

## **About female repair in the group. Review of an experience of women with breast cancer**

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### **Abstract**

A reinterpretation of a group experience composed of women affected with breast cancer which took place at the UOC of Surgical Oncology at S. Filippo Neri in Rome, in an attempt to find a specifically female element in the work of reparation in the camp following the traumatic events.

It raises the hypothesis that the group, offering itself as a container-maternal body, has favoured, in this women-only experience having developed a disease of an organ of femininity such as the breast, the revival of experiences related to the primary maternal relationship, as in an experience of pregnancy.

The ability to recall the "mother of beginnings" made it possible to recast this relationship with her, and to revisit the main turns of the female life path therefore allowing a process of reparation.

**Key Words:** group, female, repair

The work that I am going to write is a reinterpretation of an experience already reported in this journal (Bruni, Marinelli, Baglioni, 1999) and in a chapter of a book of which I was a co-author (Bruni, 2004).

It regards an all-female group, consisting of women who had recently received a diagnosis of breast neoplasm, held at the Company Hospital Complex San Filippo Neri in Rome thanks to a collaboration between the Complex Operative Unit of Surgical Oncology and the Psychiatric Service of Diagnosis and Treatment to which I belonged.

When the group started, three of the participants had already undergone surgery to remove the neoplasm and three were about to undergo the same procedure, so it was a <<homogeneous>> group for organic disease, and a <<term>> for a period lasting three months. I leave to reference previous works containing a deeper theoretical digression on the use of homogeneous group-term in the area of health care, trying to deal here with the quality of a specifically female experience.

Rereading my work on "Homogeneous Groups", the vertex from which I watched the unfolding experience proved to be a revealing investigation <<... which specific mental experiences were favoured by the group's work, that it could be considered a privileged intervention in the treatment of (that) specific condition of human suffering (which organ disease is), and then to consider whether the group could act as an appropriate tool to revisit a journey of reclaiming an identity from the somatic-psychic experience that accompanies the disease. >>

By putting my attention on focusing on the primary traumatic elements that emerged, the participants seemed to be connected to their experiences of becoming sick, and to the processing/repair that the gamma function group allows through dream.

Now, capturing the atmosphere of a special issue intent on exploring a specifically female group experience, I would like instead to focus mainly on the quality that this type of homogeneity of gender offered to the reparation.

To subsequently reread the clinical material, I have been able to see that both in dreams and in the collection of the comments, there was a very clear prevalence of women figures; mothers, daughters, friends, and how the themes that were laid down by the participants throughout the course of the experience unravelled into a coherent narrative that dealt with the experiences of the main turning points in the female life cycle, with strong references of a regressive nature that coloured the experience of a new depth and potential for change.

I remember, for example, that in a previous experience I had had many years ago, while still a graduate student at the Institute for Tumours "Regina Elena" in Rome, where I had the opportunity to conduct interviews of support to women who had undergone a mastectomy this had not been able to happen.

In these individual interviews more current anxieties had emerged, first of all the relationship with the opposite sex, the partner in particular, and the concerns about the resumption of sexual activity.

In a few individual interviews, therefore, such regressive experiences did not emerge, while in the group, although the time was limited, this had been possible.

I propose the hypothesis that, in this all female experience called to develop a common core theme concerning the pathology of an organ highly significant for gender identity in women such as the breast, the specificity of a group function has been offered as the re-edition of a gestational experience (Anzieu, 1976), opening the opportunity to a deeply regressive experience, as an experience of pregnancy revisits more elements of the past, in particular the relationship with the mother and not of present happenings. (Bydlowski, 1997)

Anzieu suggests, in respect to the initial experience of participation in the emotional life of the group, an experience of immersion in a primal sensory experience supported by a fantasy of confusion and entrapment in a maternal body. The individual enters the group, as if sleeping, immersing themselves in a dream-like state (oneiric) and regressed climate that allows them to contact sensory experiences, not yet organized into representations.

