psicoanálisis; Transtornos psicóticos; Práctica de grupo; Estructura de grupo.

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## INTRODUCTION

### Psychoanalysis in a Group context

Humans are gregarious creatures, as evidenced by scientific reports in the fields of anthropology, social psychology, philosophy and, noticeably, psychoanalysis. In his sociological writings, Freud argues that human beings are social creatures and beings of culture, developing their psyche through kinship[1-3].

Groups bear the archaic heritage of our ancestors, intertwined with experiences in the external reality of each culture. These remarks can be found in Freud's work including: *Totem and Taboo*[1]; *Group Psychology*[2]; *The Future of an Illusion*[3] and *Civilization and its Discontents*[4].

In *Totem and Taboo*[1], Freud argues that men are organized in groups governed by strict laws to guarantee the survival of their species. As humans evolved, they enhanced their means of organization, expressing themselves through the arts, sciences, religions, and social and political institutions. Supporting this idea, Freud *apud* Wundt (1906)[1] describes "Taboo" as an unwritten code of laws, the oldest among men, maintaining the organization of groups. He also says: *"It is a general assumption that taboo is older than the gods and goes back to the pre-religious age"*[1].

The purposes of taboos are many, but this paper focuses on the fact that men rely on organization based on rules that aim to protect themselves, their group, and their kind. In a footnote, Freud quotes Frazer to state that "*the totemic bond is more potent than the bond of blood or family in the modern sense*"[1].

The bonds established between humans, which are supported by prohibitions and restrictions on one hand and protection and power on the other, provide us with elements to build culture and, consequently, the Freudian psyche. Freud argues that unconscious psychic mechanisms are formed in early childhood, comprising powerful internal forces and becoming fixed, being described as an "ambivalent behavior" of the subject towards the object. Freud highlights:

> "*The main characteristic of the psychic constellation which has thus gone under fixation lies in what can be described as "ambivalent behavior" of the subject to the object, or rather to an action regarding the object. The various manifestations of taboo, which have led to attempted classifications presented above, are reduced by our thesis: the basis of taboo is a forbidden action for which there is a strong inclination in the unconscious."* [free translation, N.T.][1]

In another work entitled *Group Psychology*[2], Freud states that the subject is the result of multiple identifications and cannot be formed without others. In *The Future of an Illusion*[3], Freud describes:

> *Human civilization, by which I mean anything in which human life has raised itself above its animal condition and differs from the life of animals—and I scorn to distinguish between culture and civilization—, presents, as we know, two aspects to the observer. On the one hand, it includes all the knowledge and capacity that men have acquired in order to control the forces of nature and extract its wealth for the satisfaction of human needs, and, on the other hand, all the regulations necessary in order to adjust the relations of men to one another and especially the distribution of the available wealth."* [free translation, N.T.]

From this perspective, the *Freudian man* is the result of his relationship with other men and his own culture. Consequently, his very existence depends on his necessary and mandatory participation in groups. Groups are the real subject of human reality.

Freud's psychoanalytic view of men as members of groups is still adopted by many contemporary psychoanalysts like Käes[5], who claims that every social group is the result of a construction work to form a relational organization, meaning sociability and culture.

If men, as seen by psychoanalysis, are the result of a culture that makes them emotionally ambivalent, leading to conflicts and pathologies, the same elements can be used to establish a relationship between patients and analysts. Psychoanalysis as created by Freud is a therapeutic method based on a transferential relationship between two people, namely an analyst and a patient.

Psychoanalysis was created to treat the human psyche through a specific method and technique, based on the theory of the unconscious. The analysis can be conducted individually or in groups.

Group psychoanalysis was created around 1938 by a team of psychoanalysts who decided to offer treatment to patients who had no financial conditions to undergo individual analysis. One of the pioneers of this form of therapy was Alexander Wolf, who at the time started with a group of four women and four men, moving up to five groups of 6 by 1940[6].

Other contemporary authors have since dedicated their studies to group analysis: Bion was an advocate of this practice and has since acquired some followers. In Brazil, a prominent follower of his is Zimermann[7].

The preface of his book *Psychoanalysis for Groups*[6] states that culture values individuals in their raw, integral state, and that psychotherapies, especially in groups, value individuals in their relationship with others; moreover, within our culture men seek help individually, such as religious confessions or private doctor appointments, because they are ashamed and afraid to expose themselves to others.

