

Group and dream in departments of organic illness. The homogeneous group in the hospital department

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Abstract

So that what seems significant to us, relative to the theme of the groups iconic and oneiric production, concerns its specific function in the group dealing with organic illness. This function is connected with the need to represent the body's internal events, to give them a shape and communicable expression, to provide them with a sense which can be shared and mentally represented. The understanding of these representational elements, so important for re-establishing the ties between body and mind and between trauma and rebuilding, may set in hand a process of transformation and evolution.

In particular, in the group considered, it was possible to pinpoint levels which were more and more touched by the affections of a central fantasy connected with the neoplastic illness: the annihilating and fragmenting invasion of the tumour, bearer of anxiety of death, corresponds to an early primitive defect, connected with problems of inseparability, which gave rise to an area of ice, devoid of life and absolutely inconceivable, invasive and generating death to the point of persecution, to be ashamed of. The organisation of this fantasy, fostered by dreaming, enables the group to pass from a concrete, symmetrical and specular arrangement, of the representation of the ill body, to an experience opened up to affective components in which the experience of illness may be recognised and placed.

Key-words: dream, body, illness, group, re-elaboration

The possibility in hospital medicine departments of creating specific conditions targeted at the possibility for patients of contributing to elaborate the experience of illness, the medical and therapeutic relationship with the carers and in general with the medical staff and with the hospital environment, is becoming more and more a part of the health medical and orientation requirements of medical training, in Italy and already for some time already in most Western countries. For some time now many experiences carried out have indicated that the course of treatment and of sickness, in departments assisted and oriented towards the putting together of experiences (Pratt 1905, U.S.A.) and the searching in the field for a relationship between physical and psychic states, may have a considerable influence on the evolution of general, subjective and relational conditions of patients and also of their environment.

Some contexts more than others have proved to tend to foresee the importance of the benefit offered by psychological means. Probably interest is mainly aroused in all

those circles in which clinical specialisation is strong and the organisation of the specialist leans on greater traditions or requirements of strategic autonomy; whilst on the other hand ever greater consideration is paid to the need to update the new models of clinical research and of therapeutic technique, the needs linked with the patient's collaboration on the plane of his subjective reactions and to the possibility for the physicians to involve him and to involve himself in a relationship liable to develop the capacity of recognition, facing up to the illness and therapeutic cooperation.

The need for assistance may concern different aspects and phases in a hospital treatment: from the time of notification of the diagnosis; to that of acceptance of the medical protocol and treatment; to the time of rehabilitation following an intervention for example surgical operation; to the time of discharge.

Furthermore all the medical and paramedical staff, engaged repetitively and daily in dealing with the sequences diagnosis-treatment-conclusions, may also tend to produce within these activities a system of defences against too continuous and worrying a contact, isolated in a specialised context, with the illness and the consequences it may produce in the individual suffering from it and in the environment receiving him and treating him for a limited period of time.

In order for greater integration of these aspects to facilitate the systems of treatment and hospital treatment, the most modern trend would seem to be that of acting in two directions.

The first is inherent in concentration on training of the medical and health staff, both from the point of view of its emotional and relational involvement; and from the point of view of realisation of the connection between the advent and experience of the somatic illness with the subjective plane of the psychic, present and historic needs of the individual who falls sick.

Whereas a second direction concerns the possibility of treating patients psychologically, within the departments in which their treatment takes place in common among them: the work of recontextualisation and of re-signification of the experience, lived out within department groups, often specialised or "homogeneous", that is to say with patients living out the same condition, may help to render significant in a different way the experience on a less "separate" and possibility more subjectivising plane.

In Italy the panorama of this kind of research is both behindhand and disordered. But numerous scattered situations exist (as we knew from the Conference Homogeneous Groups, in Rome, University La Sapienza, 1999), that probably point to a need and act as a vanguard towards some trend to be followed shortly.

Before giving any clinical examples of experiences in this field, we would like first of all to make certain considerations of a general nature.

Homogeneous group within a given time limit

We have spoken of group therapy and in particular of homogeneous groups.