With regards to Bydlowski, she had been able to accumulate a lot of experience in a hospital department of obstetrics in France which enabled her to have an in-depth observation of pregnant women, and argues that the pregnant woman lives a state of <<authenticity ... particular to the life psychic ... perceptible right from the first week of gestation. The state of consciousness seems to change and the threshold of permeability of the unconscious as the preconscious decreases. So like this, memories of the past and regressive ghosts flow to the conscious mind without encountering the barrier of repression. >>

In particular, underlining how maternity definitively sets the woman once and for all within their parental constraints, even making her the main focus in the construction of her own genealogical family.

But above all that, the particular opportunity offered by maternity to revisit in a conclusive manner her relationship with her own mother, composed of a complexity of opposed elements, ranging from recognition of a loving dependence, to a turning towards empowerment, out of gratitude to self-affirmation, making it an irreplaceable destination of female maturity.

Freud himself (1931) holds true that the woman has an additional difficulty in the game of primary identifications towards the acquisition of gender identity.

Contrary to the male, the female child must, in fact, leave the first object of libidinal investment, the mother, to identify herself with her and turn towards the father.

And this complex psychic work can be fraught with excessive ambivalence towards the mother figure and therefore, then, towards the development of female identity and its specific functions.

The man, meanwhile, would have an indefinite time limit to recast this primary relationship, not least, in adulthood, with the love in a couple and the regeneration offered to his companion through a sexual intercourse, instead the woman feels that the realization of her own femininity is time-limited.

For women, this initial abandonment from the primary object of libidinal investment, with the risk that there may remain some encysted unresolved and ambivalent elements connected to it, starts the first stage of a journey marked mainly by the experience of limits, which inescapably bind to the body and to the biological time framework of the sexual and procreative genital functions.

If, on the one hand, this time constraint to the body helps to contain the psychic work towards a process of integration of the <<psyche-soma>> (Winnicott, 1958), the persistence of an excessive share of ambivalence risks making them miss unavoidable appointments in their own realisation as women.

<<An unconscious life debt linked in a trans-generational chain, the subjects to their parents and to their ancestors ... the recognition of this need of gratitude, of this debt of existence, is the core of the capacity to transmit life>> (Bydlowski, 1997)

Hatred does not allow the woman to join in the continuity, the penalty of which would cause the implementation of a major split.

I personally believe that pregnancy, being a biological pathway as well as mental, rests on a sufficient integration of the <<psyche-soma>> or better a <<settlement of the psyche in the soma and vice versa>> as Winnicott would say, it presenting itself as a real opportunity for a resolution of the ambivalent and a female reparation to the traumatic or unresolved elements of the first relationship with her mother.

In an interesting work entitled "A somatic-psychic work of the maternal-foetal couple: as 'this' becomes 'you'" (2003), De Toffoli, who is very interested in the psycho-biological female development and especially the gestational period, writes: <<... (the) unconscious psychic communications in the maternal-foetal area (investigated by psychoanalysis, find) ... reflected in some recent developments in neuroscience, molecular biology and immunology and endocrinology ... support in

our experience that the uterine environment in which the foetus develops through the placental exchange has the qualities of human biology not reducible to mere physical phenomena or biochemistry, biologically and psychologically significant in that it is a vehicle for a 'I' mother rapport, as Freud claimed, primarily as a body 'I'. >>

And then the claim, entering into a new line of thought (Soavi, 1998; Matthis, 2002): <<We can hypothesize that the double dimension (mental and physical) of their emotional experiences make by themselves the place in which is played out the coming together or derailment between soma and psyche. >>

The mother-foetus relationship is now widely recognized in various disciplines even in its reciprocity neurotransmitter and immunological,

Nicola Peluffo (2010), for example, in an interesting paper on "The psychobiological relationship mother-foetus", based on his definition of the psyche <<as an expression of the emotional dynamics of somatic processes", according to some studies aimed at understanding the reasons why the foetus is tolerated by the maternal immune system despite being an anti-genically different guest. "Within the trophoblast, the placental tissue that attaches the foetus to the uterine wall has a series of mechanisms that allow the foetus a certain protection from what would otherwise be organ rejection .... Also the mother's immune system undergoes a few changes... some recent experiments conducted at the University of Cambridge have shown that in mice during pregnancy the number of regulatory T lymphocytes increases, (with protective functions) in the mother ... It is tempting to hypothesize that the low activity of regulatory T cells may be the cause recurrent spontaneous abortion in some women.(Fehervari & Sakaguchi 2006)>>

