

## **Historical Introduction to Group therapy in the treatment of anorexic- bulimic disorders**

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### **Abstract**

The history of homogeneous groups is presented, since they were first created in USA at the beginning of '900 until they were realized as a psychoanalytical thought of group, by Bion and Foulkes in Europe. The homogeneous group with anorexic patients and its organization is also discussed.

**Key words:** group therapy, anorexic patients, homogeneous group, history

The image of the group is very archaic, for some aspects it precedes the emerging image itself of the individual. Etymology provides us with an important component that we can find in groups. "knot" and through derivation, bond and roundness as a space border, gratifying fullness a metaphor of the breast ( Kaës, 1976)

The earliest experience of group therapy and particularly of the use of the homogenous group can be found in H.J. Pratt's work dating back to 1905. Pratt, who worked in that period at Boston hospital, organised, helped by the hospital itself and by a religious community "Emanuel Church", a group of patients affected by the same pathology (tuberculosis)with the objective to succeed in subjecting to correct treatments as many patients as possible.

The population Pratt addressed to often belonged to the poorest and socially marginalized classes . They lived far away from hospital structures. In a first stage patients were visited individually after the formulation of diagnosis, each of them received his/her medical treatment.

The group planned by Pratt met periodically and regularly and, it made use of "a diary of sessions" enabling to check progressively the group state. This type of group was led by a doctor (Pratt) and provided for the presence of another figure the "friendly visitor" ( it was either a paid person or a volunteer who played the role of interface between the medical institution, the patient and the territory ). Pratt pointed out that the recoveries of serious tubercular patients, taking part in the group, were to be attributed to the group function, making more tolerable medical prescriptions just because they were shared and that this created the most suitable conditions so that the patient's compliance might last in time. Pratt also noticed the importance which had for his patients a better knowledge of their own diseases, it derived from the exchange of anxieties and fancies verbalised in group. Pratt regarded as fundamental the impossibility of separating psychic from physical aspects and he thought that psychotherapy coincided with a beneficial influence of one person on another.

In comparison with this experience , it is to be pointed out how through the "friendly visitor" Pratt found that the improvement in the clinical conditions of the patient

occurred, too, on the level of “humour” of the patient himself, and that this could be connected with the cohesion state developed among the patients within the group.

The patients affected by tbc in the experience of sharing realised through the group, discovered the possibility of a change relating to the perception they had of themselves. They became from excluded, victims of their diseases to people who could interact and capable of socialisation. Pratt’s work was very useful in order to trace some dynamics which could be activated in this type of homogenous group. But it lacked a firm psychological theory of reference.

From the 20s psychotherapists and psychoanalysts started using the group no longer as a fringe instrument along with other theories but as a work instrument in itself in the treatment of psychiatric patients.( Di Maria, Lo Verso, 1995).

It was in 1925 that an American psychoanalyst T. Burrow introduced the term “group analysis”. Burrow tried to bring within the group the classical methods of individual psychoanalysis. He thought that the group had its primary tendency turned to solidarity and integration. He focused on the social relationships of his patients and considered the possibility of modifying them within the group. Burrow affirmed that the aggregative ability of each individual was innate and only through the group analysis the essence of an instinctive and social life of group could be left intact (Burrow, 1926).

The essential element lies in his conception according to it the group was an indispensable instrument in order to take care of patients an active agent of therapy.

Burrow’s clinical experience like Pratt’s occurred mainly with groups inside Institutions, particularly with hospitalised patients suffering from psychological disorders.

Burrow’s contribution constituted an important innovative orientation pointing out the relational activity of the group regarded as an organic unity (Cupelloni, Neri, 1983).

In the same 20s but in Europe in Vienna , J. L. Moreno started making up encounter groups in particularly difficult or conflicting social situations; a form of psychotherapy anticipating what later will be called psychodrama.

In the following decade Slavson deepened the specificity of the group treatment on a psychoanalytic basis. He could assess positively the possibility of developing a true and real psychoanalytic individual practice in group.

The end of the second world war marked the organised beginning of group therapy and psychoanalytic thought of group.

It is likely that the rapid growth of different forms of group psychotherapy is due to the fact that, the individual psychotherapy had not succeeded in facing a particular type of patient, who did not enter into any of traditional scheme, first of all, if we consider social problems, or however, those derived from the rapid change of contemporary society.

*“Many individuals really felt themselves imprisoned and alone, assailed by problems of an impersonal technological structure. Relationships became more and more fragmentary (Ruitenbeek, 1971).* In those years, in England two authors - independent

one from another- deepened the study and practice of group therapy: Bion and Foulkes.

In the Northfield Military Hospital, where the English veterans went when they had survived the front but they were affected with war trauma. Bion and Foulkes organised wards on the basis of a series of activities, managed by small work groups, led by the same patients. In the same wards the early therapeutic group experiences were realised ( Bion, 1961) by Bion.

