

Anorexia, Adolescence, Group

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Abstract

The overview of the anorexic disorder may be confronted through two different axes: one that proceeds through the intra-psychic depths, in search of personal factors which impede the fulfilment of individual personality, and a social axis, which pinpoints through the history of the community the roots concerning the diffusion of anorexia in modern times.

Key words: anorexia , adolescence , homogenous group, myth

Introduction

During the course of history and for a long period of time, the body was confined to the brink of philosophical and religious speculation, considered to be a weight that hindered the pure expression of the soul. Nowadays, in modern times and in present day news, the body has remerged from the dark areas of thought to cover a central position, although an ambiguous and uncertain position, which subjects it to experiences that once, belonged to the soul. Inevitably, similar thoughts will allow us to recall the behaviour of medieval saints who, in the name of God, would put into practice manners of conduct that were so extreme to often be considered demoniacal and to do with witchcraft.

Galimberti (2006) suggests the concept of alienation when referring to the role that the body now plays, as an object other from ourselves, which we are to build and modify in accordance with the standards that society sets. Moreover, when the distance between how our body is, and how it should be appears to be irremediable, it is capable of interfering with our being in the world. The body undergoes rigorous diets and exhausting workouts to achieve that ideal that the media suggests to us, through trends that spread the disquieting adolescent question of: *Who am I?* Through accessories, clothes and beauty ideals, the body acquires an aspect of identity. At a more profound level, this identity seems more of a mask, a protection from feelings of bewilderment, which derive from the pressing and anguishing requests that find an exemplary theater in the adolescent body.

The psyche-soma relation in psychoanalysis

Many psychoanalytic authors have given the body a central role in the formation of the psychic apparatus. The first of which being Sigmund Freud, who underlines the

interconnection between soma and psyche, whilst describing the mechanism that underlies the formation of the hysterical symptom (*conversion*) as the translation of a psychical conflict into somatic terms (Cfr. S. Freud 1894). The author repeats this concept in the book *The Ego and the Id* (1923) where he writes that the «The ego is first and foremost a bodily ego [...] derived from bodily sensations, chiefly from those springing from the surface of the body» (pp. 3-66). The connection between psyche and soma is furthermore confirmed by the elaboration of one of the main concepts of Freudian theory: the drive. Freud (1915) defines it as «a concept on the frontier between the mental and somatic, as the psychical representative of the stimuli originating from within the organism and reaching the mind» (pp. 111-140), a sort of delegacy that goes from somatic to psychism.

The Freudian hypothesis is additionally extended by Ferenczi (1917). By developing the concept of pathoneurosis, this author highlights the contribution of the body in the genesis of primary symbols. Ferenczi (1913) considers the body, which is our means of knowing the world, as having a need to express itself, the symbol is something which connects the body with the real world.

With Melanie Klein, and in particular with the replacement of the drive concept with that of instinct and later with emotion, we witness the decline in the importance given to the body's contribution in the genesis of psychism.

Nevertheless, soma once again gains a central position through Winnicott's thoughts. Winnicott (1949) considers the psyche as «imaginative elaboration of somatic parts, feelings and functions, that is, of physical likeness» (p. 244). In the book *Human Nature* (1988) this author postulates that in the beginning of an individual's life there is an undistinguished whole psyche-soma and imagines the mind as a function that originates from such matrix. The mind emerges as a third element after that the psyche, through the personalization process, learns to know the body and to bond with it.

Another author who underlines the centrality of the somatic experience in the genesis of thought is Bion. Similarly to Winnicott, he too considers the existence of an initial undifferentiating between the body and the mind: the *proto-mental system*. This connection is at the origin of many illnesses or tightly bound to them, Bion (1963) adds that, in the outset of an organic pathology a psychological counterpart or a psychological reciprocal coincides, that he defines as “*derived*” or “*development*”. Taking once again into account Freud's idea (1923) of the p-c system for which «the body [...] it is seen like any other object, but to the *touch* it yields two kinds of sensations, one of which may be equivalent to an internal perception» (pp. 3-66), Bion (1963) considers the existence of a conscience that is connected to sensorial impressions. The relation which is postulated by Bionian theory between sensorial fact and psychical function is exemplified through the introduction of the following concepts, beta elements and alfa functions: if the beta elements are meant as rough elements (Kantian in itself) the «earliest matrix from which thoughts can be supposed to arise» (p. 33)¹, the alpha

function is conceived as that mental operation capable of transforming the concrete emotional or sensorial detail into alpha elements (mental phenomena).