In fact we find that in this type of clinical experience, which for decades now has developed a modelling and a theoretical arrangement in the psychodynamic and psychoanalytical field, certain characteristics which would seem particularly appropriate and utilisable in the contexts we are dealing with here.

We will indicate three functions of the homogeneous group, which might arise in different ways and in different fields, and which in our opinion are specific and constant:

The first concerns the integration of processes and relations of *primitivo* type.

The second concerns the declaration of existence and belonging.

Finally the third concerns the "pre-conception".

Processes of integration in the homogeneous group

Basically Bion began his research at Northfield with a homogenous group of soldiers traumatised by war (Bion, 1963). That context and many experiences following it led him, as is well known, to find that the group, observed in its profound and essential functioning, tends to grasp better and more specifically a plane of psychic eventuality closer and more closely connected with the primary processes and objects than with the secondary ones. Bion even spoke of a specific mobilisation, within the group, of protomental elements (Bion, 1987), in which the physical or psychic value of an event might alternate in an undifferentiated manner or arising in an interchangeable way. If we assume this point of view, we will find ourselves thinking that the advisability of forming a group concerns specifically all those pathologies in which for a variety of different reasons the process of individuation and of differentiation of the body-mind relationship, or more precisely of the institution of the bodily self and its representations is lacking (Winnicott, 1958); and that the group, by facilitating regression to these levels, may the better help its elaboration and containment (Bion, 1961).

A series of circumstances on which we had occasion and the possibility of reflecting, induces us to think that a micro analysis group such as that which may be obtained in a hospital department with organic patients, in other words homogeneous and within a given time frame, may function precisely on this basis of elements. We might even state that the characteristics of this type of group may contribute to speeding up a therapeutic event, otherwise less synthesised. I will explain what I mean.

We are considering a situation in which a traumatic event - in this case, physical illness - could be organized and emerge; and a condition of dealing with and treatment of this trauma in - the hospital department - represented an arrest compared to the habitual context and provided a new and different container. It may be said that both of these "facts" prepare the ground for a momentary regression and a state of partial or extended elaboration of a form of rupture, of loss and of change. It would seem that in these conditions the offer made to the patient by the hospital physicians (that is basically, of the institution itself), of carrying out, through the course of therapy, also an experience of therapy and of integration in respect of a more internal

or psychic plane, may constitute for patients already an emotional field of profound experience relative to their own condition, to the possibility of conceiving it and of re-examining it in the framework of a confrontation.

We will highlight certain essential elements: the aspect of historic sequencing of the event constituted by illness; of its reproposal in terms of the possibility of "conceiving" it (Tagliacozzo, 1990) as a result of a mental process and in terms of the declaration of existence and reality (in fact in the case we are considering it is precisely the institution of the somatic illness that recognises a psychic need). The urgency of getting well again and of maturing a process of treatment and also laying down a term for it: all of these elements mean that the creation of a homogeneous group and its treatment within a given time would seem to speed up the processes of contact with profound elements, particularly with those primary and what we might term as psychotic elements, in any case disordered and primitive elements, which contributed to create the pathological condition or in any case which emerged in this with a new and unexpected presence, which may create difficulties. And it will be precisely the elaboration in common of this kind of elements which may renew a evolution of identity (of course on condition that the experiment has been carried out well) and provide a transformative contribution to the need for change, implied by the rupture.

It is from this point of view, I believe, that we should consider how a certain acceleration, which would seem to come about in this type of groups, of the process of symbolisation of the aspects relating to the body and a certain proliferating tendency to psychologise and to dream (cfr. Dream and Group n.1, funzionegamma.edu, 1999) the somatic, pathobiographic and historical event, represents, not only an act of acceding to the medical requirement, but also, perhaps, an attempt at what I would call the "speeded up" elaboration of undifferentiated, chaotic and overflowing elements, which are in need of moulding. At times an experience rendered urgent and acute in this way attains great intensity and an important meaning, which will help hereafter to orient the requirements or re-ordering and change which both the illness and recovery have made necessary.

Importance of the group

So far we have spoken of some of the elements considered more significant in the experience of treatment within a group, particularly a homogeneous group.

