Therapeutic and analytical group field with anorexic patients

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Abstract
In this contribution there are two main questions related to clinical conceptualizations in the psychoanalytic field which can be adopted in the work with the anorexic patients. 1. The first concerns the question of whether anorexia can be described as an independent psychoneurosis, such as, in Freud's classification of psychoneurosis, the obsessive syndrome. 2. The second question concerns the possibility of conceiving that when the patients are disturbed at the oral level, or more generally in articulated and borderline ways for other factors of identity immaturity and traumatism, it can be useful to treat themi within a *social body*, i.e. the group. The group's setting work apparatus in fact, re-actualizing the original experience of indistinctness and stimulating by contrast (see the idea of a counter-field in Marinelli, 2004) the need to differentiate itself from that one, when it has been transformed – can be imagined as a *single body*, which can create the re-generation and re-birth of the parts/organs and of the whole/organism. In this sense the two different levels of work that are intertwined in the group setting are compared: as a register of intersubjective exchange and as a common and shared field and a single body capable of evolving. The reference to Bion's model and its fundamental notion of "O" as the ultimate truth, to be listened to and searched for in the mind/protoment of the subject as well in the mind/proto-mind of the group, contains a reference to the meaning of the homogeneous composition of the group, which is treated here.

Key words: homogeneous group, anorexia, dream, thinkability, mentalization

Introduction to the theme through a brief examination of historical and thematic literature
I would like to start by asking two main questions related to clinical conceptualizations in the psychoanalytic field concerning the work with anorexic patients. 1. The first concerns the question of whether anorexia can be described as an independent psychoneurosis such as in the Freud's classifications of psychoneurosis, the obsessive syndrome. 2. The second question deals more precisely with the possibility of conceiving that patients disturbed at the oral level but also in articulated and borderline ways for other factors of identity trauma and immaturity, can benefit from being treated in a group, that is to say, within a *social body*. The plural work apparatus is in fact considered here in particular from the point of view of its specific ability to facilitate the reactivation inside patients participating in the group, of the original experience of indistinction, stimulating by contrast the need to differentiate themselves from it (see the idea of a counter-field in Marinelli, 2004). Therefore, the group tends to be imagined and fantasized as a *one body*, capable of containing and giving cohesion to the incoherent contents, creating the re-generation and re-birth of the parts/organs and of the whole/organism. The two different levels of work intertwined in the group process are then compared in this sense: a. as an intersubjective exchange register and b. as a common and shared field, and a *one body* capable of evolving. The reference to Bion's model and its fundamental notion of "O" ultimate truth, which needs to be listened to and searched for in the mind/protoment of the subject as in the proto-mind/mind of the group, also contains the meaning of the homogeneous composition of the group as its factor, which operates as a function of the field and which the setting processes and transforms.
Francesco Comelli, an Italian author expert in the field of individual and group psychoanalysis and the intermediate areas between psychiatry and neighboring disciplines has recently written *Disturbi psichici della globalizzazione*, Psychic disorders of globalization, in which some transits between subjective and social experience (1) are identified in an interesting perspective (Comelli, 2015). In