With Ferrari (1994) the supremacy of the body over the origin of psychism reaches its peak with the introduction of a new concept; Concrete Original Object, which is capable of overcoming the mind-body dualistic vision because in this object the biological functions (neurophysiologic elements) and mental (symbolic capabilities) are fused together to give origin to what is defined as conscience. Starting from the hypothesis of this interconnection, Ferrari places the corporal dimension as the first and only object of the mind.

The bodily identity

The concept that exemplifies the relationship between the psychic and the soma is that of corporal identity, meaning the ensemble of characteristics, elements, knowledge, and qualities that hold an emotional connotation that the individual ascribes to his own body. The bodily identity has been considered by Schilder (1935) as articulated on three axes: the bodily schema, the bodily image and the social body.

While the concept of social body refers to the fact that the body is central to the relational affective exchanges between individuals, the body scheme on the other hand, which is considered to be the product of the different cortical projections of the exteroceptive and proprioceptive (Marcelli, Braconnier 1995) refers to the topographic and spatial representation of the body. Lastly, the bodily image, the third axis on which the bodily identity is articulated, is defined by Schilder as a representation of our body that we form in the mind.

The bodily image belongs to the imaginary symbolic system and it's structured as a concise representation of the recognition of the body in its relation with the Id, with others and with the reality symbolizing a bridge which is capable of putting into relation the organic body and the lived body. This representation is produced by the intense libidinal cathexis, through which the transition from mind to body takes place, because it entails the perception of the object itself. It's from the subject-object experienced-known dialectic, that the bodily image emerges as a bodily representation.

The body during adolescence

The reformulation of a bodily identity represents the main task of the adolescent period. The body is the first mean that the newly born child has at disposal to relate with the external world; it is a communication modality that is partially maintained throughout childhood too, it acquires a peculiar centrality during adolescence both at a concrete level, interactions with the environment, and at an imaginary level. Due to sudden bodily transformations, the adolescent finds himself with a "*disembodied body*" (Birraux 1990), it is a sign and a symbol of a missed identity and of a progressive detachment from

himself but also an external imposition that regards the shape and the image of the body (bodily identity) as much as the fact of being male or female (gender identity). From this, the need to reestablish the psycho-biological unit through the negotiation of a new body image which is capable of integrating in it the changes undergone in pubertal development.

The new body imposes itself in the adolescent's mind as something completely unknown that causes a sense of disquietude produced by the confrontation with something unknown, but also by the need of knowing this new object through *mentalization* work. To *mentalize* the body means to give it a symbolic function, which is a social, relational, erotic and emotional meaning, having it become the witness of ones own image and identity (Ferrari 1994).

As Laufer and Laufer (1984) underline, the symbolization processes of the pubertal body and of its meanings are an essential aspect of adolescent psychical work, but the assumptions of the body's mentalization are built up during childhood. In particular the author Selvini Palazzoli (1967) considers the structuring of the bodily conscience to the primary relation that is established between the mother and the child and defines it as the result of a learning process where the child has learned, in a given transitional relation, how to exactly perceive and conceptualize his own physical needs and how to adequately satisfy them; this is not in relation with the nourishing one or with the unconscious fantasies, but rather due to a direct and stable contact with his own basic experiential source: his body. This process provides the basis from which to reach a unified representation of self and of ones own image, starting from the first coenesthetic and perceptive experiences, of satisfaction or frustration of needs and drives. The author (1965), also underlines the importance of the bodily dimension from the very beginning of life of every individual stating that personality structures itself from how the individual relates to his own body, precisely when he feels it existing as a whole, outside of the mother object. In those cases of psychopathology of the experienced body, such 'outside of' is only imperfectly accomplished.

The centrality of the body during adolescence is not only justified by the morphological transformation and the sexual maturation, which are bound to puberty and therefore to the need of reaching a new bodily and gender identity, but it's also due to factors regarding the psychical reorganization, because it becomes the support for problems that are related to individuation, as the elaboration of loss which Winnicott(1965) writes about, the break of the equilibrium between object cathexis and narcissistic cathexis, as underlined by Jeammet (1993), but also of factors related to the family and social system inside which the adolescent has grown, as highlighted by Selvini Palazzoli (1963-81) and by Bruch (1973). Canestrari (1984) also explains the importance of the corporal dimension during adolescence, and proposes the hypothesis that the disinvestment of the parental imago, more than provoking a break in the equilibrium between object cathexis and narcissistic cathexis, favours libidinal concentration on ones own body, regarded as a love object and used as a transitional object half way between the Me and Not-me.

Eating disorders and adolescence

One of the manifestations of the body's centrality during the adolescent experience is a frequent regression to the language and to the tendency to somaticize feelings, conflicts and drives, and to use the body and somatic conduct as a means by which to express psychic conflicts and as a tool to be used in relationships. Thus, in this period there are the extraordinary incidences of pathologies that use the body to narrate, as the mind still needs to learn to do this.