After all, we can say that Bion based himself just on this experience with a homogenous group (made up of traumatised war soldiers) his theory of the group regarded as an over- determined unity

in comparison with the amount of its components, endowed with its own workings and connected with primitive experiences, of protomental indistinction and indifferential sociality. We could affirm that the idea of a homogenous group started just then. So, it can be seen as a pole of critical and evolving aggregation and fluctuation towards the possibility of differentiative processing.

Around the 50s in France, some psychoanalysts conducted a psychoanalytic rereading of groupal dynamics, referring to post Freudian school, paying attention to the relationship individual-group. Among the most important contributors D. Anzieu's and R. Kaës's.

In these authors the idea of the group leading is closely connected with the classical psychoanalytic theory and practice, and the elements of the setting, transfert and resistance are moved to the group without any specific transformation. Some ideas- even if they were bound to the imaginary of the individual psychoanalysis- concerned the group as a whole, as a subject endowed with its own functions. In Anzieu, for example, (The group and the unconscious) the essence of the group is constituted on the basis of an imaginary relationship indicated as "groupal illusion" expressing itself in a sense of pervasive omnipotence. It protects the group from originary phantoms (of seduction castration and primary scene) and responds to the need for security, compensatory research on a fusion with their motherly imago in order to preserve the unity, threatened by the plurality of the different unconsciouses present in the group, so causing the narcissism of the group.

Kaës also studied the group in a more direct way: it is possible to live in the groupal experience identifying relational modalities or really interactive modalities .Besides, through the concepts of isomorphism and homomorphism (1976) he tried to explain the relation between groupal psychic and individual apparatuses .

Every group during its existence must go through the dialects between these two poles, the isomorphic tendency is an expression of the primary process, the group builds itself up as identical to the image of the ideal internal object, it is undifferentiated and in search for homogeneity.

The group organised according to homomorphic tendency and allows the margin between psychic subjective and groupal apparatuses and it is characterised by differentiation (Lovero, 1990).

After Freud, in the different psychoanalytic movements, many authors and many trends contributed to study the mind and the relationships between its archaic aspects, from a point of view facilitating and widening the understanding of social elements: M and W. Baranger, through the idea of “bi-personal field”, Bleger, through the formulation of the concept of “sincretic sociality”; Winnicott, through the conception of “transitional elements”(Winnicott, Playing and reality) which can mediate the process of distinction between the self and the other; even in a certain sense modern self psychologies and post- Kohutian studies, trying to give a new and even more changeable perspective in comparison to the Kleinian spatial conception of internal objects, and even referring to the Freudian unconscious as they increase in value more the inter- individual relationship, as a source of present learning

The theme of the homogenous group -(and later the particular point of view of the treatment of eating disorders in the mono-symptomatic group)- seems to have an important root in those conceptions, which can help understand how the function of homogeneity present in the group, can have a specific task.

### **Homogenous groups in the treatment of eating disorders**

Modern health practices- earlier in the USA and then in Europe- chose the group as a setting for a useful care treatment giving a spontaneous preference for the homogenous group (according to the ward or type of user, or range of age, etc.)

It will be useful to make a reference to classical practices existing in the field of group therapy before introducing the theme of homogenous groups for anorexia - bulimia; and later we could indicate if there are specific motivations indicating the group as suitable for receiving and processing the suffering which characterises this psychopathology.

In the treatment of eating disorders the homogenous group has been used in- at least- three different ways:

- 1) Psychoeducational group
- 2) Self help group
- 3) Homogenous mono-symptomatic group with an analytical leading

The psychoeducational group is based on the assumption that subjects suffering from eating disorders have wrong convictions about factors causing and perpetuating their problems, therefore the awareness of such factors would decrease not functional behaviours.

This type of intervention proposes providing patients with the necessary knowledge to cancel contradictory behaviours with basic feeding principles through the explanation of biophysiological reasons so that certain eating behaviours result dysfunctional for the body and they also use behaviour techniques of deconditioning :The groupal dimension is preferred for practical reasons but also to exploit the intrinsic potential capabilities of the group such as an increasing awareness of the disorder and the vicarious learnings (Della Grave, 1997)

The figure of psychotherapist has often been associated with a nutritionist doctor's.

The self help groups represent an alternative and additional resource for the support in case of difficulty. They are now a very widespread phenomenon in the USA and Northern Europe, more recently in training in Italy.

In the context of eating disorders self help groups have already risen, first of all, inside hospitals or universities particularly for bulimic and obese people or for their family members, who can receive and give support and advice. The main objective is the emotional support through the break with isolation and a mutual sharing, for the purpose of improving psychological and behaviour abilities of the partakers in the group.

All the activities are self- managed and informal, the fact that they are both users and help supporters causes a mechanism of freeing from passivity, and from a sense of helpless and distrust of oneself. (Francescato, 1995)

The important phenomenon of associationism - in different specific fields ,or concerning pathologies or themes which are common to certain parts of population – tries to produce spontaneously an exclusive and characteristic membership :This can often constitute the basis for the therapeutic work in its true sense. Even in the single territorial institutions can be developed a specific culture, trying to deal with one or more themes belonging to a certain country or a certain homogenous context or “ homogenous” users in a certain moment. One can consider here some reasons which should facilitate by constituting a specific culture the training of therapeutic groups involving patients who would have more difficulty access to other help forms.

