

Commentary on Dr S. Marinelli's paper "The field of therapeutic and analytic group of female anorectic patients"

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1. Theoretical part of my commentary

As a way of introduction to her thoughts on the work with anorectic patients Dr S. Marinelli outlines the field of theoretical works and considerations dealing with the problem of anorexia nervosa. In this field - apart from the works of numerous Italian authors - we find the work of W.R. Bion and some of his theoretical concepts. In the beginning I would like to say a few words about Bion's concepts mentioned by Dr. Marinelli.

In her paper I found Bion's theory situated in the context which is very close to my own clinical interests: that is, in the context of the reflection on the conditions which have to be fulfilled by the analyst if he is to know the patient's mind in a true and genuine way in the context of the analytical relationship. Drawing on the work of Bion Dr S. Marinelli writes beautifully on the traps of learning and thinking about the patient: "it may happen that we are convinced that we think whereas we are in fact using thoughts which were already thought, which are already the part of time-space continuum, an universum, and which are now cited and re-created again (...) In this case the object doesn't feel himself and is not recognised if we **think** about him in this way." In a different part of her paper Dr S. Marinelli calls it "falsified analysis" and "falsified mentalisation". She adds: "To be mirrored, understood, but most importantly to be recognised in full, not partly nor in half, the object has to be seen **when he shows himself**, represents himself. In this particular moment when he emerges during the session. Otherwise he will be an object and the thought copied, told, drawn, which had already happened, but not the present one".

I cited these fragments from Dr S. Marinelli's paper to emphasise a certain basic dilemma which we face if we want to know the patient truly, in his essence, and if we base our efforts to do so on the ideas of Bion. At the same time there emerges a question concerning the adequate tools for this kind of getting to know the patient. According to Bion these tools do not belong to the order of discursive thinking, to which we are so accustomed, but to the domain of intuition.

I will try to explain what I mean by the dilemma I have just mentioned: Dr. S. Marinelli in her paper mentions the Bion's concept of "O". I think it is worthwhile to recall the "definition" of this "concept". I quote from the introduction of M. Łapiński (Polish psychoanalyst working in Australia) to the Polish translation of Bion's work *Attention and Interpretation*: **O**. Absolute truth, in its essence unknowable (related to Plato's ideal form and Kant's noumenon ("the thing-in-itself")). It is possible to approach it via the indirect forms (transformations) (p.46). And more: "These

transformations, in fact constituting falsifications, are unavoidable. Thanks to them the truth, which is in its essence intolerable and blinding, becomes imaginable, capable to be expressed and pronounced in words". (p. 34) And finally: "Bion says: 'It is impossible to know reality for the same reason that makes it impossible to sing potatoes; they may be grown, or pulled, or eaten but not sung; The reality has to be "been" (Bion, 1965, p. 148). According to Bion you can't know O, you can only try to become, to be "O" (p. 34)

The dilemma can therefore be formulated as follows: we try to discover the emotional truth about the patient, but this truth is (according to Bion) unrecognisable and in the process of getting to know it we can't help but to use the falsifying approximations (transformations). Only through these transformations we are able to know the truth about the patient. We need to make our emotional experience from the session communicable so that it can serve the patient. It becomes essential to transform this experience into words which implies unavoidable falsifications and limitations. These are the transformations of "O". We can try to counteract the emergence and the transmission to the patient of "thoughts copied, told, which had already happened" - to quote from the paper of Dr S. Marinelli once again - to make room for these transformations which are closest to O.

Dr S. Marinelli writes about such an experience of analyst's thinking in the following way: "Thinking **in the process** of the emergence of psychic **content**, just like the perception of his presence and absence, is the event unique and exceptional each time it involves the analyst and his analysis to confront what neither of them knows and what both of them may be afraid of". I would add that it is also the fear of what Bion calls the "catastrophic change".

Dr. S. Marinelli formulates in her paper an important question: how to "transform the emptiness and its ideology (minus K link) into a productive K link (creative container/contained relationship)?" I think that one of the answers to this question is the attempt to implement by the group analyst the attitude described by her.

2. Clinical part of my commentary

In the clinical part of her paper Dr S. Marinelli describes the group of anorectic patients and the particular dream, or strictly speaking, a sequence of dreams, narrated in this group. However in the beginning she presents the relevant organisational context of the creation and functioning of this group. I will begin my commentary with a few remarks on this context.

The group of anorectic patients meets as a part of the work of an association which has been going on through an interesting dynamics. This dynamic can be called the dynamics of fusion and separation, fusion and differentiation. The important element of this dynamic is the relationship between the two women: the founder of the

association and her analyst. We are told that the former - under the impact of the success brought by her book on anorexia - turned to her analyst “to help her deal with the great public interest and great resonance in media (which her book evoked)”. It is not clear for me if this request took place during their continuing analytic relationship, or after it had finished, but we do learn that the association has two offices: one in Milan run by the author of the book, and the other in Rome managed by her (ex?) analyst. Both women - patient and analyst - remain connected to each other by close ties of jointly managed organisation.

