Therapeutic factors in the psychoanalytically oriented homogeneous group for eating disorders

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Abstract
What emerges then is a self that is incomplete or vulnerable, or a self that has either not developed its own functions and objects or has only been to able to do it both by sacrificing, cutting off and isolating the self that is capable of learning from mental pain and by distancing itself from all those objects, including the body, that can instigate that learning experience.
For anorexic and bulimic patients, the homogeneous group as Self-Object offers a self-recognition and affective regulation experience that lays the foundations for a process of self-exploration which would otherwise be impossible in people whose very sense of existence feels threatened.
If the patients can see the subjective form of their affective life reflected by others as something shared and therefore meaningful, human, open to communication and hence to transformation, they shall be able to later acknowledge ownership of feelings like love, hate, curiosity.

Key words: homogeneous group, Self-Object, eating disorders, therapeutic factors

A patient in a therapeutic group tells a tale of her invention that takes place in the valley of the "unopening buds". The place has been bewitched: no matter what the season, the flowers keep their little heads closed tight and still:
they live in an everlasting present.
They don't bloom, they don't die, no fruit ever gets to be produced: as a result, the inhabitants of the valley are starving to death, since their natural environment has gone out of synchronization with their vital rhythms.
For this group the spell has a name: anorexia.
Anorexia is a pathological condition whose observation and understanding benefits from a flexible use of different theories and models, since the search for a single theory that can explain everything and solve every problem, besides mimicking the patient's own defensive sclerotization of ego boundaries, often results in interventions that force the patient to retire behind an ever tighter ego-defensive stockade in the attempt to make what is felt like the True self survive: this, unfortunately, often coincides with both the therapy and the patient reaching a point of no return.
Not all cases seen in consultation are equally serious; the malady may in fact be transitory, but even in that case what emerges is an inability to live through a trauma, a

bereavement or simply a difficult passage to adolescence, due to some kind of disorientation, some loss of physical, mental and relational coordinates, a feeling of displacement and futility, a lack of inner space.
What emerges then is a self that is incomplete or vulnerable, or a self that has either not developed its own functions and objects or has only been to able to do it both by sacrificing, cutting off and isolating the self that is capable of learning from mental pain and by distancing itself from all those objects, including the body, that can instigate that learning experience.
The real self is protected by a" false self" (Winnicott, 1960) and a" false body"(Orbach).
Research on deficit in infancy has demonstrated that failure in developing a psychic representation of ones body can be the result of insufficient or excessive cognitive and emotional stimulation.
Self-psychology regards failure in building a stable, integrated and cohesive body image as the outcome of maladaptive interactions between self and self-object;excessive intrusion, lack of emphatic response, inconsistent or selective response on the part of the perceived primary caretakers to the child's signals seem to result, among others, into difficulty in the separation individuation process, lack of boundary, fear of being invaded, extreme answers to a request to conform.
Defensive answers such as threshold rising result, at a higher level of organization, in bad integration of physical and psychic representations
When the parent is unable to consistently empathize with the child's inner states, also the child's response to its own emotional and physical experiences as well as to its movements and affects will be incomplete, lacking the reference point of the validation of the child's own experience.
The result is a distorted image of self and a distorted body image.
This is clearly evident in drawings made by anorectic patients, in whom boundaries are vague or extra large and shapes are characteristically distorted.
What seems to be missing is a "felt experience of the body", as the ever-present sum of the personal experiences at the cenestesic, visual and auditory as well as at the affective-cognitive level, supporting an experience of continuity or "going on being "
Selective parental responses to the baby's communication of psychosomatic states, create a selective reality and complex adaptive schemes organized around individual perceptual-emotional patterns which become personality traits and characteristic interactional strategies.
Phantasies of loss in a more integrated self take more definite shapes since they are based on a more coherent body scheme (castration or loss of parts of the body) that does not threat severely self-cohesion: in anorectic and bulimic patients, instead the prevalent anxieties revolve about phantasies of annihilation and dismemberment.