Psychoanalytic thinking, however, has from the beginning <<considered the body when investigating the processes of psychic development of the individual as in a gym, used for learning functions (Freud, 1915), as a nascent state of mind (Bion, 1962), a place of the mind not just confined to the brain (Gaddini, 1981), and as an irreducible object of knowledge (Ferrari, 1992).>> (Bruni, 2004)

In particular, Winnicott (1958), who, based as a paediatrician had access to a wide observation of the post-natal period, said: <<At the beginning the good environment (psychological) is a physical environment, in that the child is found in the womb, with that which is required, or more generally cured. Only with time the environment acquires a new characteristic that needs, to be described by a new term: emotional, psychological or social ... A negative environment is so, because it cannot or is not able to adapt, exerting a pressure to which the psyche-soma (the baby) must react ... Certain types of maternal deprivation, particularly erratic behaviour, cause (reactively) hyperactivity of mental functioning (for which) ... the intellectual function of the child ... starts to take on the task and the organization of assistance to the psyche-soma. In healthy conditions the true self, the continuity of existence, rests on the development of the psyche-soma.>>

In regards to this, Bion identifies in the proto-mental system that which can be defined <<... as something in which the physical and the psychological or mental can be found in an undifferentiated state," but stating that "... the sphere of the proto-

mental phenomena is the group, even if the symptoms manifest themselves in the individual.>> (Bion, 1961)

<<The group would thus favour a synchronization of the proto-mental experience capable of producing signals at different levels on both the somatic (Bion for example reported the usefulness of paying attention to the suffering of the social group in the reading of epidemic phenomena) as on the psychological side, providing the opportunity, through the activation of the gamma group function, of a work of profound symbolism of sensory and rough elements otherwise poorly represented.>>(Bruni, 2004)

The dream, with its iconic function, would deal with these sensory experiences transformed in forms of conceivability.

So, back to my experience composed of women affected by a disease of the body, the group's proposal seemed to me best suited to the reorganization of psychosomatic experiences and, I would add now, the expression of that <<body to body>> (<<corpo a corpo>> Peluffo, 2010) experience with her mother that in particular, marks the experience of pregnancy and the subsequent <<cannibalistic>> phase of breast-feeding, as a prototype of the competitive struggle and survival which often characterizes the relationship between mother and daughter.

Theorized work alongside the first rounds of treatment, which would have applied to women who had been recently operated on or who were about to be operated on, without making selections to the seriousness of prognosis and invasiveness of the surgery.

Here, too, I would like to report an introductory excerpt of a previous work experience (Bruni, Marinelli, Baglioni, 1999): <We want to suggest from the outset as a backdrop to the story of the thoughts taken from experience, that the "preconception" of the group made by the analyst towards an area for thought and symbolization of a somatic event, such as a breast cancer, has facilitated and accelerated the initial process of investment in the group as a single unit (Foulkes, 1948). The hypothesis may also be extended to consider the same first structure of the group, encouraged by the perception of a space offered for the conceivability of otherwise intolerable and unrecognizable elements, tending to concretely represent the elements of the disease, working in the setting and in the internal dynamics, as an "icon" and a "dream" of the disease and its characteristics. We refer in particular to the structuring of the group camp as a camp containing two opposing halves and concretely working as a system of split elements, mutual or conflicting. Presences and absences, the game of the bonds that are created within the group, the sequence of the sessions, refer to the idea of the breast-organ, double, and sick, reproducing the alternation and juxtaposition of life and death, presence-absence, contact-denial, germination-destruction. The possibility that these traumatized and violent elements are accepted, validated, and firmly placed (Staforelli, Suarez, 1999), develops functions of thought and representation. The dream in particular, responsible for its iconic and visible value, translating the specific needs of the somatic experiences with their representability in psychic terms, becoming essential to mark the transition

from the initial situation, all "physical" and "inseparable" towards a richer symbolization of space, experience and thought. >>

But let's come to the first session. The group, assuming a fragmented and confused structure, probably connected to the experience of the invasion of the neoplasm, immerse themselves in a regressive climate, almost hallucinatory, that has little to do with a secondary type of communication, the women speak in subgroups, they interrupt each other without the ability to listen and quickly speak about very intimate things without even thinking to introduce themselves by name, there are also two sub-groups present, equally represented, that of those already operated on, and those admitted awaiting required intervention.

