

The body in the group: its presence and absence

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Abstract

Working with adolescents, and specifically with those affected by an eating disorder, makes many apparent contradictions come out. In this paper we focalized on the body which, in apparent contradiction, can hinder and become an obstacle to the expression of the real self, while continuing literally to provide the measure of the self at one and the same time.

The body is seen by anorexics as a target, to be suffocated in its demands and fundamental needs, reduced to the bone and strictly disciplined.

But suffocating the body means deadening the emotions expressed by the body too, It is in response to a fundamental anorexic assumption, consisting in a return to a deadly nothingness, that the group therapy approach makes sense. The group can provide a space and time where the vacuum becomes visible and can be contacted by the group as a whole.

In an effort to reflect on this paradoxical situation, so central to anorexia but almost physiological in adolescence, which makes it necessary for a body to disappear so that a presence can be felt, we draw on a few fragments of conversation emerging at homogeneous group sessions for young girls with eating disorders, and from other sessions with groups of adolescents with heterogeneous symptom pictures but homogeneous in terms of their age. It is clear as the rhythm of the groups is constantly marked by coming and going, hiding and coming into the open, according to a sort of “internal balance”, capable of “weighing” the needs and the times of fatigue for all concerned.

Key words: anorexia, body, group, absence

“I have an eating disorder, there’s no question about that, and I live with it in an unpleasant state of mutual antagonism (...). For me, my self esteem will depend entirely on my ability to die of hunger. A weird equation and an all too widespread conviction that the value of a presence increases exponentially with its progressive disappearance” (Hornbacher M. 1998).

In apparent contradiction, the body can hinder and become an obstacle to the expression of the real self, while continuing literally to provide the measure of the self at one and the same time.

The body is seen by anorexics as a target, to be suffocated in its demands and fundamental needs, reduced to the bone and strictly disciplined. But suffocating the body means deadening the emotions expressed by the body too, starving relationships with other people and with the outside world with which the body interacts as a container/custodian of the individual's own inner world, and as a means of mediation in contacts with the inner world of others.

It is in response to a fundamental anorexic assumption, consisting in a return to a deadly nothingness, that the group therapy approach makes sense. The group can provide a space and time where the vacuum becomes visible and can be contacted by the group as a whole. The vacuum of the anorexic's empty body no longer appears as something static, it becomes a dynamic vacuum that can develop in two directions, one mortiferous, the other creative; a body experienced as a subject immersed in a dialogue with the psyche and with the group (Marinelli S. 2004).

In an effort to reflect on this paradoxical situation, so central to anorexia but almost physiological in adolescence, which makes it necessary for a body to disappear so that a presence can be felt, we draw on a few fragments of conversation emerging at homogeneous group sessions for young girls with eating disorders, and from other sessions with groups of adolescents with heterogeneous symptom pictures but homogeneous in terms of their age. These fixed-term or open-ended, homogeneous and heterogeneous groups were conducted in weekly sessions by a pair of therapists, one male and one female.

The adult presence in the person of the therapists is a reference to what adults (and parents in particular) mean to the adolescent, i.e. a class of people who generate conflicting emotions. Adolescents feel the need to distance themselves from an object that they still need and their conflicting desire for dependence/independence in this relational setting makes them feel anxious, of being abandoned on the one hand, and of being invaded on the other. Such fears often take the form of an unfocused anxiety that is hard to qualify and hard to manage, both in the individual's inner world, and in its emotional and behavioral expression and externalization.

In the eyes of an adolescent, the group therapist is cast sometimes in the role of the adult they want to distinguish themselves from, sometimes as a person with whom to identify, and sometimes as a person with whom to relax, who can be trusted when their psychic suffering makes them feel weak and fragile. In conducting groups of adolescents, we have always preferred to have two therapists working together, one male and one female, because this reinforces the adolescents tendency to move in the two directions: to move away and distinguish themselves because of the therapists' similarity to the parental imago, but also to move closer and identify themselves with the image of two adults, a man and a woman, asked somehow to supervise and assess the effectiveness of the adolescents' undertaking and its consistency with their final goal, which is to grow up and be acknowledged.