Among the various pathological conducts that are centered on the body, Eating Disorders acquire a unique centrality during the adolescent period. Confronted with the imposition of a transformed and sexed body to a mind that is unprepared to mentalize it, Eating Disorders are manifested as the adolescent's reaction to the constriction of an external need transmitted by the body.

Although the outset of such disorders is adolescent, their origin goes back to the childhood of the individual. For Selvini Palazzoli (1963-1981), the body of the future anorexic individual hasn't been cathected as an object of love and care in the primary relationship with the mother, it becomes something else from our self, an estranged object that can be attacked and devalued. The mother's lack of empathy during the first experiences in satisfying the needs leave a mark in the missed mentalization of the body. To compensate, the future anorexic individual overly invests in the power of the mind, to which she entrusts the functions of containment and support. In this manner, the intellectual competences develop abnormally, to the point of substituting the "good mother" and having her become no longer necessary.

Turning to the body, as a tool to express sufferance, not only happens to affirm one's need of control through an imposed domination over the body, even through what Anna Freud (1936) defines asceticism, meaning with such term a defense mechanism that presents itself as an explicit manifestation of the hostility felt by the Id in regards to the drives, and that assumes a unique intensity in anorexic conduct, but also due to a tendency to regress towards archaic forms of drive satisfaction, reaffirming the primacy of the partial drives.

The conduct of body constrictions, as for example the rigid eating styles that the anorexic individuals impose on themselves, also acquire a meaning related to the separation-individuation process which Blos (1962) takes into account, as they reflect a regaining control over one's own life characterized by the need to master one's own needs of affective dependency. In this case the body becomes the possible depiction of the internal unconscious objects, the attacks and refusals that the body undergoes still represent attacks toward internal objects and parental figures, particularly the maternal figure. Selvini Palazzoli states that anorexia identifies, through a primary identification, one's own body with the bad object; the mother incorporated in her aspect of passivity

and devaluation, within a process which is aimed towards preserving the Self from an object perceived as too powerful to be fought.

Bruch (1973) and Selvini Palazzoli (1963-1981) give a different interpretation to the main symptom of eating disorders that is explicated through the denial of the body and of the feeling of hunger, and more in general, of the stimuli that come from their own body. Bruch sees this as being due to a un-recognition of the internal signs, which the author (1973) defines as “disperception”² ascribing the cause to perceptive and cognitive disorders which preceded the beginning of the disorder and which have their origin in infancy. On the contrary, Selvini Palazzoli (1965) considers the incapability of anorexic people to recognize the bodily sensations and to satisfy the body’s needs as something that is secondary to the denial of the body: once that the body has been identified with the threatening object, the Id will be led to ignore its stimulus and its needs although it remains capable of perceiving them: a phenomena that the author defines as “coenesthetic mistrust”³.

Ferrari’s interpretation (1994) explains the typically adolescent onset of eating disorders. The author places at the very origin of eating disorders the emerging of claustrophobic anguish deriving from pubertal transformation which leads to the body becoming an unknown object, that wasn’t chosen, that is defined as too much, more than an infantile mind is able to tolerate. Anorexic conduct is particularly related to claustrophobic anguish and it is interpreted as aiming to drastically reduce the aspects that strongly define the body dimension. Through this conduct, the girl attempts to lead her own image, her own corporeality to conditions of period belonging to the past, to preadolescence during which, the body, that was not well defined by transformations based on gender identity, permitted the “all is possible” illusion to be maintained, in which it was possible to maintain the belief in bisexuality, thus, swaying between feminine and masculine aspects. However, when anorexic behavior is capable of drastically reducing the perception of the body’s presence, the claustrophobic anguish is substituted by an agoraphobic anguish, provoked by the absence of a perception of boundaries, which can reach such intensity and favour the development of a bulimic behaviour oriented towards regaining position in an apparently controllable space.

When considering the relationship between eating disorders and bodily identity, Ferrari regards anorexia and bulimia as two complementary and extremes of disharmony between the psyche and the soma that represent and manifest a problem that preexisted their outcome, that is the impossibility of an infant mind to receive and accept the bodily transformations and all that they imply from an emotional and relational point of view, as well as a reorganization of the psychic space.

