

The processing of traumatic events in female therapeutic groups

Roberta Richetta, Giuliana Ziliotto

Abstract

This paper offers points for reflection about the typical methods for processing traumatic events and the therapist's role in female therapy groups.

The paper also makes a comparison with the dynamics of mixed gender groups. Clinical examples about the functioning of both types of group are also provided.

Keywords: process, traumatic events, female, homogeneous groups, mixed groups, gender

The intention in the authors' work is to explore the methods for processing the traumatic events that have been narrated by some of our patients from groups. These events were recognized by the patients but they did not seem fully aware either of the emotional importance or of the resonance that these events had in their lives and how much the traumatic events structured their suffering.

Trauma, women and groups

The discussion specifically concerns women patients who participate in therapeutic groups with an analytic character.

These are 'slow open' groups with a maximum of eight patients. The groups meet twice a week and are homogeneous for the gender of group participants rather than being homogeneous for pathology or symptoms. The groups are led by a woman therapist.

In the situations to be discussed the patients had not requested help in processing specific difficulties relative to the traumatic event. It is true that in some cases elements had emerged in preliminary discussions which the therapists had connected with the possible presence of traumatic features. In other cases the memory of the traumatic event or its narration only emerged during therapy itself.

The authors discovered, both in the narration and the processing of the traumatic event, specific features of the female therapeutic group that will be compared with the other features met with in mixed gender groups.

The processing of the traumatic event takes place in the group, by the group and through the group, in the sense that it is narrated in continuation, sometimes repetitively by patients through universalization, a factor that is present in all groups (Yalom, 1970). universalization produces an almost associative echo.

It seemed possible to perceive, however, both specific therapeutic factors of this kind of group as well factors typical of groups in general that were used in these groups in particular ways.

The authors' experience led them to find, for example:

- 1 Interchangeability, which is not the same as indistinction, but is the possibility of sharing a common emotional situation among women in a non-conflictual

way. G. Cantarella (2012) describes the culture of interchangeability in female groups as one in which 'every member of the group seems to forget her own problems and to immerse herself wholly in the suffering of others, thus producing a dialog that ignores both the outside world and each woman's individual problems. Even if these are pressing, they become of secondary importance at such moments.' (Cantarella, 2012).

- 2 Resonance, one of the group cure factors, identified by Foulkes as the capacity to perceive the experience of other group members without necessarily needing to verbalize this perception – resonance is an emotional perception.
- 3 Mirroring which M. Pines regards as a central factor in group therapy functioning because it allows the individual to become aware of her own problems through perceiving them in either group members or through other group members' narrations.

A fundamental element in these group dynamics is certainly also the therapist's awareness that she should not be in a hurry to provide interpretations. The therapist has to know how to respect the group's rhythm and to trust that patients will proceed slowly and freely. If the therapist has enough patience and manages to bear the waiting the processing movement will take place by itself through the help of certain specific characteristics of the homogeneous group such as unconditional acceptance and fusion which are sustained by the common gender identity.

It has to be said that fusion, which is always present as the initial movement of every therapeutic group, is a more substantial background in the female group.

Homogeneous female groups

What follows are some clinical examples which illustrate what has been said above:

Giulia is 30 years old and presents at the consultation complaining of panic attacks and difficulty being apart from her husband with whom she has a symbiotic kind of relationship. During therapy she talks with great difficulty about a traumatic episode of sexual abuse that began when she was very young and continued for many years. She could never discuss this within the family because she was frightened of paternal violence and frightened that her mother, who was submissive, would not have defended her.

Francesca, 30 years old, starts therapy because she wants to stop taking the psychiatric drugs that were prescribed when she was about 20 years old for her anxiety attacks. Francesca and her husband would now like to have a baby. She tells the group about the traumatic moment in her childhood in which, unnoticed, she had witnessed an argument between her mother and aunt in which she learnt that her father was not dead as she had been told.

Marcella, 35 years old, with a history of anorexia, comes to the group because of a serious form of bulimia. After listening to the story of sexual abuse suffered by Giulia

she finds the courage to talk about a similar abuse suffered by her at the hands of her nanny's husband.

Gaia, 40 years old, enters treatment for problems of panic attacks and her incapacity to stay by herself, even at home. The story that gradually emerges is that of a neglected child who was forced to endure the sexual attentions of a neighboring farmer while she was playing alone in the garden of her house.

Working on the memories of these traumatic events the meaning gradually emerges of certain of Marcella and Giulia's recurring dreams.