### **Experiences with small mono symptomatic groups**

Aggregation in small homogenous groups derives its strength from the strong identification with the symptom.

The fact one recognises herself as anorexic or bulimic, the symptomatic homogeneity with other members, permits to win the initial distrust, on the basis of a common passion-object: food

The mono symptomatic quality in particular encourages the withdrawal from distressing and alienating loneliness, from feeling herself “a monster”, it encourages the certainty of feeling oneself accepted and understood.

Sharing the same issue reduces the persecutory fragmentary anxiety characterised by the presence of a stranger.

If at the beginning of the group , its members recognise themselves thanks to symptoms, it is thanks to the group and therapy that they will be able to recognise themselves beyond symptoms there is a single identity which needs to express itself without any expedient.

The groupal space gives the possibility of processing the personal space ,on the contrary of what might happen in a dual setting , where you might feel yourself invaded by the therapist figure, experienced as a parental figure .

The anorexic exposes a narrow space against her very powerful fancy to possess and manoeuvre all the possible space. The group allows to the body and its relating emotions to occupy its own space and feel itself existing in a real and concrete way, so

it is able to overcome the abstraction of being in an ideal way, namely disenchanted and lacking desire. In this manner one passes from a position of solitude which isn't shareable to a situation where the body becomes relational (Manzoni, 1997).

Individuals can find not only in the group multiple occasions to satisfy their needs of self objects, but the group- as an affective-cognitive entity, endowed with its specificity- can be considered one of the fundamental self-objects.

The group represents an important experience of belonging and affirming of the right to exist of each person: in fact many are those who haven't seen recognised such right in the family context during childhood (Neri, 1995)

The homogenous group offers a self recognition experience laying the foundations for a self-exploration work, otherwise impossible in people whose sense of existing is always threatened, so as anorexic patients are. The group, because it is a self-object, offers the possibility of being faithfully mirrored and at the same time improved, so as it happens in the relationship mother/child, the mirroring is steeped in feelings of pride and love: both for the group and their parents children are those "right".

The group allows to anorexic patients to go out of isolation, so that they can feel themselves watchable to bear later to become visible. Everyone finds himself/herself in through others, in a game of continuous postponements

*"Something - belonging to others- evokes some things inside me and this enables me to look at them"* (Pines,1983).

The group is also an ideal self object, the idea of perfection is projected on it , and through it no distinction phantasy is maintained because of this the subject can continue and have access to the ideal world (omnipotence and omniscience).

The group as an ideal self object provides its members with a certain amount of omnipotence and the possibility of enjoying the conquests achieved by other members.

The circle itself becomes space, a special space, empty and full at the same time, a space which each single member has contributed to create, but it does not correspond to the sum of the single taken seats. It is a space made up of stories, phantasies, emotions, personal thoughts and at the same time universal, it is the place where it is possible to go all out and experience other passion , rearrange relationships.

The group speaks, supports and is supported, so opening, by degrees, the way to the words of a member, who has never been such and who hasn't been able to legitimise and get her own space.

This happens to the anorexic, who has never had the possibility of getting her own space, she has continuously been invaded by her parental figures, therefore she has to become small, nearly invisible by occupying as little space as possible.

The analytic group, therefore as a strong relational dimension, has revealed as an optimal place of care because identifications and reflections with other members enable the constitution of a relational matrix different from the familiar matrix but which is very strong and at the same time dynamic.

The groupal neo culture facilitates irregularity in comparison with the family , as family culture has never permitted because it has always been too saturate.

The group mutability enables to live another experience in relation to the experience lived in family and goes against the immutability of the internal and external world.

The group allows each person to become autonomous by speaking and behaving, facilitates the peer confrontation, the possibility of contributing in an active way to groupal life without any impositions and compulsions.

One mirrors herself in the suffering of the "other" in the other's symptoms, up to the point that one is able to create a groupal identity which, through which, in the course of the process the single person will develop (Dionisi, 1997).

The climate of reassuring union is followed by a moment of recovery of individual differences, the mirror identification, based on common value is abandoned in favour of an analogical identification, where "the other" is able to recall to herself a part of her own identity which had been removed (Recalcati, 1996).

The patients taking part in this type of therapy experience the importance of creativity of all its members through the activation of an open spirit of collaboration, enabling each member to bring her own personal contribution.

The way out from the group is individual and can be motivated by a symptomatic resolution, partial improvements in behaviours due to food or to interpersonal relations or by the need of an individual treatment.

However, the possibility of a therapeutic group, to live longer even beyond the present numbers of its members, seems to be connected in this specific field to the anorexic group.

Even if the anorexic group is now so deprived and fragmented, if there is an event providing with cohesive and vital hopes both the carer/analyst group and the group itself including those who have not continued taking part in it along with the contexts that group has been in close contact with.

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