It is the resistance imposed by culture, of not speaking about oneself—especially one's pathologies—to others[6]. The psychoanalytic practice is also generally attributed to the image of an analyst who welcomes patients to talk about themselves in an environment of secrecy. Sharing the content of one's own analysis is not compatible with general social and cultural norms.

We are guided by a cultural habit of preserving groups, be them religious, economic, social, political, racial, or professional[6]. We tend to segregate those who do not belong in the same group. Culture itself gives rise to conflicts, which in turn lead to the creation of therapeutic methods.

Group therapy had little prestige among psychoanalysts; it was more appealing to psychologists who worked with the sociological aspects of groups. However, some psychoanalysts believed it was possible to work with groups from a psychoanalytic perspective, developing techniques for this very purpose[6,7]:

Wolf and Schwartz[6] explain:

*"The technique used in groups will accentuate the interpretation of dreams, free association, and the analysis of resistance, transference and countertransference. Analysts [...] should have skills that enable them to solve conflicts within the group, interpret the problems presented by the patient's prior history, and point out new needs arising from the development of the group's internal activity, taking measures to meet those needs."* [free translation, N.T.]

In contemporary psychoanalysis, Zimerman[7] points out:

*"The group setting allows for the creation of a new space in which patients can relive past emotional experiences and complicated inter-relationships that were poorly resolved in the past, either within their family or in other groups throughout their lives, which are waiting for resignification to allows these patients to rebuild the family group that is pathogenically internalized in each one of them."* [free translation, N.T.]

Group analysis has changed over the years, but analysts should not systematically focus solely on "transference neurosis," rather taking into account the extra-transferential aspects contained in their everyday lives as well, not limiting observations to representations of drive and unconscious defenses[7].

It is important to value both positive and negative unconscious and conscious messages, encouraging and valuing the patient's ability to think, ponder, and act. It is also important to value the contributions of each participant, attempting to build a psychic totality for the group: *"all members of the group must have the freedom to fantasize, think, argue, attack, love, suffer, create."*[7]

Considering the possibility of working with groups from a psychoanalytic perspective, the purpose of this paper is to give an account of the experience of forming an analytic group developed for subjects with a psychotic psychic structure.

## METHOD

This study is an account of the experience of creating an analysis group for psychotic patients.

It provides a short history, mainly focusing on psychoanalytic intervention. Combining references from many psychoanalyst authors, the paper supports a practice that is, in itself, evolutionary, creative and proactive, while also recognizing the complexity of a clinical practice with psychotic patients.

As baselines for the group, it describes the intense participation of three psychoanalysts, as well as the group's temporality, which despite the rules is open to the dynamics of the patient's needs as the patient also undergoes individual analysis and is treated by a psychiatrist, and other professionals if necessary.

## RESULTS

### The analytic constitution and evolution of the "Life Group"

This analytic work with psychotic patients began in 2001 at the social clinic of the São Paulo State Union of Psychoanalysts, named the Ana Joaquina Clinic, in the city of São Paulo.

Its purpose is to provide psychoanalytic treatment to the city's low-income population, conducted by experienced and aspiring psychoanalysts under supervision, with no link to federal, state or municipal agencies. This practice is targeted at children, teenagers and adults who wish to relieve their emotional pain, regardless of their clinical structure.

The idea for a clinic for psychotic patients came from necessity, since there was high demand for treatment and few analysts were willing to work with the clinic of psychosis. At the time, the coordinator decided to assemble a group with patients who were on the waiting list for individual treatment.

The first meeting was attended by eight psychotic patients, both men and women, with three analysts in training, all under supervision, and the coordinator.

Patients were sent to the clinic by psychiatrists, Psychosocial Care Centers (CAPS), and family members seeking treatment for these patients. They had received psychiatric diagnoses from doctors in the public health system and presented critical pathological conditions, a high level of drug impregnation, and some had recently been released from psychiatric hospitalization or had never received treatment, experiencing delusion and hallucinations.

This was a very difficult work due to the complexity of this practice, the lack of professionals willing to treat these patients, and the fact that many patients would leave, since the project was new and still required adjustments. Little by little, the clinic became more structured, finally establishing a direction of the treatment of psychotic patients.