The focus on body experience in this kind of patients can be seen both as an expression of a more severe disturbance of bodily and psychological self and an attempt at restoring the integrity of the body and its representation.
These symptomatic attempts at restoration include depersonalisation, hypochondria and somatic delusions, as well as psychosomatic dissociation (Ciocca,1997).
On the other hand, as Winnicott and Lichtemberg have pointed out, the experience of a body-self tends to develop spontaneously in the presence of stimulations of appropriate intensity and phase- appropriate.
The affective exchange between baby and caregiver supports the baby's experience of owning a body.
Experiencing a stable sense of self must be preceded by experiencing a physical space of ones own endowed with boundaries.
That is to say that one has to have been treated as a distinct entity starting with the body and its relationships with the environment.
The mother-child system can be looked at from two vertices: as a "couple" or as a "pair". In the first case, their moods, their interests, their behaviour revolve around their reciprocal differences and how these can be used to advantage; in the second case, the two work to reduce the differences, to become one, for instance copying each other's movements, sounds and facial expressions (cfr.Emde, 1983).
An observer knows that the mother is helping the child to conform to its surrounding culture, while the child is working to create its own niche in the ecological system; both are equally driven by problems that have to do with " grouping" and "coupling" opportunities (Boris, 1993).
Fundamental primary aspects of human experience are constructed in the individual by means of a specific" group" function, and a specific group function can also instigate radical transformations in that experience.
Bion has described how through her alpha function, the mother contains mentally and physically, the anxieties, the sensations and the emotions that the child is still unable to metabolise. (Beta Elements corresponding to bad no-breast objects):
Whether the child shall become capable of autonomously containing, transforming and metabolising Beta elements or not, shall depend on the quality of its relationship with the mother and the capacity of the dyad for attunement, love, attention and ultimately, for reverie.
"We cannot entertain a direct relationship with ourselves without the intervention of a kind of mental and physical med- wife. It would seem like we need to rebound against another person, to have something that reflects back what we say before it can become understandable" (Bion, 1987).

Anorectics, like other seriously ill patients whose condition is the incarnation of the forms that disease typically assumes in today's western civilization, appear to be marked

by a presentiment on the border between the biological and the mental, a feeling that they are doomed to belong to the group's non-elect, never recognized as kin and therefore destined, or doomed, not to survive or flourish. What therapists regard as an illness though, the patients regard as their salvation but , among such patients, I have observed the emergence of a desire to be part and parcel of a collective, a desire borne sometimes for the first time or recovered after having been precociously lost.
These notes are in fact based on my experience as group therapist with patients treated on the premises of a private Italian association for the study and research on anorexia and bulimia (ABA), that gathers in common membership both patients and therapists so that they ideally form a sort of specialized large group.
During the period I worked for the Association, it used to manage clinical centres that mostly promoted therapy in slow- opening long-term groups.

Since an association is an intermediate link between a primary group and a secondary group,it lends itself particularly well to hosting the ambivalent and often confused therapeutic demands of a population well known to professionals of the psychological and medical disciplines as extremely "hard to reach".
Their eating disorder constitutes the fundamental homogeneity that binds the individuals in the group. That shared symptom is both the source of a provisional identity and the disease that gains them access to therapy.
Attending the clinical centre is also one way (often the only one) of convincing themselves that, if such a place for the analysis of their condition exists, then so does their condition and is worthy of care and therefore so is the individual afflicted.
In fact, their very first demand appears to be a confirmation of their existence, a desire to have their identities 'institutionalised' by the recognition of their illness as something not to be interpreted but listened to, interrogated with curiosity and respect, something potentially expressive in nature, whose unknown sense has to be revealed.
The more formalized therapeutic interventions, medical, psychological or social, are here strongly rooted in and supported by that basic assumption, which is akin to an embryo and template of therapeutic alliance, shared from the very beginning by therapists and patients as members of the Association.
If the aim of proposing this kind of institutional setting versus a more asymmetric one, based on a more traditional medical template, can be primarily seen as changing the emphasis from isolation to connection and from salvation to revelation, the aim of the small group can be primarily seen as fostering the individuals' gradual movement from a project of self-transformation based on imaginary omnipotence, to a project of growth based on reality and interdependence

Belonging

Building a true Body- Self in the group amounts to building a body of representations and affects through narrating stories that intertwine in a common space: weaving together the different elements contained in the group field at verbal, preverbal and nonverbal levelsthe patients have a chance to resume, in the holding space of the group, a precociously interrupted or deviated development

An individual's belonging to a group, at a primitive level, depends on the fact that she has placed in the group some strongly undifferentiated and hard-to-represent aspects of herself ,belonging corresponds also to the fact that the individual acquires confidence in his right to exist within the group (Sheidlinger, 1964).

In the first phases of the group, omnipotent Phantasies are rampant; a distinction between subject and object does not exist; therefore the members have a chance to contact and share their own common symbiotic areas and to experience, often for the first time, moments of safe fusionality .