It seems worthwhile to mention three fragments drawn from different group therapy sessions with patients between 14 and 17 years old with eating disorders. The first fragment comes from a group, all girls, seated in a semicircle opposite the therapists

conducting the session: the girls repeatedly mentioned the importance of being able to speak to each other on the phone between one session and the next, and maybe to see each other too, so that they could ask each other for help if they felt bad (“*the help that we can give each other is more useful than the help that you give us*”), and they therefore considered the group rule that restricts any contact between its members outside the sessions “really stupid”. During the post-group meeting on that particular session, we interpreted these words as expressing the characteristic omnipotent trait of anorexic patients and their need, in this case, to distinguish themselves from, and even oppose the therapists. We also felt that, during that particular session, the adolescents had expressed the need and the desire to feel that the therapy was present even in its absence, when they were elsewhere, as if they wanted to establish an external continuity between one session and the next.

At another session with the same group, Giulia occupied a seat in between the two therapists and asked permission to speak. She then turned to her companions and first asked how they felt and then how their week had been. When Claudia spoke about her relational difficulties with her parents because she rejected the time limit they set on her return home in the evenings, Giulia made some suggestions on how to improve parent-daughter communications, representing a form of identification with the operators, with whom she clearly wanted to share the conduction of the group session that day.

At a third session, Alice (one of the members who usually spoke less) was urged by the therapists to say something at the end of a session where there had been talk about *control*, during which she had always remained silent. She turned her gaze on the conductors and whispered that she “*had no escape*” and began to cry, showing that she could let herself go and trust the therapists when her psychic pain made her most fragile, and expressing a suffering and an emotion that she had never communicated before, and that had rarely circulated in the group. In doing so, Alice seemed to realize that her story took on a more realistic connotation, of which she made the therapists and the whole group become witnesses, and about which she succeeded in speaking at subsequent sessions, calibrating her emotivity to make way for processes of mentalization and elaboration. The change in Alice is an example of how the symptom, seen as a limit, an unthinkable, sealed kernel, is initially also the only possible identity. In the homogeneous group, the anorexic symptoms were central, made “public”, and guarded in a safe listening space: this enabled the participants to exchange and share their experiences, having the chance to finally see parts of themselves accepted that were generally eclipsed by family dynamics and relational modalities in general. What emerged from the patients’ experiences were sentiments of exclusion and non-acknowledgement, that often denoted some degree of negligence (in its broadest sense) intrinsic in entangled and entangling, confused and conflictual family systems. Being trapped in the impossibility of living, stopped in their development and paralyzed in their relations, obsessive about food, are traits that the group shared, in the initial stages at least. The group gradually returned to the sentiment of omnipotence, relativizing the problem focused on the body, and this

created the opportunity for them to start thinking about the symptom and what it meant, to doubt its real/practical usefulness, and to experience a strong sense of impotence.

In anorexics, the paradoxical need to make themselves visible by disappearing can certainly reach often dramatic levels in practical terms, but this is a typically adolescent way of interacting that frequently becomes an evident, significant feature of the adolescent's mode of participation in group therapy.

One line of reasoning that we followed (Salis et al, 2010) up led us, through various experiences conducted in recent years, to identify *absences* as a particular, significant characteristic of these therapeutic procedures. They often appear to be used as a form of communication, sometimes the only possible form of communication, and they help us to understand that the group as a whole is going through a process of transformation (Corbella, 2005). Discontinuity in attendance enables the absent member to act as spokesman of significant, core moments for the group, while also affording a particular mode of modulating the distances, in tune with their own rhythms and their own readiness.

Silvia Corbella emphasizes that anyone who comes to us, be it for a treatment plan or a training project, does so in the hope and expectation of a developmental change their favorable, sometimes favoring their very survival, more often their quality of life on various levels. The feasibility of "transforming" events, and the expectation that they might occur, are implicit in the request.

But as work continues and something genuinely begins to change, what happens in these situations? What Corbella says about group therapy work seems to be particularly relevant to adolescents. The idea and the fear of change arrive as particular entities right from the start, right from the proposal to go to therapy, which strongly modifies the previously-inhabited inner scenarios, consequently giving rise to desire and hope, but also posing a threat.

The course charted by the therapy groups with adolescents often begins with an absence, often with the absence of the member of the group who seemed to be the most strongly motivated to embark on the proposed course of therapy: either at the very first or in the initial sessions, some people will be unable to start the journey.

The rhythm of the groups is constantly marked by a reciprocating motion, coming forward and withdrawing, where it often becomes necessary to let words drop into the void whenever the nearness becomes threatening and difficult to sustain. The trend of the group is characterized by coming and going, hiding and coming into the open.