this perspective reference to eating disorder could not be missing, that I would like to discuss the subject of anorexia/bulimia from the vertex of the group space.
We have seen over time how these conditions have had an evolutionary interest – from ethno-psychiatric studies on the ancient meaning of inedia and anthropological studies on rituals which were linked to the production cycles of the seasons, as well as those ones on the rites of burial frequently honoring food, in the pre-Christian western world, and finally to the descriptions of renunciation of food as a religious act in the Christian era. Lastly, at the time of positivist knowledge, the first psychiatric descriptions of anorexia have made it a mental illness that organizes itself around the meanings of food as a refusal and a restrictive denial of bodily experience in favor of the idealization of the mind and its products.
Afterwards we have seen that, with the advent of psychoanalysis, other ways have been tried for the symbolic understanding of a characterizing syndrome, but which has not gained in Freud's psychoneurosis framework its own place, if not in the more general frame of hysteria. Neither after Freud, with the investigation of the pre-oedipal phases of psychic development and of psychotic functionings. Not even the systematic study of Melanie Klein of the internal world as a phantasmal space connected to archaic pulsional states, then carried on by the English school, has considered anorexies as a specific pathology. Even in Italy, things did not go differently, for example in the research field derived from Winnicott with the enhancement of the subject's psychic relationship with the environment and more particularly with Eugenio Gaddini who studied rumination, early imitation, and in general what he called the primitive mental systems (see *Opere*). This topic has also been explored by Renata Gaddini with particular reference to the separative and individuating processes of the maternal dyad (see, in the re-elaborations and studies reported on the Internet, her seminar on the interpretation of the image of the Child simultaneously facing the Madonna's breast and the figures of the surrounding environment, in Correggio's painting).
We have mentioned how in the fields surrounding anthropology, ethnopsychiatry, sociology and epidemiology, numerous research and suggestive descriptions of anorexic behavior have been provided over time: in the beginning such as significant behavior on a religious level, in the orphic mysteries for example; and in modern times as a syndrome of social origin. But finally, from the appearance of the first medical and psychiatric definitions of the late nineteenth century, anorexia was treated on the medical scientific level, which assigned it a classifiable pathological role.
Psychiatry has recently expanded its exploration into different sectors: first of all the diagnosis, categorical and dimensional and of subtypical classification, today neglected – see the specific discussion of the theme (Biondi et al., 2015); and see the debate on the value and limits of the DSM IV classifications (recently reordered by the changes made by the DSM 5) reported in several contributions by Antonio Ciocca: see the treatises published by the *Rivista di Psicoanalisi*, which consider broad international research frameworks and connections with clinical activity; and see the contributions in *Psychotherapy and Institutions*, in particular the n. 2 monothematic of 2011, in which are reported and commented on the many American empirical and statistical research. These reflect the multiple interest that affects the mental and psychic functioning of patients with eating disorder, from epidemiological to medical-scientific, from diagnostic to transdiagnostic. The background orientation of the Ciocca research line has (2013) promoted the idea of the numerous forms of anorexic and bulimic disorder and food disorder as *psychosomatic dissociation*. This is indicated as the main point of diagnosis and therefore of the treatment process, electively addressed to the fundamental recovery of feeling sensations, emotions and feelings, which could risk to be eclipsed by the hypertrophy of the idealized functions of the mind even in the analytic process.
The field of study in recent strong expansion is also of great interest, as is the connections of the clinical models with neuroscientific research: see in particular the studies of Salvatore M. Aglioti, 2012, and of his research group on the neural representation of the body image and neural bases of the perception of emotions; research by Federico Dazzi, 2014, on diagnostic classifications and the

identification of different "types" variously interconnected but also independent and which may evolve over time, united by the alimentary syndrome as epiphenomenon which includes different psychopathological types and subtypes (Dazzi, Di Leone 2013) in addition to the sectoral research on neurotransmitters (see for example that on olfactory and sensory alterations (Dazzi, 2013).
The study of Roberto Esposito of 2013, connected since their beginning with the American researches, which are now spread also in Europe, on functional neuroscientific research with magnetic resonance of neural activity during the quiet states, enhances the link between scientific and clinical research with the study of plastic neuropsychic functioning in anorexic/bulimic subjects.
For the study linking the individual to the social sphere, together with the progress of sociological and especially anthropological contributions which help the understanding of the psychological and social reasons of food cultures and the force of their impact, ethno-psychiatric studies are also valuable (see the extensive research by Marika Moisseff).
These contributions are important from the point of view of the evolution of socio-health cultures and new processes of care in the institutional setting (Comelli, 2015; 2016). The research now extended in many fields involves the consideration of different areas: from the specialized association's field to the integrated care of territorial services and residential treatments, such as therapeutic communities and family-homes, and semi-residential treatments, with particular reference to the different models for treatment in groups (Bello, Tombolini, 2018) and group psychotherapy and training of nursing teams (Neri, Patalano, Salemme, 2014; Argentiere et al., 2016).
Also the study of clinical models derived from psychotherapy has seen a strong development, both theoretical and applied to empirical research, divided into segments that enrich the broader perspective of the psychopathological components of the alimentary syndrome (see in addition the work of Massimo Ammaniti and his group of collaborators; the studies of Silvia Cimino; and the research activities of the group coordinated by Caterina Lombardo). More specifically, the evolution of family and systemic models (see Loriedo, 2008), linked to a consolidated tradition, has also been oriented towards formats adapted to new needs. The latter are mentioned here not only for their value and communicative links with other models, but because the treatment of eating disorder has by its very nature a longitudinal trend containing different phases and developments, and can show over time both different symptomatic sets and different psychic maturity of the suffering subject. So the different phases of the request for help and the different meanings vary access to the cure, for the level and duration of the intervention and also the need for involvement or otherwise of other figures that are part of the context, family's or also school context in the adolescence. For the longitudinal care process to have a significant coherence and synergistic development it is therefore important that from time to time in the phases of disease development and care the basic need is identified at a given moment, but not segmented in favor of a healing that precludes the understanding of possible developments and future trust on possibly subsequent occasions. The field of supervision group clinic and group training for professionals in the sector is from this point of view is considerably important: both for the patient, who risks losing hope and confidence in the treatment, and generally for the social and health impact and particulary for the ability of the operators staff with these serious patients, (see among others, Correale 1995, 2006; Tagliacozzo, 2005; Barnà, 2011, also present in various editions of the *Funzione Gamma*, see n.37, 2005). Supporting operators and increasing their capacity for understanding patients who are often disdainful towards treatment and frustrating for them, or inaccessible, is not only an essential contribution to health for the operators themselves. In fact it also can help the development of shared group cultures and synergies, not intended to assimilate and make identical the different mentalities of individuals, but more significantly to produce cohesive networks of relational and cognitive bonds. Bonds can be productive of exchanges, commonalities, comparisons that will