In Giulia's dream, there is always a policeman or a traffic warden, a common authority figure, who spies on her and follows her and from whom she cannot escape. In Marcella's dream, on the other hand, there is a black, indistinct figure, which comes to her bedroom in the night. The figure sits on the bed without touching her or speaking, but terrifies her to the extent that she wakes up screaming.

In the group Gaia starts to recount her childhood experience with all the shame and guilt that she has borne within ever since. The other group members are close to her through their empathy. They analyze the facts with her, they lighten her sense of guilt, they listen to her emotions both past and present. They go back to the subject more than once and gradually they, too, find the courage to talk about their own trauma, to some extent through sharing and to some extent through mirroring.

The group spends a long while on these stories, sharing and echoing each other's emotions and suffering. It is through this dynamic that Marcella and Giulia begin to associate their recurring dreams to the traumatic events they have undergone.

In another group Samanta, 30 years old, comes to the consultation in order to manage her separation from a drug-dependent and violent partner. In the group she recalls the time she wrote down episodes of abuse by a neighbor in her diary. She recalls that when she tried to make her mother read these diary entries, the latter had not believed her and had torn out the pages with scorn.

This group also echoes a lot about her humiliation and suffering until her anger emerges for this mother who saw nothing. This is anger that the patient can express and process through transfer with the therapist, given the group's support.

In yet another group there is Loredana, a fifty year old who has lived and continues to live a very limited life outside of work on account of her family of origin. Her experience suggests profound traumatic features which she cannot yet either name, locate or bring to light the emotional import. Loredana is aware of what has happened to her but she feels she cannot talk about it. The other women are close to her, they are aware of the existence of something hidden, they understand and they respect her difficulties. They come close to without morbid curiosity but with sensitivity, participation and empathy. The group waits, trusting that sooner or later Loredana will manage to talk about the traumatic events she has undergone.

Now it is time to examine how the same problems are processed in mixed gender groups. It would seem that there is less fusion in mixed gender groups and that the

difference of gender makes resonance more difficult in this kind of group than in female groups where resonance is spontaneous.

The symbiosis feature is always more present in homogeneous groups.

The homogeneous group is increasingly experienced as a 'sufficiently good' environment in which to let oneself go even in an archaic experience such as fusion. It can thus serve as a suitable substitute for the primary object (Corbella, 2003).

G. Cantarella (2012) notes that in female groups there is 'a dynamic of unconditional acceptance' between the women members of the group. In the culture of interchangeability which is typical of female groups, 'the women share different opinions in a non-conflictual way. All views, even if they oppose each other, seem to be accepted and valued by the group as if the women were profoundly connected with each other. The group communicates outside of verbal contents.' (Cantarella, 2012, p. 73)

In a group of this kind everyone is both similar and different at the same time and shares a common gender identity.

Groups composed of women seem to have triadic interactive configurations (Puget et al, 1994), ways of relating that go beyond the zone of narcissistic omnipotence, ways that do not contain exclusion or role rigidity, thus allowing for the differentiation from the other and the self that are present in interchangeability. Triangular, Oedipal, configuration also seems less present. This is described by Corbella (2003) as a specific form of triadic relationship where inclusion and exclusion pass through the acquisition of sexual identities as happens in families. The adoption of roles like father, mother, son and daughter, can provoke castration anxiety and incest fear, as well as the emotions related to them such as envy, jealousy and rivalry.

It is in these Oedipal configurations that certain destructive potentials of the group such as the unspoken and the scapegoat can take their most intensive form (Corbella 2003; 2011).

The homogeneous gender group, on the other hand, remains much in the triadic (not the triangular/Oedipal!) configuration and within the culture of interchangeability, to the extent of resistance and defense to exit from the group. For this reason it seemed that the homogeneous gender group works by placing more emphasis on fusion (at the primary level), while the mixed gender group reaches the Oedipal level more quickly. These characteristics of the homogeneous gender group are some of the presuppositions that allow the group to move on to a more developed activity. These presuppositions are also indispensable for creating a culture based on trust and for arriving at 'cohesion' which Yalom (1970) considers a necessary condition for effective group therapy. It should be pointed out that cohesion does not exclude the capacity to process aggression.

A study of eating disorders that was presented at a conference in Vercelli (1998) considered two female groups, the first homogeneous with respect to symptoms (hyperphagic obesity) and the second made up of women with different symptoms.

It was seen that differences of symptoms in the 'mixed' group, despite the same identity gender, were responsible for an element of triangularization and differentiation.