A historical perspective: the saint anorexia and modern anorexia

The mind-body splitting that can be traced back in the anorexic behavior of many adolescents and young women has significant historical antecedents. The dualism that

was postulated by the Pythagoreans, for which physical punishments were a means to free the soul from the body, returns with Plato who thought that the soul could only be freed from the body's imprisonment when passing away. The secular mind-body dualism was re-proposed in western philosophical thought by Thomas Aquinas who pursued Aristotle's teachings exhorting a moderation of the satisfactions of physical needs. On the contrary, the followers of Zoroaster would condemn to self-flagellation and voluntary fasting, the same way as the Fathers of the Church would be cautious in regards to the extreme asceticism, which was typical of some devoted and strong-willed women who were defined as "anorexic saints" (Bell 1985).

Written papers and biographies in honor of Clare of Assisi or Catherine of Siena have led researchers to believe that saint anorexia was the manifestation of behaviours that are referable to both a real religious feeling as much as to a currently definable anorexic conduct, through which they could impose themselves in a strongly chauvinist and authoritarian world. From a historical point of view we can observe that the ascetical manifestations of anorexia have been widespread when the vertexes of the Church, male figures of strong power, identified the exaggerated and exasperated behavior of the anorexic saints as a model of sufferance in the name of God: in those times man would ascribe to the heavens every behavior that they were not able to explain. When the clerical authority started to judge such behaviours as being demoniacal, the young devotees began to direct their commitment towards other things, for example towards pious deeds (Davis 1985).

The change in criterions of sanctity highlighted at the same time a modification of the male attitude in regards to the young devotees, who started to be considered as having social and not only contemplative gifts. A similar recognition stimulated a sort of reconciliation between male authoritarianism and female ambition: the anorexic saints started opening up towards the outer world, aware of their own ability and in search of a new identity.

The women who at the time were identified as saints had a nutrition disorder, similar to modern day anorexia nervosa, but without the social ideals that can be compared to those of today: debilitating fasting, exhausting physical strains, humiliating body practices, hyper perfectionism and the use of unnatural means to achieve the liberating expulsion of a small eaten quantity of food, remind us of what young anorexics put into practice nowadays. The anorexic saint was committed to martyrdom and due to her desire to be a saint, was able to self impose the fasting and tolerate the consequences: her intent was to reach God through spiritual perfection. Sanctity and thinness were the social ideals to which to conform themselves, in a distorted relation to reality.

They despised their body's needs and were terrorized by the idea of being overwhelmed these needs. They led such isolated lives that even significant relationships were reduced to a minimum: history offers examples of women who, although being mothers, daughters, sisters, lived in total solitude, in a condition of absolute contemplation of Christ.

In the same way young anorexics are frightened by the compelling impulses that derive from the body and they flee with distrust adopting a behavior that in the same manner leads to exhaustion, with the aim of rendering it pure through deprivation. They have difficulty in their relationships: even if they flaunt sureness and autonomy, and they refuse the attentions and cures paid to them, they conceal an unconscious need of dependence. Clinical observations highlight how their family environment is often oppressing and excessively overprotective, in which the young person finds it hard to be noticed if not by impersonating the ideal image that has been projected on to her by her parents. There's only one relationship that seems to be both significant and deep, her relationship with her own diet, her protective frame that grants identity.

In both circumstances sexual conflict seems evident as a fight firstly against male clerical authoritarianism and secondly against patriarchal authority, and as a mean to overcome the fascination evoked by the opposite sex, that would necessarily awaken the impulses of such an opposed and hostile body.

Thoughts on the diffusion of anorexia in modern times

Gabbard (2000) defines the anorexic disorder as being typical of our times, as it is characterized by psychological, family, and biological aspects that interact with elements belonging to the culture of origin, which produces a disorder that reflects the intrinsic dynamics of society.

As underlined, the definition of identity seems very complex during adolescence and also when the antecedents of the personal history don't predispose the young individual to reshape the fundamentals of her being, the bodily symptom, the anorexic one in specific, becomes the only way to express the suffering related to this lived experience⁴. In present times, such an evolutive task is even more complex, because the social roles, especially the female ones, have been widely modified (Gordon 1990). Anorexia represents the outcry of society characterized by psychic dynamics which are obstructed in the realization process of defined social identities. The choice of an anorexic model (radical diets or fasting, hyperactivity, etc.) gives a vain identity but one that is acceptable in a society which idolizes thinness as a synonym of beauty, autonomy and success.

Starting off from this idea, we would like to concentrate on the possible reading of the anorexic disorder as being an expression of individual suffering, and at the same time a pathology which has roots in the social psyche, giving an explanation to the surprising and worrying present spreading of anorexia. Imagining society as a wide group animated both by psychological factors linked to the myth of thinness and esthetics, and also by remote unconscious elements, anorexia would not only shape itself as the illness of a superficial and esthetical collectivity, but as an intrinsic manifestation of unconscious social dynamics. Such dynamics that are not yet able to be elaborated and narrated by

the mind individuate in the body a skillful narrator, and a stage on which to act the primitive mechanisms of personal and collective childhood.