make the group of operators feel more contained and therefore more able to develop common but also original ideas, which will be healthy for the group of patients no less than for the carers.

If, after approaching the most recent perspectives, we will return to the classical tradition and try to find answers to our initial question on the autonomy of the eating disorder syndrome as independent, and if we see Freud's point of view in this regard, we will have to throw the nets into the larger seas of studies on hysteria, or go back to studies on character formation of Abraham and the defense mechanisms, taken up by Anna Freud and differently reconsidered by Melanie Klein. Or we must search in the vast area of the Freud's sowing even if not explicit but recognized, where he does not move away from the drive model and the oedipal perspectives of the exploration of psychoneurosis, but he makes many different points of analysis of the levels of non-evolved psychic functioning and unorganized (Bion would later name them as "protomind"); or he refers to some extreme events that border on the unspeakable psychic experience of what is ineffable or destinal. We can consider some interesting examples, in addition to his writings on the treatment of psychotic dysfunctions, in the indications which Freud made about some ineffable states and at the limit of the treatable – as the brief and unforgettable hint at the ineffable smile of maternal satisfaction (perhaps Freud recalled the Mona Lisa by Leonardo...); the mention of the repeated losses of the recurrent widowhood; and the mention of spatio-temporal and extrasensory disorientation, which will be reconsidered by various later authors, in particular by Fachinelli in *Claustrofilìa*.
So we have seen that the authors have given many contributions and stimulations useful to understand the anorexic functioning from the psychoanalytic vertex, but that they are partial and not generalizable at the level of a systematic classification of a specific psychoneuroses together with the other ones.
Among the contributions which compose the articulated framework of these topics both directly and indirectly, I consider the phenomenological ones relevant (see the unforgettable Case of Ellen West, by Biswanger), although I am only quoting them. The reports and clinical reflections of the Jungian field are also significant – see the recent fertile clinical inheritance of Montecchi, in *La psicoterapia infantile junghiana,* Jungian Infant Psychotherapy, which was able to include the collaboration of families in the care of subjects in developmental age; and, in the Freudian clinical field linked to the clinical and technical theory models proposed by Gilléron (of which various works have been published in Italy), the penetrating research, that goes into the merits of the suicidal meanings of the adolescent syndrome of Anita Casadei (2016).
More recently, various attempts at definition provided by the studies on border personality disorders and narcissistic disorders, aim to classify the entire class of eating disorders in these terms, which would contain a jumbled set of pre-identity psychic conditions and clear traces of trauma of the early development (see Nicolò, 2010).
As we have said, the psychoanalytic studies as a whole considered, do not identify the roots of concrete ambivalence, of negative violence, and of the abandonment of the alimentary syndrome, as a psychopathological clinical system independent. This non-independent but specific set appears rather treated in a series of clinical models. These are especially developped in the public and private institutions, where psychoanalytic oriented concepts and methodologies have been developed over time: see the tradition of studies carried out by Hilde Bruck; and in Italy see the treatment within specialized therapeutic communities, for example those proposed by Laura della Ragione in several therapeutic and rehabilitative contexts. See also some experiences oriented to psychoanalytic treatment, like the Roman Adolescent Community, "Ripagrande" and few others in the Roman province; the ABA (Association for research and care of Anorexia/Bulimìa) Centers in Milan and Rome, and DAI, DCA in Istituzione, Eating Disorders in the Institution, in Rome; CPF-FIDA in Turin (Psychotherapy and Formation for DCA, Eating Disorder); and even some