An intense emotional activation is shared by the entire group, inside which the first embryo of a We, of a group spirit (Bion, 1961) starts to appear. The shared emotional atmosphere is one of intense hope.

In a group in which fusionality has a containment function (Neri, 1990), individual experiences fluctuate, emotions, feelings and thoughts converge and don't get lost into an undifferentiated void.

In fact,fusionality in the group implies a dissolving of individual boundaries and a contemporaneous constitution of a group-container, endowed with boundaries.

The ability to feel oneself, represent the Self and narrate the Self is in the beginning a function of the group that gradually becomes an individual function, likewise the development of an autonomous alpha function being first performed by the mother in the mother- child dyadic unit and gradually becoming an autonomous function of the child.

As result of the presence of the group, gradually a field of shared sensations, emotions, thoughts, fantasies, myths and stories, personal experiences, is deposited in the group's space.

Unconsciously, all group members contribute to and are contained by this pool, which is also made up of the special atmospheres the patients bring from their own environments and also incorporates their pathological features.

"The field is a place, a medium and a mental state that influences all group members. It is characteristically synchronous and interdependent and is constantly evolving."(Neri, 1997).

According to Bion, at a certain level, the individual is part of a system, the protomental system; phenomena at this level are both somatic and psychic, from this level the collective phantasies he called basic assumptions evolve as typical primitive defences, ethological in nature.

The concept of Syncretic sociality (Bleger, 1967) allows us to finesse Bions idea of protomental area and also to give account for phenomena in the group that, unlike basic assumptions, point more to the as-not-yet -developed than to the debased. Syncretic sociality refers to the sensorial, propioceptive and cenestesic dimension of group experience.

Shared physiological rhythms, common perception of space, collective regulation of affective tone are fundamental features of any experience of belonging: together with the more obvious elements of a stable setting they feed and confirm the existence of the group- in- the- mind as something reliable, known and stable.

At this level distinctions and individual identity don't exist; this level has, nevertheless, connections with the upper level of sociality, where distinctions exist and are put to use.

Syncretic sociality and evolved sociality are not mutually contradictory or exclusive; according to Bleger they are interdependent

Even more, the former is the basis for the latter, since it supports the "not changing" aspects of identity and is in connection with the reservoir of the "vital affects".

In the group, the sensory, emotional and affective experiences are connected to the more evolved aspects of mental life and affective sharing and an experience of belonging have an importance comparable to that of formal thought.

Change and evolution are made possible when these two levels work in synchrony.

Contrary to what can be said of the basic assumption phenomena, the manifestations of syncretic sociality are not all-comprising, but very selective and specific of a certain group.

The concept of"Genius loci "captures some of this.

Genius Loci, like the ancient Roman God, resonates with and reflects an emotional and affective quality of the group atmosphere, it promotes a feeling of belonging, without resorting to an opposition between "group" and "not group", preserving the potential for exchanges between what is considered to be in and what is considered to be out of the group.It also contributes to foster participation to the group life, preserving its harmony and therefore cohesion, it transforms wild and extraneous objects into familiar ones (Neri, 1992,1997).

I once saw an object that, in the traditional Chinese medical practice, was used by women who needed medical examination since any direct contact with the woman's body was prohibited. The object in question was a sort of doll. The woman would touch the doll to indicate where the problem was and the doctor would conduct his examination on the doll. The doll is typical of that kind of doctor-patient relationship, but what is particularly interesting is that the western colonists called the doll 'the lady-doctor'. That is as odd as it is intriguing; not 'doctor's lady' or 'the lady the doctor examined' but 'the lady-doctor'!

The group can be likened to this intermediate object. It would appear that homogenous symptoms or typical experiences can help to forge a group area of belonging, that provides an alternative separate but accessible non-self space where the features of the disease can be fleshed out in the group's discourse and acquire visibility . Communication in the group also provides a better localization or configuration of the pathology.

The group as Self-Object

Self-Objects support the self but are distinct from it and exist outside it in the 'real world'. (Kout, 1984)

Kout and his followers have suggested that the individuals in a group might not only find multiple opportunities for satisfying their need for Self-Objects through interactions with other members, but that the group itself,as an affective-cognitive entity endowed with its own specificity, might itself be considered a fundamental self-object (Pines, 1998).

A group can, at different times, perform all the three Self-Object functions described by Kout, that is, the Twin or alter- ego Self-object, the Ideal Self-Object and the Mirror Self-object.