The conditions for patients to participate in the group were psychiatric treatment and weekly attendance. Sessions lasted two hours and were limited to 12 adult participants between 25 and 65 years of age, of any gender. The group was open and heterogeneous, with no end date. The name "*Life Group*" was chosen by the patients.

Upon joining the group, patients would undergo individual interviews so that the analysts would be able to come up with a psychological and psychoanalytical diagnosis, combined with the psychiatrist's diagnosis. The psychological evaluation applied projective personality tests, including HTP (House, Tree, Person), TAT (Thematic Apperception Test), and the Pfister's[24] Pyramid test, as well as a psychoanalytical diagnosis through semi-structured interviews. After the evaluations, patients were sent to the group.

At first, the group had no direction of treatment, nor did anyone measure the importance of that work. The prolonged permanence of two psychoanalysts, along with the coordinator, was crucial to consolidate the group work. This was the bridge that allowed these patients to establish relationships that were similar to those expected in a family environment, promoting long-lasting and safer bonds. The team began to follow this direction, but integration among

patients was still very weak, as they had yet to form any bond among themselves. As the presence of the psychoanalysts became more stable, the patients began to accept them as part of the group.

It was observed that the permanence of some of the patients was also critical for the establishment of a group bond, which had the characteristics of an extended family. This led to the first understanding that the group activity conveyed a possible family representation, and that the analyst's permanence was key for patients to feel as if they belonged to a safe group. After that, the work became stronger and more analytical.

For a more comprehensive approach, we reached out to other professionals who were willing to work with the group and offer individual analysis to its participants. As they were already undergoing psychiatric treatment and group analysis, this was when individual analysis was introduced, forming a tripod to support their treatment.

The group's main purpose was to work on the personal relationships that would allow them to establish social bonds; psychiatric care, through medication, would provide the stability required for maintaining the analytic treatment, and individual analysis would help with their personal psychic organization.

Another crucial aspect for the evolution of this project was the integrated seating of patients and psychoanalysts in the group setting, which produced (and still produces) a sense of belonging, a place where everyone was on the same level. This idea came from a patient's observation questioning why the psychoanalysts would sit on one side of the room and patients on the other side, suggesting discrimination.

From then on the seating arrangements changed, and the psychoanalysts would be positioned among the patients. Psychotic patients need concrete visual image to feel safer and accepted. Simply stating that they are accepted is not enough; this needs to be shown to them in actions. This simple change altered the dynamics of the group, which began to function in a more integrated manner, marking one of the differentials of this work. It was an objective way of saying "I am right here by your side, I am looking at you, I accept you, I understand you, and I support you."

With this new seating arrangement, the group became more participative and felt safe, making way for the coordinator's more active participation as a representative of the law that interdicts any excess, inviting them to a more equal participation.

The coordinator became gradually perceived as a person capable of intervening whenever necessary, with an active presence supported by another psychoanalyst who acted more receptively and tenderly, mothering the patients. Patients demonstrated that the third analyst was seen as an older brother who knew something about them, but also fought for the parents' attention.

The dynamics of this constitution were getting closer to a "*possible family constellation,*" giving patients the hope to become part of a group and, as a result, become a subject. Evidently, the entire process was marked by conflict, psychotic episodes, anguish, jealousy, aggressiveness and love, similarly to a family group.

For the patients, this was a possibility to participate instead of escaping to their imaginary, psychoticized world, since there was "*a father, a mother, a family*" to count on and interact with. This basic learning was missing in these patients' childhoods, and their involvement in the group allowed them to experience family-like relationships, thus attempting to establish social bonds. They used to have no reference, and now they had something, an example of a successful attempt.

Consequently, group dynamics with bond differentiation were established, with each psychoanalyst playing a different role based on their own characteristics. However, as is the case in a family environment, it became necessary to find other resources to support the absence of a father or mother, similar to an older sibling, a neighbor, or an institution that could take care of the group in the event of a temporary absence of the caregivers, an absence that

was expected and needed. It was therefore decided that the group analysis would be conducted by at least three analysts, each representing a family figure—father, mother, siblings.