applications related to the theorical and clinical models of Lacan, such as "Villa Miralago" in Turin and the "Jonas Centers" coordinated by Massimo Recalcati (2).
A great contribution has been given by the experiences of group psychotherapy and centered on the small analytic group. Recently a growing number of initiatives of territorial services and of clinical treatments in many private and public institutions has been created inspired by its models. It seems group's setting can now correspond to the current need for social integration and health control in terms of therapeutic efficacy and social regulation – see on this point Comelli, mentioned at the beginning. See also the many examples of the tradition of specific studies reported in the contributions of *Funzione Gamma* (Internet Journal of the Department of Dynamic and Clinical Psychology – Sapienza University of Rome). Authors such as Ronny Jaffè (2007) who already presented years ago the theme of the working model adapted to the field of the anorexic group. He proposed a theorical/clinical model which should not be overly productive, given the ritual tendency of the similar patients grouped together to reiterate the cancellation and suspension of the psychic presence at each new entry into the group. See Pearlman (2007), which indicated the profound and symbolizing value of food re-education; and Dillon Weston (2007) that linked it to the idea of the mother-dragon derived from the Jungian archetypal concept. Other authors have been attentive to the health of the institutional team and to the contribution of supervision (Hinshelwood, 2016), and to the confrontation of the catastrophic crisis of identity formation in adolescence (Hinshelwood, Mingarelli, 2016). Important to see, applicated in wider clinical and social areas, in the field of experiences inspired by the Lacanian thought, in particular the experiences which goes beyond the individual model of M. Recalcati, of the work of daily care in the community indicated as a foundational act of social "registration" from John Gale (2016).
We have said that psychoanalytic studies are mostly segmented and specialized and do not seem to indicate the independent existence of an anorexic and bulimic syndrome. They rather tend to re-signify it and place it among the traditional disorders of classical theory. About this see for example the numerous studies on obsessive and phobic aspects in the dedicated issue of *Adolescence* n.4, 1993; the description of the link between anorexic/bulimic framework and the claustrophobia /claustrophilia and agorafilia/agoraphobia framework in Ferrari (1992; 1994), revised by Procaccio (2014), Carignano, Romano (2006). On a similar level that favors particularly the analytical group, some authors have explored the emerging death drive from various perspectives, as a value of affirmation of the vacuum in the group's work, and its polyphonic re-elaboration (Curi Novelli, 2004).
In my opinion, the point of view that underlines the onset of the disturbance in the adolescent age is particularly important (Marinelli, 2004). It appears that this onset belongs to that phase and qualifies it as a bridge between the subjective and group revolution, and as an adolescent process of the individual, but also of the family and society. See in this sense the study by Bernard Duez, 2018, which has a particular interest from this point of view. It describes the adolescent struggling with the transit from the oedipal identifications to the new ones of his subjectivity within the peer group, in a more active and creative way. This adolescent is not only a critical object to monitor: but rather deeply connected with his development context, even when he turns to virtual objects in radically alternative ways.
To underline that the anorexic defense from the adolescent crisis is specific, is important. It is to be considered on a par with the other insurgencies that develop as a defense against the problems of that phase: such as for example school phobia; hypochondriacal fears; panic attacks; psychosomatism. In general, the anorexic onset in adolescence and the female prevalence towards the difficulties of supporting sexual development are to be seen as specific in the context of the connection with the separative process (see studies on accidents of adolescents and its connection with the separative process, by Paola Carbone, 2009). Significantly with the same perspective also the longitudinal studies that do not find continuity between infantile anorexia and adolescent onset,