The described group finds itself also in the specific moment of its development: “The group was moving towards commonly shared new basic criteria, derived from the certitude that one is understood and contained, and was developing a new mode of communication”. The initial narration in the group dominated by the concrete phenomena, the descriptions of symptoms etc. was giving way to a more symbolic, deeper communication. The group was characterised by several criteria but the common denominator was, to my mind, the predominance of mechanisms of splitting and projective identification. The group analyst is described as understanding the group in opposition to not understanding, repressive and persecuting parents and more widely, the surrounding world. The group becomes the enclave of “understanding and being understood” located in the wider field of persecuting reality, consisting of parents and men who are “described as experienced as abusers, traitors and rapists”. I think that the rejected and persecutory aspects of therapist/group/mother are disowned and projectively identified with parents and men, or more generally, with the world outside the group. It is possible that this situation allows the group and its participants for some degree of equilibrium, security, and sense of belonging, and at the same time it protects them from the fear of “catastrophic change” (Bion).

In this situation the female participants tell one by one, session after session, more or less the same dream about the snake. Telling the dream in the group is in itself an important clinical fact. The dream can provide psychic “skin” and contain emotional experiences of the group and in the group via the words and imagery. It can point at the increased capacity of the group for the symbolisation. In this context the dream described in dr S. Marinelli's paper can be located in the developmental movement of the group striving towards more symbolic level of mental functioning.

The issue of what the dream about the snake represents opens up various interpretative perspectives. Is it a fallic symbol representing sexuality and instinctual life which pose a threat to mainly adolescent female participants? Is this sexuality - perhaps disowned and projected in phantasy outside of the group (into persecutory men as “rapists and traitors”) - beginning to find its place via this dream in more conscious levels of experience of the group? Is it an archetypal symbol - mythological Uroboros which in ancient Greek and Egyptian tradition, gnostic and

alchemical, represented the unity of material and spiritual phenomena, the unity of body and mind, the rhythm of death and rebirth (the snake in the dream is very long or without end)? Is this snake representing some aspect of the wider environment in which this group is located - the lack of psychical differentiation on some level between the founder of the association and her female analyst?

In the context of concepts introduced by Dr S. Marinelli in the beginning of the clinical part of her paper the dream snake can represent **the group body** - denied reality of body sensuous and mental, denied or negated bodily self of anorectic patients. In this context this dream can be also an expression of symbolic work of the group (the function of "commuting" - the concept of C. Neri) overcoming this denial. Returning to the theory of Bion, the snake dream can be understood as a transformation of group's O. It allows for the indirect knowing of the experience of "group's body" as group's O.

Dr S. Marinelli draws our attention to the fact that during the seminar she conducted "the similar experience was recreated, the experience of creating the theory of being a part of the group like being a part of the body, when the particular members are specific organs and play specific functions in correlation with the remaining organs". In this sense the dream snake can represent the totality of the group while at the same time some differentiation in the group (in the dream the snake is composed of segments). Also the way of narrating the dream - one participant during one session telling the same dream though with some minor modifications - shows the similar dynamic of fusion and differentiation.

Another question which can be formulated in the context of this dream is: what internal object is represented by this snake? What internal object suddenly emerges in this dream from the internal world of anorectic patients in this group? Each time this snake is "terrible and menacing" which suggests the persecutory character of this object.

As a way of a tentative hypothesis to answer this question I will use the theory of Gianna Williams, an English analytic psychotherapist working with anorectic patients. G. Williams formulated the concept of "omega function" - in contrast to "alfa function" (Bion). I quote from William's book: 'Omega function' derives from the introjection of an object which is not only impervious and overflowing with projections. Just as the introjection of alpha function is helpful in establishing links in organising a structure, the introjection of 'omega function' has the opposite effect, disrupting and fragmenting the development of personality". (p. 126). And more: "From a psychoanalytic perspective, 'frightened or frightening' parents are those who *project anxiety instead of containing it.*" (p.126)

G. Williams describes the internal world of anorectic patients in which there functions a parental object which didn't (and doesn't) contain the experiences of the

infant but which used (and uses) the infant (the infantile part of the personality of the adult or adolescent patient) as a „receptable” for its projections and fears. In G. William’s theory the relationship with such an object, externalised in the transference, is the dominant element of mental structure of an anorectic patient.

In my opinion, the frightening dream snake from the anorectic group may represent such an object which breeds fear – projects its anxieties – instead of containing it. In this sense it seems to represent the antithesis of alpha function.

The interesting paradox in this situation is the idea that the group’s alpha function led to the creation of the dream and the content of this dream may represent internal object performing the function inimical to the alpha function – in others words, inimical to the function which created it as a psychological representation in the mind.

Another paradox is that while the analytic group has as its aim the development and emotional differentiation of its members the dream about the snake seems to show that the group takes place in the wider organisational context in which this individuation process can be impeded or even arrested.

Bibliography

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