But above all, one of them brings a beautiful opening dream: it takes place in a very dark room, suddenly Our Lady of Lourdes appears, beautiful and bright, she doesn't speak but she emits a sense of tranquillity.

This first dream seems to me to immediately condense the image and the invocation of the mother of beginnings, whose presence illuminates, calms, comforts, in a period in which the word didn't have a sense.

In the two subsequent meetings only "the two Annas" are present (they have the same name and the name Anna is graphically symmetrical), one having been already operated on, the other not.

Absences are noted and there is disappointment about this. The group seems divided into the good and active and the bad and depressed.

The fourth session will be deserted.

The hatred and solid denial acted out in absences, the expression of which is obviously useful to its survival, forcing the group and the leader/mother to a notable amount of fear of annihilation and of death.

It's now clear that the group unknowingly takes from all the meetings, and for much of the later ones, a bipartite configuration (Anna and Anna, the present and the absent, those who have already undergone surgery and those who haven't), doubles like breasts, one healthy and one sick, but perhaps also as a representation of the ambivalent elements of life and death, separable-inseparable, love-hate.

<<In the fifth meeting there was an unexpected energy, as well as the two Annes, there are two other components present, they are two younger and two older women, who tend to create two separate subgroups.

Even though in an extremely concrete way, they tell a less unstructured and confused outline of the disease; they bring out their breasts and show them, showing their wounds, and describing what they know about their tumours.

One of the young women, Marta, notes that they seem to be speaking as if of a child. The others nod.

The same Marta ... refers to also suffer a vomiting esophageal condition known during the neonatal period, and then communicates her distress to feel that she has lost the idea of a whole body, healthy and young. Now she has a disease of the old so the body then can betray itself and be violated. >>(Bruni, 2004)

It seems that here is expressed a generational confrontation between mother-daughter, the daughter complains of a childhood disease and then to have like the mother, a disease of the old, <<... then the body can betray ...>>, anticipating perhaps the perception of climacteric experience that, like serious disease, can be linked in fantasy to the evil of a bad mother.

The next meeting, again, expands the discussion of these topics: "... the group seems to live in sequence, before the libidinal investment on their female functions that the breast represents (they all have nursed, one woman reported having had milk also for a sick infant who then died due to the indifference of the mother), there followed the anxiety of death and annihilation (the same lady begins to enumerate the deaths in her family, there had been many deaths in in relatives around their fifties and now it was her turn being equally in her fifties). The climate changes rapidly, the group one minute bathing in the warm milk and benefits of life and the next in a cold shadow of death." (Bruni, 2004)

If, then, on the one hand in the last two meetings it seems to me significant to note that the group continues, initially in a relatively concrete way, also through contacts regarding the body, then in a more verbalized manner on the path to a more emotionally mature and integrated communication of the experience of the illness, I also believe we must draw attention to the specific nature of the issues of the arguments that we are working on.

In particular, in the last session, the work of reviewing the relationship with their own mother becomes more explicit giving both the vitality of their experiences regarding maternity and breastfeeding, the risk of death involved in the offering of ones body during pregnancy and the overwhelming experience of the birth.

There is an image present of the generous mother who nurtures and that of the one who is in denial and leaves the child to die, in addition, even the hint of danger to life expressed by the fifty-something year old is seen as the inevitability of climacteric mourning, in which the ghost of a bad mother eludes her daughter's generative capacity, <<it is said that a woman dies twice>> (Bydlowski, 2000), the first time being when she ends her procreative potential.