The literature on group phenomenologies and on their specific connotations is by this time vast (Neri, 1995); and, according to the models by means of which the experience in a group is described, one or other aspect of its significance and importance emerges.

One elements that I would like to particularly underline here as essential and all-embracing for those undertaking this experience and in particular, in the case in point, for organic patients, concerns a specific function of the group, as an opportunity for building a scene - or a series of scenes - I would say a central and very representative

scene both for the individual and for the group (Correale, 1997), destined to be interiorised at particularly profound and stabilising level.

I had repeated experiences with serious and seriously deprived patients, or tending to act out in their body and in their mind their conflicts and shortcomings, who found it extremely difficult to share their affections, ties and in general the experience of themselves within a group. Feeling themselves to be empty and contradictory, they tended to become the most fragile part of the whole and likewise to become unduly involved in the pathologies of the other members of the group, or else to feel themselves invaded by such pathologies. When the task of discrimination and differentiation could progress and these patients could really achieve an authentic experience of themselves, shared with the group, it seemed that the importance of the event was experienced as if it were much more widely extended and profound than in the context of the therapeutical couple. It seemed that the traumatised parts that these patients had carried for so long in the group, had managed slowly to be organised in a scene which in my opinion was so nuclear and representative, precisely because they had the possibility of being more widely deposited, distributed and amplified among the various members of the group itself, and I would say even had become the object of theatrical and ritual representation in the course of repetition and revisitation, that the legitimising participation and recognition of the group had qualified and transformed. This seemed to orient the experience towards an important and exclusive feeling of greater richness, remuneration and stabilisation, as if a scene considered central of themselves and of their own internal world, which it was possible to live out and to enucleate in the group and to share with the others within it, should acquire a definitive value of new rich and nourishing introjection.

Accordingly I believe that for organic patients, oscillating between a "concrete" experience and the possibility of conceiving of the same, the benefit of the group is of all-important from the point of view of the representation and memory of a place, a space and an event (of affective, ideative, representational and narratological exchanges) and a series of functions liable to be interiorised as a model of functioning, capable of producing other forms of evolutive transformation.

Feeling oneself to live and exist in a group, being able to play out one own profound scene, whenever this is possible, is of vital importance.

In a homogeneous group within a given time frame this type of opportunity is as if it were to exist at an initial or primordial plane, in which it was possible, for perhaps only a moment, to bring to life a submerged nucleus, considered unattainable, but also rich in subjective sensations experiences as extremely important and intimate.

Anna and Anna experiences in a homogeneous group of patients with breast cancer
This experience took place in the Clinical Oncology Division, directed by Prof. Gian Battista Grassi, in collaboration with the Psychiatric Service of Diagnosis and Treatment), led by Dr. Giuseppe Ducci, of the Public Hospital of San Filippo Neri

and was carried out by Dr Simonetta Bruni, in charge of the Psychiatric Service of Consultation and Liaison of this same Hospital.

In particular we would like to report on a clinical experiment carried out by Simonetta Bruni, in the Oncological Surgery Division of the Public Hospital of San Filippo Neri of Rome.

This was a group experience offered to women who had undergone operation for breast cancer, in a preliminary talk, as foreseen by the therapeutic protocol of the Oncology Division, in collaboration with the Psychiatric Service.

The group, consisting of six participants, was presented from the outset as an experience within a given time frame of twelve meetings, once weekly.