From Freud's point of view, the myth of the 'primitive horde', suggests that: a psychical collective drama takes place in the body, Freud narrates the killing of the tyrant-father, envied and feared, chief of the primitive social organizations, the horde, and of the devouring of his body in order to acquire its characteristics (Freud 1912-13).

In the same manner we can find in anorexia contrasting emotions of deep hate and of great dependency in regards to the parental figure, in an oscillation without the possibility to escape, if not by the evident pathology, as an expedient to attract attention on oneself.

The use of myth becomes even more significant if we transpose the analysis to a social level, from a structuralist viewpoint, myth represents the discussion of and about society which has as an objective the solution of the antithesis of opposites, in a similar mechanism of what happens in the unconscious in which they are at an undifferentiated level. Within every social context, myths "*provide charters for social action*" (Leach 1975) and the structural analysis that Lévi-Strauss (1975) proposes, highlights how mythological tales are related with the whole ethnological context, from family structures, to rituals, to politics. In brief, myth translates the social structures of collectivities in a given historical period and constitutes the symbolic representation of the relational order of reality, not conceivable as fragmented but as a cohesive organism of formed elements. Mythological heritage offers a hint in recalling psychoanalytical thoughts of Bionian matrix, myth is a narration in which primitive, unconscious and undifferentiated aspects are manifested. These manifestations are of a collective psyche which has settled throughout the phyllogenetic history of man forming a highly significant symbolic tale. This offers a palingenesis possibility to all the unelaborated psychic elements.

Going back to Bion's thoughts on group mentality, we propose the description of the group proto-mental system, in which «physical and psychological or mental are undifferentiated. [...] It is from this matrix that emotions proper to the basic assumption flow to reinforce, pervade and, on occasion, to dominate the mental life of the group» (Bion, 1961b, p.102). Basic assumption, emotions and primitive and intense sensations, not only condition the life of a group but also the relationship that the single individual has with the group, therefore we could hypothesize the activation at a social level of anorexic basic assumption defined as a triggering factor of the high occurrence of anorexic pathologies in the last decades. In anorexia we always see something that, either for presence or for absence, has organized itself around a unique tyrannizing centre. It's as if a primary basic assumption was tyrannizing the mental life of an individual, entirely and always from the same position (Marinelli 2004).

Even if the attention that mass media is focusing on thinness is pervasive, this only makes up the occasional cause of the pathology which originates from psychical, profound collective fragmentary and archaic factors. Its diffusion in medieval times and

it's resurfacing in a different way in contemporary times, would represent the pathological manifestation of a psychic substrate that has remained dormant for a long time and has resurfaced back to conscience with a strong emotional force, aiming to narrate the internal conflict via the body. This is an ancient sufferance; however it can emerge during the turbulent adolescent period.

The anorexic lived experience in the homogeneous group

Due to isolation and fallacious mirroring peculiarities, the anorexic pathology can be profoundly treated within the therapeutic group, especially when such a group is homogeneous. In such a group, an anorexic basic assumption takes place: a monodic polarity generated by an affective emptiness, imperceptible and invisible to those who are not affected by it. The group undertakes the function of physical skin which contains the chaotic ensemble of psychic elements that the martyred and strained body hasn't been able to include within the inner self. Anorexia which highly interests the body, an unrestrained theatre of the internal disagreement, which even though it manifests itself through common symptoms generally defined as forms of "*a life stile, or a vogue*" (Marinelli 2004) conceals nuclei of sufferance, which are not just tied to simple appearance.

From an imaginative point of view, the body doesn't only represent the means through which the physical world can relate to reality, but also that osmotic barrier through which the internal contents fluctuate from a psyche to another in search of an elaboration. When they are poured into the group, the group members undergo the same containment function as those that the mother represents for her child: the thoughts in search of a thinker (Bion 1967) find within the mother's psyche a transformative place of acceptance, in the same way in which within the group psyche the thoughts can be hosted and returned in a greater assimilable form to the individual psyche.

Every personal history finds a representational space within the group. Each narration, thrown inside the group field, encounters narrations of other members producing stories that entwine, compare and contrast with one another. This process soothes the individual sufferance producing a sort of discharge of accumulated energy. The stories are collocated inside this field, waiting to be newly elaborated and narrated (Comelli, 2004). At the same time their settling generates an emotional field of increasing intensity which can be compared to the condensing of humidity into thick and threatening clouds. The drawing closer between the nuclei of sufferance will be like the triggering off of the storm, that with its purifying drops will offer the group and the individual the chance to once again take possession of a now understood and thinkable personal story.