It is very rare for all participants to attend all the sessions. The numbers present vary considerably, sometimes even obliging us to hold a session with just one patient. The absences alternate, as if the adolescents were taking turns, making this behavior tangible and visible, a necessary feature of these groups. The members who are absent alternate, as if the group were equipped with a sort of "internal balance", capable of "weighing" the needs and the times of fatigue for all concerned. Always in the foreground, there is the practical evidence of these alternating presences in the

empty chairs that refer to these movements, enabling the group to see them immediately and to discuss them, since they are unable to deny them.

It is important to reinterpret this alternating behavior in a wider context, and not just as a way to resist the therapy, enabling the group to take on new meanings and open up to new paths of symbolization.

We are thinking, for instance, of the absences that followed after a very intense version, where the participants allowed themselves to talk about “*embarrassing*” dreams, so embarrassing that then they needed to escape from there, take a break, take time to think about what had been said in order to return stronger and a little bit older; or sessions where participants found themselves alone, where they maybe experienced a sense of being abandoned by the rest of the group, making them want to run away, seal themselves off to stay safe and stay away, because of the feared and fantasized idea of finding themselves alone at the next session too. There were also sessions where the situation “exploded”, too much was said and participants allowed the others to know them better, driven possibly by a force that they did not recognize as being entirely their own, a force coming from the heart of the group with a strength and energy that became frightening and obliged the adolescent to take a break. Or there were the absences of those who had been unable to speak at a previous session, their words had remained frozen inside them during a session where others had relaxed and talked, and this made them feel different, out of sync, unacceptable to those who had succeeded instead in explicitly expressing themselves (verbally).

The use of what sometimes seemed an almost “scientific” and systematic use of absences in the unfolding of the therapeutic experience seemed to enable the adolescents to express their own individuality and, paradoxically, to further the construction of the group’s cohesion at the same time. The effort of conducting the group focused on keeping the group alive and making it work despite the absences and on the absences, so as to enable what emerged, during some stages in the life of the group, and of the adolescent participants, as the only feasible way for otherwise incommunicable psychic experiences to circulate (Correale et al 1995).

From physical absences, where the empty chair was sometimes like a metaphor of abandon and of an intimate and exasperated presence (Lukacs Arroyo 2007), to the absence of words, which became an awareness of the therapeutic space; from absences within the group, in the sense of the need to remain on the sidelines, to absences that enabled the other participants to occupy the spaces of the session; from the denial of absences as a way to reject the conflict and the loss, to absences as a more evolved and sophisticated way to manage the conflict.

In groups with a pre-set calendar of sessions, the seats of those who were absent often remained in the room, clearly evident, throughout the life of the psychotherapy, as if to emphasize the abandon, and the loss, like all the losses that adolescents must cope with, starting from the loss of their childhood ideations and, ambivalently, everything that is kept outside or that remains outside, the absences suffered, like the absence of their parents in the room and during the therapy ... as Marcello whispered during his first session, “*they are the ones who should be here, not me*”.

In open-ended groups, most of the work focuses on the movements of the chairs, it becomes difficult to remove them, as if to emphasize at times that it is impossible to tolerate and accept the inevitability of the conflict, the end, the rage, and the guilt, what made Grace tell us once, "*Renata can come back if she decides that she is able to do so*" - it was only in her second year of therapy that Grace succeeded in speaking about her mother (who was suffering from cancer) and allowing herself to accept the looming absence with which she would soon have to deal.

We are also thinking of the time when we succeeded in removing Renata's chair, some time after she had declared her intention not to come back, with the group's permission, and Grace's in particular. This was an action that we took during a session, consequently experiencing it within the group, at one of the rare sessions attended by all the members. Everyone felt a sense of suffocation, which Grace put into words, when the circle was reduced to 10 chairs: although they were plenty wide enough apart, they seemed to hold all our bodies stuck together.

Is the body the first thing that is perceived as being absent?

As Galimberti reminds us (1992), the "body" provides the backdrop for all psychic events. The term "body" is therefore meant as a living body and it implies the presence of matter organized by a mind. The terms "body" and "mind" thus refer structurally to something complex, to a network with many different nodes and different types of connection: a group. Just as a group "mind" exists, in the sense of an organization differing from the sum of the individuals comprising the group, we can also think of a group "body". As Ronchi emphasized (1996), this is much more than the sum of single individualities. It is at group level that a sort of self-organization is generated, capable of governing the functioning of the whole, and its "vital" aspect depends on how this whole is organized, and therefore on the dynamic configurations that the single individuals tend to enact.