Twin object experiences are especially available in a homogeneous group and strongly contribute to the creation of the group matrix (Foulkes, 1975),that is to say the area from which both the group and the individuals in it develop and which may be seen as a cultural matrix as well as something much more primitive: the ovarian matrix that contains the still undifferentiated mind and body, Bion's protomental area.

For anorexic and bulimic patients, the homogeneous group as Self-Object offers a self-recognition and affective regulation experience that lays the foundations for a process of self-exploration which would otherwise be impossible in people whose very sense of existence feels threatened.

If the patients can see the subjective form of their affective life reflected by others as something shared and therefore meaningful, human, open to communication and hence to transformation, they shall be able to later acknowledge ownership of feelings like love, hate, curiosity.

The group allows them to take that first indispensable step out of the isolation that results from feeling oneself to be a monster, an aggregate of incoherent elements.

The group offers its members a faithful but in some way improved reflection. It is as if the individual relationship with the group is like a child's with a mother who expresses her pride and love by saying "My child is the best in the world, my child is special."

This is not, however, falsification. It is no lie because the element reflected is affective; it is nothing as concrete as a photograph.

What is important is the fact of being looked at with a certain light in the eyes that also throws light onto the object observed , as if (to reverse Freud's phrase) 'The light of the object falls onto the ego'.,

Here it becomes a matter of feeling that for one's group or one's parents one is the right kind, that one meets the aesthetic criteria and is therefore recognizable not to say 'beautiful'. It is not a question of 'pleasing' but of achieving affect-laden coherence between disparate elements, in a dialogue that essentially delivers meaning to elements that are already endowed with form .

In the homogeneous group, cohesion provided in the beginning by the focus on the similarity of symptoms and behaviours, brings about coherence (Pines, 1984).

For such patients it is vital that the omnipotence that usually plays a destructive role in terrifying magic phantasies, be transferable to the group which can be experienced as an object that is really capable of performances superior to the individual's and can therefore offer support and may be perceived as something bigger than, but not distant from, the individual.

This support is especially effective in groups where protection and encouragement are offered not just to those collective mental functions which constitute the substrate for any sense of existence and constancy at the most primitive core of the individual Self /Self- Object system (Harwood, 1995, Bacal, 1985) but also at the higher levels of group thought, like in a psychoanalytically oriented group (Neri, 1998).

In the beginning months of a group, a patient, Carola, tells a dream*:*

I am in a world made of glass, I am afraid to move because it is so fragile.Everything is made of glass, but oddly enough everything is opaque:

Then I am on the sea shore:the surface is flat, but I know that there is a world in the depths of the ocean bursting with life,the water becomes so transparent that I can look inside, the creatures in it are big and small all shapes and form, They start to talk in one loud voice as they move in syncrony like dancers.

I feel happy and jump in: I start to dance and sing with them.

Then they disappear, the night falls, I am scared.

I look at the stars for comfort and feel like I am dissolving in them.

Then I am on my way home: I can see the road in the full moon light and my home ahead,

I turn, and see my footsteps cast in the soil, as if I had a very heavy body, strangely enough I am not disappointed.

Serena says, joining the dance*,: "like the traces of a giant…since you left traces: you can go back to that*

shore and go on dancing".

Maria recounts that she is so upset by looking at herself in the mirror that often she feels like breaking it to pieces.

All agree and recount similar experiences: some are afraid they are becoming as large as elephants, Marina a skinny, exhausted anorexic, never looks at mirrors,"*they*", she says, tell her she's all bones: that's all they seem to see in her, that's all they seem to want to discuss with her,nobody wants to really know her.
"But here we do", provokes Maria.
Marina keeps silent.
Carola, excitedly cries out: *"here transparency is legitimate, we can and should tell the truth!"*
Fiona, notices that *the weight is lighter in the water*.

In an homogeneous group universality is particularly reinforced, although at the beginning it has a very strong illusional character (Longo, 1997)
At points of crisis ,which arise when a new member joins the group or whenever a group has to contact a threatening or unfamiliar self-image, the conversation will focus obsessively on the symptom, on the comparison and reflection of elements that may turn out to be shared because they are formally identical, solely because they are stereotyped, levelled out.
In such situations, patients' attention shifts from 'why?' to 'how much?', from quality to quantity. At that point 'less is more' (or better) and 'more and more of the same' (a series) appears to become the group's philosophy and watchword.
In that universe of discourse, the narratives that emerge concerning relationships with significant others, people and interactions are described with minute attention to detail and with the same sort of repetitive enthusiasm that people with eating disorders apply to their relationship with food and the tormented complexity of their food-related rituals, but all these narratives are identical, all photocopies of each other: 'Just like my mother, my father, my brother, my friend; I feel as if I'm listening to a description of my own family...' Any difference is intolerable because it stands for death and separation, as opposed to continuity, complementarity and life: for a generative possibility.
If we let go of the words and concentrate on the music, these stereotyped communications could be seen as a ritualised behaviour aimed to achieve syntony:the group's discourse sounds like a choir singing a single note.
Is it one voice, more voices?