Within the group the young anorexic patient finds an authentic modality of mirroring herself: up till that moment the mirror has given her back a partial and often fallacious image of her Self. What she observed was not the real image of herself: the primitive elements, that in the first experiences of life hadn't been able to be adequately elaborated in the forms of thoughts aiming to construct an apparatus that would have

been able to think them⁵, they have placed themselves on the bodily barrier, in a borderline situation of awaiting an elaboration. Due to this the body appears ugly and deformed because it is inhabited by those chaotic elements, that are lived as mean and deplorable. The group leads the participants in an a-temporal and a-spatial time and space which allow them to gain the recovery of a genuine vision.

« [...] There are, other than the anorexic basic assumption, some aspects that are specifically related to the anorexic bond and to the anorexic dream. The bond has characteristics of reunification fantasies with doubles or with halves of the Self, in regards to archaic syncytial or magnetic bonds. An ideal-affective structure [...] suggests how such bonds withhold very strong connections with the patient's bodies, as if the body was a terrain not only expressing discomfort, but communication, language, connection to other individuals» (Comelli 2004, p. 11⁶). Other than being the theatre of the past and present vicissitudes, the body highlights how in a group the relational modalities which are adopted in the present context, as in the familiar context, communicate excluded and secret elements which the patients themselves are unaware of but are able to regain through the horizontal bonds that they establish within the group (Comelli 2004, p. 10).

Taking part in a group holds the characteristics of a re-immersion inside the biological body, up until the point of a regression to a body that could be defined as collective, in which we can have experiences that are not elaborated in the personal and social historical past. The group is configured as « a natural place where to re-experience the social quality of the subjective private world [...] to listen to the anorexic narration [...] it's necessary to let the imagination flow far away, transgressive and original worlds [...] the elements, full of communication and meaning, that emerge during the analysis frequently refer to primitive and tribal worlds; or to religious and mystical liturgies; or to spiritual and esoteric rituals» (Marinelli 2004, p. 24).⁷ For these reasons the contributions that are given through personal dreams, but also and mostly by myths become particularly precious: the recalling of mythological images offer a means (Bion 1963) that due to their non personal and metaphoric character, but also due to their archaic and primitive nature give certain relief in regards to possible persecutory feelings, and at the same time connect the individual psyche to the collective totality. Through this re-immersion in the origins, the individual confronts himself with the original unelaborated nuclei, the basic assumptions, and finds within the social matrix from which the anorexic pathology triggered, an escape towards awareness as a subjective totality, characterized also by a bodily identity.

Due to the unipolar and basic aspect of the anorexic disorder, the group, especially the homogeneous group appears to be the chosen place for anorexic treatment (Marinelli 2004): in the group the anxieties of fragmentation are soothed by the possibility of mirroring oneself in the other in the formation of a specialized populace (Marinelli 2004). The group becomes the container of beta elements and primitive persecutory anxieties, connected to the fear of being devoured and incorporated: a similar function of

container-content, together with the work of *rêverie*, produces a renewing in the apparatus for thinking thoughts. This apparatus surfaces through micro-oscillations (Marinelli 2004) between opposite poles through which the anguishing emotional experience will be elaborated. On one side an archaic position characterized by the fragmentation of objects and ancient defensive mechanisms as splitting and denial, on the other, the possibility to operate reparation of the split elements: the continuous swaying from one pole to the other allows the obtaining of an authentic analytic understanding (Correale 1994). With a repetitive, cyclical and tedious pace the mythical recall, accompanies the oscillatory group journey. For Bion (1961a), myth is considered as a container of primitive collective psychic elements that are represented in the organized form of narration: due to these characteristics, myth offers a thinkability model. For example, considering the myth of the primitive horde, it is noteworthy to see how it well represents the anorexic situation: the homicidal behaviour of the group of brothers, who dismember the father and devour his bodily parts. This describes the agglomerated identity and the persecutory fears of fragmentation of the anorexic personality. The father, both representable as good and evil object, is killed because he is felt through his bad aspects as being threatening. However, he is also an ideal model to be inspired by; he is also the progenitor that has given life: although he is killed, he is mourned over and, in order to identify themselves with his positive characteristics, he is incorporated through cannibalic modalities that see his body become cultural nourishment which to feed off. At the same time, feelings of guilt that derive from the deed that has been carried out, lead to imposing the prohibition of killing the totem, which is an animalistic and symbolic representation of the father, and to feed once again from his flesh.

In the attempt of expiating the guilt related to the fantasy of destructing part of the motherly good object, in the anorexic pathology, the body undergoes a whole series of inhibitions, food restrains and severe punishments, aiming to preserve the good introjection from new aggressive attacks made by envy.