Given these premises, when a part of the "group body" is missing, the group as a whole feels the loss of a part of itself and sees the group dynamics as being modified. Ours are bodies with injuries, fat or thin, wrapped in heavy jackets even when "the group climate makes you sweat", bodies closing in on themselves as if they wanted to disappear, bodies constantly fidgeting, lazy bodies and bodies that are tensed like the strings of a violin, bodies that are heavy, with a weight that is important, so important as to make it sometimes hard to say which weighs more, their presence or their absence!

During a session where we spoke about *acknowledgement*, Marta said, "*I can't believe I did everything that I did simply to attract attention*", recalling the previous year when she had drastically reduced her food intake, losing nearly 20 kg in little more than a month. "*Maybe not to attract attention*", answered Margherita, "*but to make your presence felt, and that can be done by disappearing,*" and she went on to explain, "*I notice people and think about them when they are physically absent*".

Focusing now more specifically on the therapeutic process with adolescent girls who have eating disorders, the group work seemed to enable developments in the participants' perception of the symptom and of the body, that are initially narrated

mainly in their ritualistic and ambivalent aspects, subsequently being expressed in the sense of their experience and significance. So the symptom, as an opportunity to feel well or, more likely, to feel ill, communicates and gives vent to the implicit painful link of dependence, and to the need to be acknowledged and consequently to seek one's own personal identity.

Although this passage from a condition of dependence to one of independence, with a parallel process of identification, starts from the anorexic symptom, which is initially the only identity reference that these adolescents attribute to themselves, it is a process that seems to be well expressed in another fragment drawn from a group of five girls between 15 and 17 years old.

Practically at the beginning of their second session, Magda describes a dream:

She dreamt that her little dog was ill (probably because the weather was terribly hot) and it was no longer drinking or eating. She took it to the vet, who made the dog better by changing the color of its fur from black to white, so that it would absorb less heat.

Magda's dream refers to the group conductors' experiences: she had to force-feed the dog from a bottle, she knew there was no other way, and she felt just the way the conductors felt when they initially had to force-feed her with their therapeutic food. The therapists' and their patients' positions are initially at opposite extremes: while for other people (family, physicians, psychologists) anorexia is the problem, the disease to treat, for anorexics it is the solution, it is already a treatment, the only one they have found. This dream immediately became extremely significant for the other group members, who seemed to feel legitimized by it: after first being largely "obliged" to come, the girls now felt authorized to embark on the therapeutic process. It was the group that interpreted the meaning of the dream: the dog would not eat or drink, so Magda had to force-feed it with a bottle; then she took it to the vet (promptly identified as the therapy group). At the previous (first) session, in fact, when Gianna introduced herself, she said she was on a placement to gain some experience at a veterinary clinic and that she had always wanted to become a vet; by saying this, she had introduced to the group and defined a dimension of care that from the subconscious of the individual dream had been transformed into a common, shared awareness.

What gradually emerged from the sessions was a pendulum effect in the eating dynamics (from black/white to gorging/fasting, full/empty) and in the way to relate to the Other. The solution to the disease was also seen (and feared) as a passage from one opposite to the other (from underweight to overweight), induced by a magical outside agent (the vet who can change the color of the dog's fur, the doctor who can make people put on weight).

The session ended with the emergence of an idea of, and a need for a possible integration, and Magda's comment rightly indicated that she does not entirely appreciate the new total whiteness of her dog, she would rather seek and find a compromise, "*with black spots here and there, a bit of white and a bit of black*".

In these groups, we worked continuously on the swinging to and fro between polarities. By emptying their bodies and trying to become invisible, the girls were attempting to “make themselves seen”, to acquire their own “life form”. The paradox of needing to become invisible in order to become visible, within the family first of all, lends itself to becoming the focus of a group that concentrates the contents of the first part of the path on the Self, on individuality, on the inside, in order to move towards relations, being part of the world and not just an airy, inconsistent object. There is a passage from an ego alone to an ego in relation to others, but from the start this occurs through a group that enables its members to regain social visibility without having to disappear, to present themselves as a controlled vacuum in order to control the horror of the emotional and affective void, the emptiness of a space of their own never before felt and experienced as such.

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