After stabilizing the presence of the three analysts, it became possible to make direct interventions related to each patient's psychotic core and family issues. Patients were given the opportunity to come to terms with the harsh reality they had been subject to, while also building possible ways out, having found a safer, stable place to replace the family unit and start anew.

Straightforward interventions were made by the analyst occupying the position of the intervenor, and could not be made by any other analyst that was not playing this role. Interdictions can be blunt and difficult to process for someone with such a fragile structure, unable to tolerate frustration, which made them seek support and solace in the mothering analyst.

This supporting analyst allows the "father" to occupy the position of the Law, but brings a different perspective to what was said, mitigating the effects of the intervention and mediating without de-authorizing the more authoritative figure. The patients gradually realized they did not have to escape to their internal, alienating refuge, as they would be able to find this mothering support and the support of other members of the group without having to reject the father. The mediation allowed them to understand that the law can also support and protect, and is necessary for the group to exist.

This division of roles between the analysts provided them with some emotional relief, as massive transference was diluted between the three, so that it was not the responsibility of a single analyst to handle, for an undetermined period of time, an infinite demand for love and presence, marked by the aggressiveness that is inherent to this psychic structure. These are anguish-generating factors for the analyst, who must be capable to manage the situation, which is why their own personal analysis is very important. The patients in the group are mixed with one another and looking for a reason to live in the analysts themselves.

The support of other analysts enabled a dilution of unconscious drives and prepared them to meet the demands of members of the group at moments of extreme commotion and anguish. It took time and patience to assemble a team of analysts that were committed to this work.

Knowing the importance of integrating individual and group analysis was key for the development of a direction for the treatment, as some activities and interventions were only possible within the group, and others could be better explored in individual analysis. Individual and group analysis integration became a technical management for the treatment of psychosis.

Another factor that contributed to the consolidation of the direction of the treatment proposed was exploring a different analytic bond to the one established with neurotic patients.

The analytic bond established with psychotic patients is an acting-out of life. The analysts are figures of utmost importance, as they present themselves as bearers of unquestionable knowledge, helping patients build a relationship that allows them to introject objects of love that can support their weak subjectivity.

The active analytic group is different from other counseling and orientation therapies because it is based on active transference, enabling the reorganization of the psychotic structure and promoting social bonds, through a mirroring process among members of the group and the introjection of an object of love capable of supporting and delimiting the psychotic patient's open-air unconscious.

In the work conducted with the *Life Group*, analytic listening prevails, as does the creation of a binding pact that benefits the interpretation of unconscious manifestations, the analysis of resistances, and active transference.

Creative and projective techniques are also implemented, using the arts, dancing and body dynamics to support subjective relations through objective language, since the psychotic individual struggles with the process of symbolization. As demanded by the group, the experiences are later discussed and analyzed.

In the group alliance that was built by the analysts and patients, there was a perception that the group is continuous, replicating the format of a family group, with no end date, and that there will always be an analyst to listen. This continuity is verified by patients who leave for a period of time and return to "*pay a visit to the group*," sharing stories and behaving as if they had never left.

Others are unable to attend regularly and only participate occasionally, expecting to find solace and acceptance despite not always being present. Participants question these absences but offer them comfort, recognizing that space as a place that was built for them to come back whenever they need. When they have episodes or a high level of anguish, they know they can find refuge in the "Life Group," which they can always return to and rely on. This was another factor that promoted the creation of social bonds.

The results obtained over the course of 15 years show that there was a decrease in the use of medication and the number of delusional and hallucinatory episodes of patients who managed to stay in the group for more than two years. They were able to build a life project that helped them deal with their psychic reality and face the outside reality.

Today they are able to talk about presence and absence, they communicate outside of the group, and they are always there for each other. They have hope for a safe place, for belonging, and for counting on other people.

It is a constant challenge to give them a sense of commitment and boundaries—they need to schedule individual appointments in advance and respect the hours of the group. Some current or former participants still find it difficult to understand that, although they are welcome, they cannot reach out to the analysts at any time, as there are rules to be complied with.

## DISCUSSION

### Psychosis: a psychic structure

From a Freudian standpoint, it is believed that the psyche is organized in a structured manner from birth to approximately the age of 8, by means of an affective bond between a caregiver and an infant. This Freudian concept is conceived very early in his work, with *The Neuro-Psychosis of Defense*[8]. He begins to think about a classification of pathologies and symptoms as a psychic defense.