We will now attempt to hypothesize that the prior conception (Bion, 1963) of the analyst of the conceivability and symbolisation of the traumatic event occurring in the body, such as a neoplasia of the breast, had the effect of facilitating and speeding up the initial processes of concentration on the group as a single body (Foulkes, 1948) and also as a group-dream (Anzieu, 1976). This hypothesis may also be extended to consider how the first structuring itself of the group, encouraged by the perception of a space offered for the naming and conceiving of elements in other ways and in other circumstances intolerable and unrecognisable, would tend to represent concretely the elements of the illness, functioning, in the setting and in internal dynamics, as an icon and as a dream of the illness and its characteristics. We are referring in particular to the structuring of the group field as a field containing two opposed halves and functioning concretely as a system of symmetrical, reciprocal or opposed elements. The setting itself, the dynamics within the group, the sequence of sessions, and of the presences or absences and the play of the ties created within it, were all referred back to the idea of the organ-breast, twofold and sick, reproducing the alternation and opposite extremes of life-death, presence-absence, contact-negation. Germination-destruction. The possibility that these traumatised and violent elements should be accepted, legitimised and acted out concretely (Castignani, 1997; Staforelli, Suarez 1999), could have developed functions of thought and representation. In particular, dreaming, on account of its value of iconic and visible representation, of hinging the concrete needs of somatic experience with their representability in psychic terms, will become essential to mark the passing from the initial completely "physical" and "insuperable" situation towards a richer symbolisation of space, experience and thought. Dreaming in a group assumed the value of dreaming of the body, of its contents, its vicissitudes. Dreaming produced the image of the inside of the body; the body, the body-group, produced the dreaming.

A dreaming capable of taking its place in the short history and in the affective memory of the group and its experience.

This helped the emergence within the group of those elements and fantasies by means of which the series of somatic events could be lived out and represented; and first and

foremost among them the element of confusion of life and death and regression towards chaotic, undifferentiated and psychotic aspects, reposed by the intensity of the destructuring experience, connected with the neoplastic pathology.

The first organized space of the group contained a scene of regressed and pre-hallucinatory type, which made use of the prior conception and dramatisation, to pinpoint the affective and psychic elements of an event which thus fact had occurred and acted on the body.

The connection between mind and body; the bringing up to date in the here and now of the group; the sharing and identification; the experience of the same and the undifferentiated and also other furnishings of the gestational context of the small group within a time frame, facilitated confidence in a system of experience which we could define as one of "controlled psychosis" (Corrao, 1998), which made use of the context itself to act out its own contents.

The telling of the experience itself proves more effective than any hypothesis formulated following the experience, for an understanding of the ideas thus outlined.

Clinical experience

In the first session the group immediately assumes a particularly fragmented and confused conformation: the women begin to talk excitedly with one another, splitting up into tiny groups; they talk about their cancer, and ask one another questions on its size and the operation, but rather than listening they interrupt each other, ending up by speaking rather fast about such a private elements, without thinking of introducing themselves; furthermore two subgroups form: one of women operated on and one of those in hospital and awaiting operation.

One of them describes a dream: when she was waiting in a very dark room, a luminous vision of the Madonna of Lourdes suddenly appeared to her, who although she did not speak to her imparted in her a sense of tranquillity.

Moments of very acute anxiety and panic occurred in the course of the session: the lady who told this dream is very frightened, throughout the session she hold her rosary in her hands and, after describing the dream, she goes out, blessing everyone, and in particular touching the breast of the youngest member present.

In the emotional chaos and partial representational blackout the group offers a further two images: the first is of a woman who has had breast cancer at 13 years of age, who got over it, and who now has two children both breastfed by her ("cancer does not prevent breastfeeding"); the second is a case of surgical menopause undergone at 30 years of age by one member of the group, who was operated on for a cyst weighing 10 kilos. They asked her if she was expecting another child.

The next two meetings were marked by the absence of most of the members of the group; the "two Mrs Anna" (they were both called Anna), "the only survivors: the Annas are tough", one mastectomised and the other not.

Absences are noted, these are ascribed to the anxiety, fear and the need to deny their illness; however there is the possibility of managing to represent what has happened:

one of the two tells how her son came to visit here that morning, while she was absent elsewhere in the Department for an examination, so that he left her a affectionate note on her bed as a sign of his presence.

Above all in the last meeting disappointment is expressed "that the ladies had not come".

The group seems to be divided into the good and active participants and the bad and depressed patients.

The fourth session, though with the attenuating circumstance of taking place the week after Easter, goes unattended.

The massive disinterest, displayed by these absences, obliges the group and the group leader to a considerable load of anxiety of annihilation and death, annihilation from contagion.

The group has displayed an altered, divided, almost hallucinated mental state, to defend itself from fragmentation.

The dream of the Madonna would to clearly express, produced by division, the magical expectations of salvation (from the absolute dark of the sick body, to the sudden divine light of salvation) the essential fantasies of each member, ascribed to the group or to the image of the analyst, who is herself a woman and a mother, depicting a healthy, handsome and pure body.