The anorexic homogeneous group lives with the presentiment that something terrifying has happened: there is the gentle flow of sensations that broken parts of the Self and of the object, which the pathology holds together in a pseudo-identity, have been destroyed. To this inexpressible pain we react through defensive mechanism which in order to exorcise the fear of dismemberment lead to develop the fantasy of generating a united organism, in which the mind and the body are no longer split but are different aspects of a whole (Marinelli 2004). The group develops an anorexic culture and mentality which can be socially found through restrictive nourishing modalities, in worries related to diet and weight which are typical of present culture, but that however conceal fantasies and defensive mechanisms belonging to an ancient infantile mental functioning.

The group takes on a specific body-mind functioning modality which reflects the primary configuration of the proto-mental system and in the eventual elaboration of its

elements renders the group itself particularly suitable to therapy with anorexic patients. The group, as if it were a motherly embrace, contains, protects, offers support, mirroring, but at the same time exposes one to the risk of a dangerous experience of truthful confrontation with the real Self.

Conclusions

The body represents a privileged place for the expression of adolescent conflicts due to a regressive tendency to somatise a suffering, connected to the construction of their own identity. This identity is unspeakable as it is a consequence of pubertal changes, the individual is in front of an unknown body that needs to be re-given meaning and mentalized. Around the body, therefore, the psychic world of the adolescent is polarized and becomes a support to individuation problems that often have distant roots. Eating Disorders hold a privileged position also due to their widespread, especially amongst the various pathological behaviours which are centred on the body.

As Bion (1961b) claims, if it's true that in the proto-mental system there are inactive basic assumptions that can be activated by thoughts or emotions and may manifest themselves both in a physical or mental manner, it is however possible to find in such a system the matrix of anorexic pathology. The group is the sphere of proto-mental phenomena: even though anorexic symptoms manifest themselves within the individual, in an "*abscessual*" form (Gatti-Neri, 1994), the proto-mental phenomena possess some characteristics for which it's evident that the group more than the individual is affected (Bion 1961b).

In the proto-mental system the individual finds his own basic mentality in being a groupal, social animal. Dwelling over such thoughts, it is plausible to hypothesize a sort of cyclical manifestation of anorexia in relation to a particular culture of reference.

Society offers an esthetic model which identifies beauty with thinness, however, the worrisome diffusion of anorexic styles would not find much of a justification in this conforming to social standards, and as much as a possibility of manifesting archaic unelaborated elements.

Notes of authors

¹ Translator's translation.

² According to Hilde Bruch, "*disperception*" regards both the bodily image and the recognition of sensations that arrive from the body; in this latter case the author defines it as an "erroneous interpretation of external and internal stimulus" (Bruch H., 1978).

³ The "*coenesthetic mistrust*" is defined by Selvini Palazzoli as being an "Ego defense, dominated by the disowning of the body and of the food-body" (Selvini Palazzoli M., 1963-81).

⁴ See Marinelli S. (2004d).

⁵ The used terminology explicitly refers to the Bionian theoretical corpus.

⁶ Translator's translation.

⁷ Translator's translation.

References

Bell, R. M. (1985). *Holy Anorexia*. Chicago, Chicago University Press.

Birraux, A. (1990). *L'adolescent face à son corps*. Paris, Editions Universitaires.

Bion, W. R. (1961a). *Experiences in Groups and Other Papers*. London, Tavistock Publications.

Bion, W. R. (1961b). *The Work Group*. In *Experiences in Groups and Other Papers*. London, Tavistock Publications.

Bion, W. R. (1962). *Learning from experience*. London, Heinemann.

Bion, W. R. (1963). Chapter X, *In Elements of Psychoanalysis*. London, Heinemann.

Bion W. R. (1967). *Second thoughts*. London Heinemann.

Blos, P. (1962). *On adolescence: A psychoanalytic interpretation*. New York, Free Press.

Blos, P. (1979). *The adolescent passage: Developmental issues*. New York, International Universities Press.

Bruch H. (1973). *Eating Disorders: Obesity, Anorexia Nervosa and the Person Within*. New York, Basic Books.

Bruch H. (1978). *The Golden Cage: The Enigma of Anorexia Nervosa*. Cambridge.MA, Harvard University Press.

Bruch H. (1988). *Conversations with Anorexics*. New York, Basic Books.

Canestrari, R. (1984). *Psicologia generale e dello sviluppo*. Clueb, Bologna.

Comelli, F. (2004). *Presentazione*. In *Il gruppo e l'anoressia*. Marinelli S., Raffaello Cortina Editore, Milano.

Corrao, F. (1992). *Mito*. In *Modelli psicoanalitici, Mito Passione Memoria*, Laterza, Bari.