In his studies on hysteria[9], Freud describes symptoms as affective manifestations acting as a defense against an unconscious idea. He expands his concepts on psychic organization in *The Interpretation of Dreams*[10] and *The Ego and the Id*[11]. He outlined the structures as neurosis, psychosis and perversion.

He began to explore the psychotic organization in his essay *The Neuro-psychosis of Defense*[8], claiming that "*in paranoia, the content of the experience and the affection are connected to the incompatible idea, converging as a hallucination to the external world.*"

In Freud's fundamental work on psychosis, *Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia*[12], known as the *Schreber case*, a theory on psychosis comes to life.

*Daniel Pablo Schreber*, a great intellectual and talented doctor of jurisprudence, began to experience symptoms of hypochondria soon after his wedding, which became even more severe after he took office as president of the Dresden Court of Appeals. In addition to his hypochondriac symptoms, he began to experience visual and auditory hallucinations, persecutory delusions, and imagined himself as dead with a putrid body. The most significant symptom was the body image dysfunction that made him see himself as a woman; in his hallucination, he was the woman of God that would give birth to a Schreberian[12] race.

In *Draft H*[13], Freud already discussed the confusion of visual and auditory hallucinations as symptoms of paranoia. In *Draft K*[14], he adds that the individual had established a commitment to the voices and images of his delusions.

Another key concept to understand psychosis was addressed by Freud in his essay entitled *On Narcissism: An Introduction*[15], which introduces the idea that there is a primary and a secondary narcissism, and in psychosis the subject experiences a libidinal regression to the autoerotic phase. However, it was in *From the History of an Infantile Neurosis*[16], known as the *Wolf Man Case*, where he describes the hallucinatory process of a cut-off finger, that Freud introduces the mechanism of *Verwerfung* as a rejection of reality, which is a core process in psychosis. This concept is evidenced in the following quote from the Laplanche and Pontalis's *Language of Psychoanalysis*[17]: *"There is, however, a much more energetic and successful kind of defense, consisting in the fact that the Ego rejects (Verwirft) the unbearable idea together with its affect and behaves as if the idea had never occurred to the ego."*

The idea that rejection of reality is a core characteristic of psychosis is also presented by Freud in *The Loss of Reality in Neurosis and Psychosis*[18].

Freud's theoretic contributions explain the organization of the psychotic structure and characterize the symptoms observed in this structure[1-4,8-16]. However, other psychoanalysts have delved into the understanding of psychosis. In the French school of psychoanalysis, Lacan continued to develop this research[19-21].

Lacan started studying psychoanalysis from psychosis, writing a doctoral thesis entitled *Paranoid psychosis and its relation to the personality*[19]. He wrote *Seminar III*[20] on psychosis. In this seminar, Lacan outlines the fundamental aspects of the Freudian theory of psychosis and comes up with new concepts, founding a clinical practice to treat psychosis. In this clinical practice, he treats psychotic patients as subjects of the language, and the analyst plays the role of the patient's secretary. He emphasizes that psychosis is a structural constitution and symptomatic manifestations are psychic defenses in any classification[20].

Lacan believes that structures are facts of language organized during the *Mirror* stage. Another extremely significant aspect explored by Lacan[20] is the fact that, in psychosis, the *Name of the Father* (the third symbolic function) is foreclosed, and as a result the unconscious is flooded with auditory and visual hallucinations, delusions, and disconnection between thoughts and reality. The mechanism that causes this phenomenon is Freud's *Verwerfung*, which Lacan translated as foreclosure[20].

According to Roudinesco and Plon's *Dictionary of Psychoanalysis*[22], foreclosure is a French legal term—*forclusif*—meaning a right that is not exercised in a timely fashion. The term created by Lacan defines:

> *"[...] a specific mechanism of psychosis, through which a fundamental signifier is cast out of the subject's symbolic universe. When such an exclusion is produced, the signifier is foreclosed. It is not integrated to the unconscious as in repression, returning to the subject as a hallucination in the subject's Real."*[21] [free translation, N.T.]