Specular to the divine light is the human darkness of confusion; of particular note is how the group unconsciously assumes in all the meetings, and for a large part of subsequent ones, a configuration divided into two: double like the breasts, one healthy and one sick, dispensers of life into which death slips in; and how likewise the ovarian cyst has been confused with a child.

In the fifth meeting the group seems to unexpectedly pick up; besides the two Annas a further two member are present, so that there are two young and two older women present, thus tending to fall into two separate subgroups. Even if with an extremely concrete modality, they talk in a less destructured and confused way of their illness; they pull out their breast and show it off, they show the wound, which they describe and also tell all they know about their tumour; "and what is yours like?".

One of the young women pauses to point out that it seems as if they were speaking about a child. The other women nod.

To seal this newborn condition, the same lady once more, remarks that she suffers from esophageal vomiting (a well known pathology of the neonatal period) and thereafter conveys her anxiety of feeling she has lost the idea of an intact, healthy and young body. Now she has a old woman's illness, and her body unfortunately may let her down and be violated. She expresses a profound feeling of shame in respect of everyone around her at falling ill.

One of the Annas offers a first representation of an experience of belonging to a group: she went to do physiotherapy in an association of mastectomised volunteers, this proved a good experience, and she felt as if she fitted in perfectly.

The sixth meeting too is marked by great intensity; the group seems to live in sequence: first of all libidic concentration on their female functions represented by the breast (all of the women have breastfed for a long time; one woman says she even had enough milk to feed a sick newborn child who however died, to the mother's indifference); at a second stage the anxieties of death and annihilation (the same lady begins to enumerate the dead people in her close circle, in her family many have died at about fifty years of age, and now the same may happen to her, likewise in her fifties). The climate suddenly changes, the group bathed in the warm beneficial milk of life is now touched by the cold shadow of the death's fearful wing.

A feeling of guilt at illness creeps in; one of the Annas confesses that she positively hated her father-in-law, whom she had in her house before he died, because he was nasty, and now she feels she is being punished.

I would stress the presence of a thought around the illness as a not merely biological event, but one linked up with the vicissitudes of life itself.

In the fifth meeting the group likewise divides into two, but it is possible, even if always in a very concrete way, by means of shapes, volumes and contacts regarding the body, to have a more integrated and communicable representation of the illness. The youngest lady likewise expresses, also in a more punctual way, conveying a feeling of shame she has, as a primitive level of shortcoming attuned to the event of her illness.

So that it is possible that the phenomenon of division into two to be expressed in the subsequent meeting at a more mature emotional and level, first of all divided (as between milk and death) and then brought together in a feeling of guilt, which places the biological event in the course of an existence.

The following meetings will pick up through dreams the dark and sinister dreams of certain perceptions. One of the young members will tell of three dreams she has had: She is driving a car, when at a certain point she arrives at a sheet of ice: the car skids and turns over.

In a bus various persons are gathered, she is speaking with a woman who in actual fact is a friend of her still living; seated in front of her is another woman, who in life suffered from depression and committed suicide; the latter gets off at a certain stop, while at the next stop it'll be her turn.

Then there is a war and she finds herself as a refugee with bombs falling all around her; but she manages to escape.

Dreams represent a privileged moment of change in the group's affective life and underlie the following meetings, which are structured with the presence of the two Annas and of the young woman who has described her dreams; these will be commented on; then the tone changes and becomes more affective, intimate and less disintegrated.

In particular the dreamer is a woman aged 40, recently married, who some time before the diagnosis of tumour had begun to caress the idea of having a child.

Herself born of a depressed mother as a result of the death of an elder brother, she carries in her the sadness of a distant relationship with her marked by very little participation. The other participants perceive in her solitude and the desire for a child. In the context of the second part of the sessions, the fact that the dreamer dreamed, for herself and for the group, chronic and dyacronic elements mobilised within the dream, which liable to be organised into images, while there is a growing awareness that the dreamer had relayed to the group not only the story of her own depression, but also the perception of a common fantasy around a cold, depressive and deprived area, impossible to conceive (the skidding and turning over on the sheet of ice that the group had expressed in its first meetings) connected with the development of the tumour; and it becomes clear that in the group elements of libidic concentration on life and anxieties of death, disintegration and annihilation which initially they let the analyst live out on her own, have found their place, like the passengers travelling on a bus which, even if for a few stops only, contains a small travelling community.