In the subsequent meetings two dreams are produced, giving back in thought form the conceivability of stress and sensory perception through a work of narratological comment, allowed by a change in the mental state of the group.

<<The dreams are two, sealing a change, and are brought by Marta: in the first *she is driving a car, at a certain point she encounters a sheet of ice, the car slides and overturns*; in the second *she is in a bus with some other people, she speaks with a woman, who in reality is her actual living friend, sitting in front of her is another woman, who in reality was a woman who suffered from depressed and committed suicide, this second lady gets off at a stop and the next would be her turn.*

Dreams represent a privileged moment of change in the emotional life of the group and inform the subsequent meetings, which are structured with the presence of both

Annes and Martha who had brought the dreams; these are discussed; the tone changes and becomes more emotional, intimate and less disintegrated.

In particular, Martha, the dreamer, is a woman of forty, recently married, who shortly before being diagnosed as having a tumour had begun to conceive the idea of having a child. The other participants perceive in her the loneliness and desire to become pregnant.

This lady was born in a "already complete family", with a gap from the first three children, to treat the depression of the mother in so much as the third of these children had died. The daughter of a sad and distant mother, she was cared for mostly by the baby-sitter.

One could speculate that the dream tells of how, in the moment when she herself was beginning to ponder on the possibility of becoming a mother, she felt the need to relive the trauma of this frozen and disorganised experience with her mother (*the slip on the ice sheet*) reproducing it in the body, or better still in the breast, and that the work of the group helped her to make sense of a creative reorganization of the experience through dream.

It outlines in fact, in the context of the second part of the sessions, through the comments of the participants, the idea that the dreamer has dreamed for themselves and for the group, chronic and diachronic elements mobilized inside the group that could organize themselves into images. An understanding is developed of how she has given back to the group not only the story of her own depression, but also the perception of a common fantasy around a cold zone, depressive and deprived of conceivability (the slip and rollover on the sheet of ice that the group had experienced in the early meetings) related to tumour development.>> (Bruni, 2004)

However, you can also comment more generally, how the closeness of the analyst-mother and of the group-maternal-body has allowed contact to a traumatic event deeply involved in the relationship with the mother from the beginning, and as the group-mother-bus has been able to contain vital and loving elements and depressive hateful elements associated with it (the two women on the bus).

In subsequent meetings it is possible, in fact, to clarify the disturbing elements of this relationship: in particular one of the two Annes talks about the recent loss of her mother, who was nasty and overbearing, and whose death she had experienced with a sense of liberation; the difficult birth of her daughter and of an erroneous diagnosis of foetal malformation that the daughter-in-law had received during her pregnancy.

The group now has a safe and emotional holding and can finally show <<this bad, archaic mother to seal the inseparability, responsible for the difficulty in giving birth, the creator of the child-monster...> (Bruni, 2004) which could have been born.

In the recent meetings, the anguish is more contained and the climate is pleasant and affectionate, there is growing recognition that the group is crossing an experience of contact and transformation.

<<In the penultimate meeting, in particular, one of the Annes gives us an image of the grateful climate of an affectionate farewell. She emotionally refers to her nephew who, regardless of the fact that she was ill, had insisted that she participated in the school play, a project to which she had joined with great commitment. As soon as she

had arrived at the school the group of classmates and the teacher, who had understood her desire to be present even in her illness, applauded her warmly, and Anna could not help but cry profusely for the tenderness of it all. >>(Bruni, 2004)

Therefore, it can be concluded that the group had reported an disorganizing element, the process of settlement and integration of the psyche-soma in the original experience with their own maternal environment, that it was necessary to reproduce the disorganization after the neoplasm to be able to recover, but that the occasion of this happening, and the opportunity of a contained and affectionate experience as in the group, allowed these women to freely recast unresolved elements in their relationship with their own mother, and has also offered them the opportunity to finally take their place in their own genealogy family; making peace with their own mother (the recent death of the bad, archaic mother) allowing the acceptance of their own ageing, of being a grandmother, and therefore, the tender recognition of their own offspring which, with a round of applause, we give a loving place on the scene.

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