Generation difference does not seem significant in homogeneous groups, perhaps because of the reduced presence of the triangular/Oedipal configuration mentioned above. This difference has been noted by the authors in the clinical comparison with other therapists (interviews with G. Cantarella, A. Checchi, 2010/2011).

Thus, not all the differences automatically lead the group to differentiation.

Mixed gender groups

Some clinical vignettes will now be presented to show how the processing of trauma took place in some of our groups that were mixed in terms of gender identity, in order to compare them with the processing methods used by homogeneous groups.

Luisa asks for help to deal with fixed ideas related to her ability to harm someone. As a manager she is afraid of always being too aggressive with her staff. She ends up being paralyzed using her car because she always has to drive back along her route to make sure she has not run someone over. One-to-one therapy does not seem to have been successful in that Luisa came back obsessively to her paralyzing symptoms and cannot make use of the interpretations to increase her understanding of the problem.

During the reconstruction of her life history she talks about what happened when she was about two years old. Her mother had to suddenly leave her alone while she went to look after her second child who was being treated in hospital for meningitis. Luisa naturally has no memories of this period but it was wondered by her therapists after the first consultation with her how much this experience could have influenced her.

Anna, a bulimia sufferer, had had various traumatic events in her past. The man she believed to be her biological father committed suicide after having told her that he was not her father. Anna suspects that her real father was a friend of her mother's who died in a car accident. Her mother was always vague about the matter. Anna also has a very vivid memory of events that occurred when she was six to seven years old. She suffered from the attentions and abuse of a neighbor when she was on the way home from school. Anna used to call out for help to her mother who never came out onto the balcony because she did not appreciate the seriousness of the situation. Her mother used to tell her to come inside.

Some abuse seems to have been repeated in the 'support family'. The male figure seemed to have had some of the same characteristics as the abusive neighbor. Anna started to defend herself from deep emotional relationships through bulimic symptoms. Anna and Luisa are in the same group which is mixed with regard to gender identity.

Luisa's trauma emerges in a group session quite by chance, and will be turned back to many times in many other sessions in order to process what has taken place. Luisa inadvertently wounds and offends Anna while showing some of her trauma features. Anna will talk about her experiences with shame but at the same time with anger.

Luisa will try to silence her, arguing that Anna has no need to feel offended or wounded. Luisa cannot take the responsibility of having harmed Anna.

The ghost of the sick brother for whose suffering Luisa feels guilty emerges very strongly on the group scene. The traumatic experience is thus processed here and now. The group works on the fact that they cannot think of having hurt each other, of being responsible for someone else's hurt despite their own intentions.

Anna will also be able to voice her pain at this stage of the group, perhaps for the first time. The male and female group members will come close to Anna and Luisa, echoing and mirroring the different points of view of each but also introducing other vantage-points. This period of the group will be a turning-point for Luisa's symptoms. Anna, on the other hand, will also need one-to-one sessions with the therapist to enable her to process the traumatic aspects of male figures. This will be with a woman therapist who, unlike her mother, takes her part, leaving it for the group to observe Anna's development process.

In another mixed group Sofia, 25 years old, bearer of Chron's disease from adolescence, has suffered a traumatic distancing from her maternal grandmother who looked after until she was three years old in the South of Italy while her parents went North to work. Unaware of what she is doing, she takes within her into the group her defense from pain which consists of distancing herself from emotions. The others notice how strange it is that she does not thank her grandmother for the birthday present she received during her most recent stay in hospital. They help her to become aware of her defense mechanism and of the suffering and anger that underlie her distancing, thus reorganizing the split and putting back 'into' Sofia something that she had divided and held distant.

Giacomo, who came to the group for depression, suffered an adolescent trauma because of his father, a trauma that has blocked his development. Giacomo goes to a science school because this is what his father wishes, even though he himself would like to have gone to an art school. He obeys but he is not happy and does not obtain good results. His father organizes private tuition for him in the most important subjects. Giacomo plays truant from the private lessons and spends the money his father gives him to pay for them on video-games and in bars with his friends. When his father finds out what he has done he confronts his son, humiliating and hitting him in front of his friends.