One of the Annas picks up the subject and speaks of the recent death of her mother, who was unkind and overbearing, whose death was welcomed as a liberation by her; of her daughter's difficult childbirth and of an erroneous diagnosis of fetal malformation which her daughter-in-law had received when expecting a baby.

So that this archaic, dominating mother comes on the stage to seal the inseparability responsible for the difficulty in giving birth, responsible for the monster-child to be born, half life and half tumour.

The other Anna has some difficulty in speaking, she tells of a dream but is afraid of re-enacting the tremendous anxiety experienced: she is falling and falling with the sensation of never being able to check her fall, so that she wakes up rebelling against an unknown entity which is trying to swallow her up and plunge her into the cold and the dark.

In the last few meetings the anxiety is more contained and internalised, communicated better, with the affective exchanges less marked by fear and more pleasant; the group evinces a greater awareness that it has been crossed by a long experience of contact- which, that in fact it has been more broken up and intermittent for over half the total course of therapy.

In the last meeting but one, in particular, one of the two Annas gives a grateful picture of the affectionate climate of farewell present. Moved, she tells how her little grandson, though ill, had insisted on taking part in the school project in which he had taken a great interest. As soon as he arrived at school the little group of his comrades and teachers, who had realised the situation, greeted his arrival with a clap, so that Mrs Anna could not help weeping tears of tender participation.

The group seems to have achieved the albeit painful possibility of internalising their affection.

Conclusions

So that what seems significant to us, relative to the theme of the group's iconic and oneiric production, concerns its specific function in the group dealing with organic illness. This function is connected with the need to represent the body's internal events, to give them a shape and communicable expression, to provide them with a sense which can be shared and mentally represented. The understanding of these representational elements, so important for re-establishing the ties between body and mind and between trauma and rebuilding, may set in hand a process of transformation and evolution.

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Bibliography

Anzieu D.(1976). *Il gruppo e l'inconscio*. Roma: Borla, 1979

Bion W.R.(1961). *Esperienze nei gruppi*. Roma: Armando, 1971

Bion W.R.(1962). *Apprendere dall'esperienza*. Roma: Armando, 1972

Bion W.R.(1963). *Gli elementi della psicoanalisi*. Roma: Armando, 1979

Bion W.R.(1974). *Il cambiamento catastrofico, Seminari Brasiliani*. Torino: Loescher, 1981

Bion W.R.(1987). *Seminari clinici*. Milano: Cortina, 1989

Castignani A.M.,(1997). *Analisi e risoluzione delle fantasie di morte connesse alla somministrazione delle cure, in un gruppo di bambini diabetici*, presentato al corso sul Gruppo Omogeneo, presso la cattedra di Teoria e Tecnica della Dinamica di Gruppo, La Sapienza, Roma

Corrao F.(1998). *Orme*. Milano: Cortina.

Correale A.Rinaldi L., a cura di(1997). *Quale psicoanalisi per le psicosi*. Milano: Cortina.

Foulkes S.H.(1948). *Analisi terapeutica di gruppo*, Torino: Boringhieri, 1967

Gilliéron E.(1995). *Il primo colloquio in psicoterapia*. Roma: Borla.

Neri C.(1995). *Gruppo*. Roma: Borla

Staforelli Mosca A., Suarez Gaensly L.(1999). *Sogni minacciosi in un gruppo omogeneo di pazienti in attesa di trapianto renale*, Sogno e Gruppo n.1, <http://www.funzionegamma.edu>

Tagliacozzo R.(1990). *Angosce fusionali: mondo concreto e mondo pensabile*, in: *Fusionalità* (di autori vari). Roma: Borla
Winnicott D.(1958). *Dalla pediatria alla psicoanalisi*. Firenze: Martinelli, 1975

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