Resonance between members is the foundation of the group work, and is tantamount to experiencing attunement in the dyadic mother-child unit (Stern,1985).
Attunement between the individual thought and the group thought is indispensable for communication,if at more basic levels it can be regarded as automatic, at superior ones it requires a fair amount of psychic work. (Kaës,1985)

The inability to" think thoughts"-that is to process emotions -and the need to expel or flee them is characteristic of people suffering from eating disorders of different types and degrees of intensity.
On entering a group composed entirely of anorexic or bulimic patients, one will be struck by a feeling of something over-full, excessive, something strangely unlike the coldly impassive tone the patients adopt in speaking of things that evoke disgust or fear or terror. Their awareness that everyone in the group has known the same experiences or something similar quickly inculcates a feeling of relief and an underlying confidence which,starts from this common language which seems to have existed before they joined the group and which, despite its many nuances, seems unable to accommodate or transmit affect. Like any rigid code, it can move any sort of objects around but cannot adequately describe their nature or form.
The inexpressible 'rest' nevertheless makes its presence felt in innumerable ways.
Sensations with incipient psychological overtones, that have yet to become thoughts or thoughts that have been aborted are expressed in gestures, in somatic states, even in words albeit words drained of their generally accepted meaning to make room for the formless and the unarticulated that the patient wishes to un -cage.
Mental contents, unbearable states of mind, not finding an adequate container capable of transforming them into dream thoughts…are hallucinated, that is evacuated into the space of the group, which is invaded by painfull, violent and hyper concrete objects …."Space becomes terrifying… it becomes terror itself" (Bion, 1970). If Alpha Function is absent or reversed, Beta Elements will form a Beta Screen , which prevents contact with reality and the working through of the sense impressions.
The task of the group is to make 'things' thinkable.
Initially, there is not space inside the individuals where this can happen. This means finding somewhere else, a space where this transformation of the raw material can be initiated**.**
In the group space, processes can develop between group members and the group, or between individual group members which are similar to the processes that in ideal conditions develop between mother and child when the mother supplies the container for the child's incipient thoughts, takes on the infant's undifferentiated feelings and perceptions, 'digests them in her reverie' and returns them to the child in a transformed, evolved form
Within a bonding group, the mutual stimulation of its members and of the analyst through Alpha-Dream (Bion, 1992) work prefigures, in a third subject, dream group, a possibility of thinking thoughts and of using them against terrors of annihilation :

At all those moments - inevitable if the therapeutic process takes off-in which the accumulation of new and painful materials threatens to render the experience unbearable

to the individual members of the group, the other as object may be overshadowed, partially substituted by a diffused I-we, and the group may "surrender" to the dream

A group that is still unable to dream as a whole can nevertheless allow itself to be dreamed of, to become the subject of the analyst's dream or of another member's (Baglioni, 1996).

Whenever the individual alpha function is at an impasse, an analogous group function can take over. Corrao calls it the "Gamma Function".

The "Gamma Function is able to temporarily de-structure and reconstruct representations and operates on sensorial and emotional elements present in the group field (Corrao, 1981) This allows on the one hand the fluidification of individual fields and on the other the creation of a new composite subject organized along the lines of a dream.

This period of group activity might be represented by an image beloved by science-fiction writers, as a plunge into Hyperspace when the stars for a moment disappear soon to reappear in another configuration.

The mutual stimulation of the Alpha function through the effective language of the dream increases the capacity of communicating and knowing one's own emotions and to use them to create and maintain links.

Keeping open the passage that leads from the nightmare of the nascent Thought, to the construction of the dream is, to my mind, a crucial part of working with Anorexic-bulimic patients. It is this function of the therapy that is most constantly threatened throughout the life of the group and therefore requires a sound base and constant 'maintenance' which is far more painstaking and necessary than in groups made up of different patients.

It is in fact through dreams, fantasies and imaginative speculation that the self is represented to the group

A dream is one of the most important means of self-representation both for the individual and for the group as a whole (Neri, 1997), it becomes the container for what is provocative and terrifying (Friedman, 2001), a private and public stage, a membrane of thought (Bion, 1970), a mental skin (Anzieu, 1985).