Giacomo is depressed. In the end his father gives in and lets him go to art school, but something in Giacomo is broken up and from then on he closes himself off from other people, refusing any kind of social contact. He will obtain his school diploma and go on to university, after which he will find a job in advertising. The rest of the time he spends in bed or closed in his room in a fantasy existence. Desperate, he will turn to therapy for help. Even now, whenever he thinks that someone, especially someone in authority, wants something from him, he blocks as if he thought he was still disappointing his father. After some time he tells the group about his wish to rent an apartment and go to live by himself. His father is against the idea. Giacomo, who only has to pay the deposit on the apartment, does not go back to the agency or telephone to cancel the arrangement. He accuses the other members of the group of

having put him under pressure to take a decision that would make them happy. He did not want to disappoint them. The group as father! With the help of the group, which makes him think about what he has said and what he has felt, G. can begin to understand the relationship between his father's disappointment and the disappearance of his own desires, his emotional block, and his life. It thus seems, from what has been shown above, that presenting and processing a traumatic event is easier in a mixed group in the immediacy of the sessions.

In the women's group, however, the group acts as a container that allows the individual herself to repair the split through reliving the emotional experiences resulting from the traumatic event. This allows the individual to find and express anger, shame, blame and all those heavy emotions that have made the event more traumatic because they have never been expressed or shared until that moment.

Many of the therapeutic factors described by Yalom can be found here, such as universalization, the spreading of hope, altruism and catharsis.

Further, in the female group all the negative aspects are easily projected into the container of the male identity. This dynamic recalls the workings of 'primary paranoia' that were demonstrated by Fornari(1979) in his work on pregnant women. It should be remembered that F. Fornari threw light on how the role of the father during fantasy circumstances connected with birth was that of taking upon himself the 'blame' for the pain and risk of death of the mother/baby copy. All of this freed the mother from surplus of aggression, freeing her to invest libidinally in the unborn baby. In the group this could help to alleviate the guilt and shame in the woman, leaving her free to invest libidinally in a 'new vision' of herself.

The female group is also a group of equals, and as such it is easier for each member of the group to trust the others. The analyst, as G. Cantarella explains, represents the adult of whom they have had experience, whom they cannot trust.

It should be remembered that what has been said above finds further confirmation in Kaës who argues that the group often acts as an apparatus that transforms traumatic experience and that the reorganization of the event into a memory produces the psychological conditions that allow patients to transform simple facts into 'history'. Thus, a psychological experience that was originally outside of time and language becomes a shared, discursive and chronologically ordered configuration.

These transformations in the direction of the thinkable are possible because the group can contain the anxiety and sometimes the dread related to the loss of previous certainties and in these cases an aspect of the self that has long been regarded as guilty and undervalued but always an integral part of identity.

One can see in group interaction how contradictions can be an engine for change, how confronting conflicts can be a potential instrument for progress. F. Vanni argued that the group does not 'cure' through regression, as in one-to-one therapy, but through producing a progression of the individual to other levels of maturity using instruments such as the regaining of parts of the self that have been split or projected through feedback activated by the therapist. This produces a more ample and richer inner space.

It can be said, then, that the therapeutic factors in the mixed group are: the possibility, through the initiative of the analyst and through the other members of the group, to re-form the split between the emotional aspects related to the traumatic fact and cognitive knowledge, the memory of the fact itself. The group also allows to be seen how much the trauma has worked unconsciously leading to a compulsion to endlessly repeat it. Thus one can say that the mixed group functions, processes the traumatic event, bringing together in the subject a split part and awakening aspects not known to the subject himself. If the group can appear at first 'a menace to the individual' (Anzieu, 1970), insofar as everyone wants the others to reflect his own imaginary unity, the formation of the group illusion, a necessary defense process, will make for the creation of a group ego which allows each patient to take possession, gradually and with much suffering, of parts of himself that are unwanted and/or unknown. This will result in a richer and more complete personal identity as shown in Shari's diagram of the expansion of the blind zone.

The group guarantees the possibility of a social context in which it is possible to still have trust because it is 'not contaminated by the cynicism or betrayal of family members, violent adults, discredited and despised figures who also obscure the figure of the analyst' (Cantarella, 2011). The group is thus an element of guarantee.

The group as guarantee of social acceptance that is not marginalizing, refusing or blaming. The presence of the group also guarantees fantasies of abusive intrusion on the part of the therapist. It should not be forgotten that there is always great ambivalence: the desire for a mother who understands and forgives all, and the fear of a mother who once again refuses. While the mother in the past may not have seen and may have betrayed or abandoned, the group in the present always sees because it is always present.

It often happens that the analyst accepts that the women should confront themselves and carry the work forward. Thus the group resonates and echoes aspects that have not yet reached full consciousness. These enter the atmosphere. (They are already present in a preconscious way.) Like a watchful mother, the therapist senses that something in the atmosphere (in the associative work) is not right and waits, trusting, for these aspects to emerge more clearly and in a more aware way.