Correale, A. (1994). *Ps ↔ D*. In *Lecture bioniane*. Neri C., Correale A., Fadda P. (A cura di). Borla, Roma.

Davis, W. N. (1985). *Epilogue*. In Bell R. M., *Holy Anorexia*. Chicago, Chicago University Press.

- Ferenczi S. (1913). *Stages in Development of the Sense of Reality*. In Selected Papers, Vol. I, New York, Basic Books, 1950.
- Ferenczi S. (1916-1917). *Disease or pathoneuroses*. In Further contributions to the Freud S. (1912.1913). Totem and taboo. SE, 13.
- Ferrari, A. B. (1994). *L'adolescenza: la seconda sfida*. Borla, Roma.
- Freud, S. (1894). *The Neuro-Psychoses of Defence*. SE 3, 43-61.
- Freud, S. (1912-13). *Totem and Taboo*. SE 13, 1-161.
- Freud, S. (1915). *Instincts and their Vicissitudes*. SE 14, 111-140.
- Freud, S. (1923). *The Ego and the Id*. SE 19, 3-66.
- Freud A. (1936). *The ego and mechanisms of defense*. New York, International Universities Press.
- Gabbard, G. (2000). *Psychodynamic Psychiatry in clinical Practice*. American Psychiatric Publishing, Inc.
- Galimberti, U. (2006). *Narcisisti e schizzati. Così trionfa l'apparenza*. In Il Messaggero, 14 Novembre 2006.
- Gatti, F., Neri, C. (1994). *Sistema protomentale e malattia*. In Letture bioniane, Neri C., Correale A., Fadda P. (A cura di). Borla, Roma.
- Grinberg, L., et al. (1971). *Introduccion a las ideas de Bion, Grupos, conocimiento, psicosis, pensamiento, transformaciones, practica psicoanalitica*, Buenos Aires, Ediciones Nueva Vision.
- Gordon, R. A. (1990). *Anorexia and bulimia: Anatomy of a social epidemic*. New York, Blackwell.
- Jeammet, P. (1993). *Adolescences*. Paris, Fondation de France.
- Jeammet, P. (1995). *L'approche psychoanalytique des troubles des conduits alimentaires*. Neuropsych de l'Enfance , 41 (5-6).
- Jeammet P. (2004). *Anorexie, boulimie les paradoxes de l'adolescence*. Hachette litterature, Mai 2005
- Jeammet P. (2006). *I disturbi del comportamento alimentare in adolescenza: un seminario di formazione condotto da Philippe Jeammet*. Tr. it. Franco Angeli Editore, Milano.
- Klein M. (1923). *Infant analysis*. In Contributions to Psycho-Analysis 1921-1945. Hogart Press, London 1928.
- Laufer, M., Laufer, E. (1984). *Adolescence and developmental break down. A Psychoanalytic View*. New Haven, CT: Yale University.

- Leach, E. (1975). *The Structural Study of Myth and Totemism*. London. Tavistock.
- Marcelli, D., Braconnier A. (1995). *Adolescence et psychopathologie*. Paris, Masson.
- Marinelli, S. (2004a). *Assunto di base anoressico e inclusione dell'analista nel gruppo*. In *Il gruppo e l'anoressia*, Raffaello Cortina Editore, Milano.
- Marinelli, S. (2004b). *Il gruppo: spazio-tempo per ammalarsi e per guarire*. In *Il gruppo e l'anoressia*, Raffaello Cortina Editore, Milano.
- Marinelli, S. (2004c). *Introduzione*. In *Il gruppo e l'anoressia*, Raffaello Cortina Editore, Milano.
- Marinelli, S. (2004d). *Somatosi e semeiosi del corpo*. In *Il gruppo e l'anoressia*, Raffaello Cortina Editore, Milano.
- Selvini Palazzoli, M. (1965). Contributo alla psicopatologia del vissuto corporeo, estratto da n. 26 Archivio di psicologia, neurologia e psichiatria, pagg. 344-369.
- Selvini Palazzoli, M. (1967). La strutturazione della coscienza corporea. L'alimentazione infantile come processo di apprendimento. In *Infanzia Anormale*, fascicolo 73.
- Schilder, P. (1935). *The image and appearance of the human body*. New York: International Universities Press.
- Winnicott, D. W. (1949). *Mind and its relation to the Psyche-Soma*. Through Pediatrics to Psychoanalysis. New York: Basic Books, 1975.
- Winnicott, D. W. (1965). *The Family and Individual Development*. London, Tavistock Publications.
- Winnicott, D.W. (1988). *Human Nature*. London, Free Association Books.

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