Recounting a dream is to break through isolation, to participate, to ask for help, to share.

Sometimes a dream can convey a message that is crucial for the survival of the group (Shlachet, 1995)

A group that is capable of analytical thought is one which is able to think imaginatively and to bring about transformations between feelings and cognitions, the role of the therapist being that of conductor and co of co-thinker. The therapists not there to interpret but rather to reflect and shape the emotional shifts of the group as a whole and

to encourage the "de-contraction" of each member's position within the group through thematic amplification.

A rite of passage

Carmen, a young woman who was the first to abandon the symptoms in the second year of the group, but had developed diabetes has had a miscarriage:

During the session immediately afterwards, it is hard for everyone not to react by completely discharging the pain through repeated acting outs . Carmen wants to stop attending .

During the following sessions, though,the group conjures up a fantasy in which this terrifying event has never happened or can be undone: Fiona dreams *the Cheshire cat, the magic cat that piece by piece disappears, only to reappear whole again.*

However, the hideously grinning cat is disturbing. In a subsequent distressing dream *is a curled up cat,* which is identified both as the group and as the lost baby. In the dream *the cat gets hotter and hotter and is placed in the freezer ….but the fear is that it will die.*

The group is anxious to curb its intense, scalding emotions and the attempt to freeze them is explored, together with the fear of having driven out their friend and having perhaps damaged the entire group.

During one of the following sessions Maria, a very sweet looking type of girl, who is totally unable of expressing anger and is the youngest in the group, dreams that *she has to give birth and is brought to a delivery room where all her friends are gathered: The new born that is presented to her is a puppy dog:*

The dog is soft to touch,is warm and has a sweet smell: she starts to enjoy the contact with it , but suddenly she is presented with a second creature: she gave birth to twins!

The second is a human baby. She thinks it's fine to have them both, but the baby starts to grow very fast and seems very

jealous of his sibling : the baby also starts to talk to her and hugs her so tight, that she feels it 'll crush her bones.

The dream lends itself to representing a cosmic myth, Marta, who is a student of Indian philosophy tells us the story of the primeval serpent holding the world in its spires.

Marina, a restrictive anorectic usually very withdrawn, who during the preceding week had been admitted to hospital with the understanding that she could attend the sessions, at this point breaks her silence; she had a dream too:"*My brother has drunk something poisonous: he is in my arms and I feel his heart beats go fainter and fainter:it stops.I wake up feeling it is my own heart that has ceased: I am scared I could die.*

I am scared it is too late."

The dream draws out Marina with her ailing heart for the first time and confronts the group with the demise of a shared fantasy of invulnerability,it is also clear that all the

group had participated in the tragedy of Carmen's interrupted pregnancy,but could address it only in a dream.
With great feeling, Carla talks about how for the first time, she is facing the reality of her father's death that happened several months before: *"I want to be able to feel these emotions, painful as they are, otherwise I'll have lost him forever."* While she's speaking she begins to weep.
Carmen, who had been silent for several sessions, sitting with her chest bent on her knees, her face down covered almost completely with her long black hair, looks up and says that *the spatial disposition of the characters in Marina's dream make her think of Michelangelo's" Pietas"*
To hear her voice again gives hope and strength to the other members: the heart of the group starts to beat again ,time resumes its course.
This in turn, opens the way for Carmen to feel and to think through an event that, were it not for the group, would have had no other theatre than her body.
The common experience of confronting, within the present history of the group, loss and its disastrous, unbearable effects in a new and effective way gives strength to a nascent feeling of being suited to life and provides the opportunity to everyone to re-examine never fully assimilated past experiences, often simply registered as frightening underground tremors.
A member of this same group says: *" today I look around and see that we are all beautiful ".*
Mind you, it is a moment in which all the patients are in tears.
The beauty this young woman discerns has nothing to do with prettiness, this is her way of expressing a complex truth perceived in a sensation of wholeness, of integration like that which characterizes an aesthetic experience, one which is not necessarily pleasing but which pulses with a sense of life.
A long undertaking, only partially carried out through words, activated by the enzyme of dreams, has led to melting the frozen core of suffering. It is now important that the tears being shed be seen as something beautiful, something that can contain and represent their pain, that can express it in a form that is communicable and bearable, that links the pain of each one and of this small group to the common roots of the vaster group of humanity through the image of "sorrowing women" and of the rites of mourning.

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