It is in this way, as said above, that it is often not the analyst who does the work of re-assembling missing aspects in a mixed group. It is the members of the group themselves who do so.

In this regard the homogeneous gender group has less need than the mixed group for action undertaken by the analyst to activate feedback. It is the group that resonates and echoes something that has not yet reached consciousness but that is in the air, in the group's container. It emerges slowly, first a story, then an association, then another story connected to the first one. Thus is born the 'associative thought of the group' that naturally does not move forward in a linear way but often consists of pauses, silences, excitements (like missing a session). It then moves forward again with greater depth and emotional thickness. ... It takes the form first of story and then history, and the analyst acts as 'background' or guarantor that the work will go forward and the group carry out its work of integrating the different areas of

functioning of everyone through mirroring, resonance, interchangeability and all the other features that have been discussed previously (F.Conrotto 2011 da Gruppi vol XIII, N°1).

Bibliography

- Anzieu, D. (1976). *Il gruppo e l'inconscio*. Roma: Ed. Borla, 1979.
- Cantarella, G. (1996). Un modello di conduzione di gruppi terapeutici femminili. *Rivista Italiana di Gruppoanalisi*, 11 (1).
- Cantarella, G. (2000). Indicazioni e controindicazioni ai gruppi terapeutici femminili. *Gruppi*, 3 (1).
- Cantarella, G. (a cura di) (2001). Culture femminili e gruppo. *Gruppi*, 3 (1).
- Cantarella, G. (2011). Abusi sessuali in famiglia. La risonanza del gruppo come cura. *Gruppi*, 3 (1).
- Cantarella, G. (2012). *Donne nei gruppi terapeutici*. Milano: Ed. Franco Angeli.
- Corbella, S. (2003). *Storie e luoghi del gruppo*. Milano: Raffaello Cortina.
- Corbella, S., Girelli, R., Marinelli, S. (2004). *Gruppi omogenei, teoria e clinica del campo mentale omogeneo*. Roma: Ed. Borla.
- Corbella, S. (2008). Affrontare il trauma insieme. *Quaderni degli Argonauti*, N° 16 (dicembre 2008).
- Corbella, S. (2011). *Potenzialità distruttive del gruppo: se le (ri)conosci... le superi*. In Ziliotto, G. (a cura di), *Il lavoro di gruppo: una risorsa per le istituzioni*. Vercelli: Ed. Mercurio.
- Fornari, F. (1976). *Simbolo e codice*. Milano: Ed. Feltrinelli.
- Fornari, F. (1990). *I sogni delle madri in gravidanza. Le strutture affettive del codice materno*. Milano: Unicopli, Universitaria.
- Fornari, F. (2011). *Scritti scelti*. Milano: Raffaello Cortina.
- Kaës, R. (1996). *La parola e il legame, processi associativi nei gruppi*. Roma: Ed. Borla.
- Kaës, R. (2006). *Le teorie psicoanalitiche del gruppo*. Roma: Ed. Borla.
- Luft, J. (1968). *Introduction à la dynamique des groupes*. Toulouse.
- Sacchi, M. (Ed.) (2001). *Teoria e clinica dei processi di gruppo*. Vercelli: Ed. Mercurio.
- Vanni, F. (Ed.) (1979). *Saggi di psicoterapia di gruppo*. Torino: Ed. Boringhieri.
- Vanni, F., Sacchi, M. (1992). *Gruppi e identità*. Milano: Ed. Raffaello Cortina.
- Pines, M. (1983). *The evolution of group analysis*. London: Routledge and Kegan.
- Puget, J., Bernard, M., Games Chaves, G. (1994). *Il gruppo e le sue configurazioni*. Roma: Ed. Borla, 1996.
- Yalom Irvin, D. (1997). *Teoria e pratica della psicoterapia di gruppo*. Torino: Ed. Bollati Boringhieri.
- Ziliotto, G. (1998). *"Gruppi terapeutici per pazienti con gravi patologie alimentari"*. Relazione al convegno: "Il gruppo dei pari come strumento formativo e terapeutico", Università degli Studi di Torino - Dipartimento di Studi Umanistici, Vercelli.

Ziliotto, G. (Ed.) (2011). *Il lavoro di gruppo: una risorsa per le istituzioni*. Vercelli:
Ed. Mercurio.

Translated by James Butler