According to Albino[23]:

> *Foreclosure is "the exclusion of the fundamental signifier of the symbolic chain", the "dominant mechanism in the process of a psychotic structure, equivalent to a non-inclusion in the Oedipian rule, rejecting the entrance of the symbolic father in the three-party relationship."* [free translation, N.T.]

In *Seminar XXII*[21], entitled *Real, Symbolic, Imaginary*, Lacan develops a theory about the "Name of the Father" as a signifier that binds together the subject's real, symbolic and imaginary orders, with the function of naming things to allow the subject to become a part of the symbolic language. In psychosis, there is a fault in this constitution, and the psychotic subject is removed from the symbolic chain[21].

As such, psychosis is an organization that determines the subject's psychic functioning, and its main mechanism is a rejection of external reality and the lack of a symbolic organization, removing the individual from subjectivity. As they fail to develop a symbolic chain, psychotic individuals are limited to the objectal world, with their own body serving as a primary object, impoverishing their internal and external world.

In an attempt to find ways to symbolize, they develop an imaginary world ruled by hallucinations and delusions, which become their only means of symbolization, although they

remain foreclosed from it. It is akin to living in two worlds at the same time: an internal one and an external one. It is an inexpressible universe that they are forced to constantly experience.

The group setting for psychotic patients was (and still is) a facilitator, serving as a mirror on which they project their anguish, persecutions, and possible psychic reintegration. The effect of these dynamics creates a separate demand that can be addressed in individual analysis, supported by their need to talk about their life stories, their emotional pain, their psychotic symptoms, and the impact of group interventions. Whatever is mobilized in the group is addressed in their individual analysis, according to the perception and psychic content of each patient.

The binding pact must be sufficiently strong to enable an active transference that will help the patient find the necessary boundaries for their symptoms, like anguish, somatic conversions and delusions, which means giving a direction to their unconscious drives. The main purpose is to awaken and preserve their psychic vitality.

## CONCLUSION

The analytic dynamics established in the "Life Group" allowed for the constitution of a direction of the treatment that was proven successful, having improved the quality of life of these patients.

The format of the analytic group as a timeless family nucleus, the position of the three analysts, the seating arrangement of analysts and patients in the group, mediated by a desiring analyst that establishes an active transference, have all revealed to be vital for the group's constitution.

This project for psychotic patients remains active to this date. Some of the patients have been in treatment since the creation of the group, and others are newcomers who arrived in fragile conditions, being welcomed to the group and cared for by current members, who convey the confidence that they can improve their lives if they commit to their treatment.

The group currently has an average of 18 to 20 patients per session, with 8 analysts taking turns in the group sessions and a larger team carrying out individual sessions with patients from the "Life Group" under supervision.

This is an analytic work supported by listening and technical management to promote psychic reorganization, helping psychotic patients identify their symptoms and distinguish them from reality, therefore distancing them from delusions and hallucinations.

Through the analytic bond, the analysts can build a bridge between the Real and the Imaginary orders of the patients, using their own speech to create a language which the patient can be a part of and where they can seek symbolization. The speech of the analyst helps psychotic patients develop their own speech.

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**CONTRIBUTIONS**
**All authors** made equal contributions in developing, writing and reviewing this paper.

**How to cite this article (Vancouver)**
Albino A, Barros MTM, Herszkowicz S, Abete M. Group analysis with psychotic patients: the experiences of the "Life Group." REFACS [Internet]. 2020 [cited in *insert day, month and year of access*]; 8(1):137-146. Available at: *insert access link*. DOI: *insert DOI link*.

**How to cite this article (ABNT)**
ALBINO, A.; BARROS, M. T. M.; HERSZKOWICZ, S.; ABETE, M. Group analysis with psychotic patients: the experiences of the "Life Group." **REFACS**, Uberaba, MG, v. 8, n. 1, p. 137-146, 2020. Available at: inserir link de acesso. Accessed: *insert day, month and year of access*. DOI: *insert DOI link*.

**How to cite this article (APA)**
Albino, A., Barros, M. T. M, Herszkowicz, S. & Abete, M. (2020). Group analysis with psychotic patients: the experiences of the "Life Group." *REFACS*, 8(1), 137-146. Retrieved on: *insert day, month and year of access* de *insert access link*. DOI: *inserir link do DOI*.