indicating the anorexic infancy phase rather as an episodic response connected with attachment bonds (see Ammaniti et al., 2006). From the point of view of the specific onset of anorexia/bulimia as a chaotic conflictual response to the adolescent syndrome and the return of unsolved infantile conflict, the studies of French psychoanalytical authors are interesting. They frequently show the role of adolescent revolt in terms of an active "taking charge", in a familiar and even social sense. We can see a similar concept which values analogously the birth of the baby *révolutionnaire* of Denis Mellier, 2014, who undermines the previous family structure but at the same time involves it in the future change. This adolescent in fact is considered not only in terms of developmental disturbance, but rather as someone who, also when he rises up against the established rules, "takes charge" of updating the family and social context and of rescuing the continuity of the establishment. Basically, we are stating in accordance with the French authors, that every generation carries on, through its own insurrection, the new contents and new styles that it produced when it inherited conflictively the fantasy of the past, imprinted in the objects (for example, technological ones) and in the traces of the past which these have in themselves (Duez, ib.). So the adolescent qualifying debut of the anorexic/bulimic syndrome is also important from the point of view of family and social belonging, despite the firm anorexic isolation with the: "rejecting rejection" as Comelli says (2017; see also his previous years contributions in the thematic editions of the *Funzione Gamma*; and the research edited by Curi Novelli, 2004). Thus young anorexics can also be seen from the perspective of trying to get sick, getting out of anorexic *familiarity* and at the same time, with ambivalence, ferrying it into the future, or repaired, or similar.
A precise attention to the forms of anorexia and bulimia is treated as we have seen before, on several occasions by Antonio Ciocca. He proposes, in addition to the numerous contributions mentioned above on the complexity of the diagnosis and the contributions of empirical and neuro-scientific research, the point of view of the *bodily self*. This is a synthesis of organic and psychic life and it contains the unity of origin. It also contains the losses inflicted by the foreclosure and negation of the sexed body and of the body as a container of sensations, senses and feeling (2014).
A particular interest of this theoretical perspective stimulates also a clinical variation, and enhances the psychoanalytic work with the anorexic patients in a more punctual direction. First, it aims to ensure it is not false. This means that not the cognitive elaboration has to re-emerge in the seance, but above all the opportunities to feel the sensations. Body is important here, instead of the use of the narrative words and images, which could be a falsely mentalizing defense, if deprived of its sensorial and emotional base.

Think or *think*: waiting for the "O"

On the last passage mentioned, of false analysis and false mentalization or collusive intellectualization, I would like to express a point of view: the thought, really a *thought,* I hope – that there is a different meaning of the word *thinking,* and mentalizing, depending on how we use it and what we mean.
For example, I wonder, is the thought, viewed from the body, the same thought that is seen by the brain and the mind?
I believe that the model of thinkability (see the various writings of Roberto Tagliacozzo, collected in *Ascoltando il dolore*, Listening to Pain) has often been neglected or even not misunderstood. In an interview that Roberto Tagliacozzo kindly gave me for a number of *Metaxù* dedicated to the Symbol (in Freud, in Jung and in Bion), he answered my question about the possibility of symbolicly considering, or not, the dreams of psychotic patients. He expressed a discriminating difference saying that the dream is symbolic, or not, depending on whether it is searching the analyst's mind, in the analysis seance. The image I proposed in the Interview, which was of a dolphin dream, brought into a seance by a schizophrenic patient, that I had envisioned as a symbol of evolutionary intelligence, was differently interpreted by him. I was thus referred to the

transformative depth of the contribution given by the *thinkability*, or not, of the encounter with the mind of the analyst. Probably the model of *thinkability* had an important historical function at the time when the first anti-Kleinian and relational orientations gave way to the transit of classical psychoanalysis, after the Kleinian revolution, towards the new theoretical and clinical scenarios that would transform the Freudian doctrinal body. However, it is a model that does not have its own autonomous form if its link with Bion is not clarified, as well as with the models that will later establish the needs of subjective and relational experience as fundamental. I would like to go back to these differences, later.

What I sincerely believe and would like to reiterate now, starting from the idea of *thinkability,* concerns this fact: it could happen, insensibly to anyone, analyst or not, that he could think that he is thinking, but instead he is making an use of his mind as non-thinking, not integrated so to speak. The deceptive mind can use thoughts already thought of, which have already been part of a previous spatio-temporal development. They would be reproduced from memory and made unproductive in the here and now of the seance (or of a writing, or a speech) from not being a current source of an experience or thought (a thought that thinks and contains experience). In this case, the object does not *feel itself*, and it is not, recognized, because it is thought as already realized. And now it is not realizing itself. The subject of the object; the analyst; the patient (any individual), thinks of the object as already happened. He *thinks* it has already happened. But this is not *thinking*. They/we believe to think but they/we are not thinking. The object – the other that carries an object in himself at a given moment, or shares ours, or contributes to the common one that exists between him and us as we are building it together in our minds – lives only one possibility of realizing itself and producing psychic substance. "The lion only jumps once" said Freud to his disciples, and if we are not ready to capture it, we will lose its meaning. Or rather perhaps we could add today given that we have seen many different and endless analyzes: the frustration of the unfound insights now, will produce requests renewed later in our analyzands ..?. The analyst at every moment of his encounter with the object, whether it be the first time or repeated times, keeps his mind in the condition of knowing the object. The object, which needs to be mirrored, shared and recognized in full and not only in part at least at that moment, needs to be seen *while* it is presenting itself. That means it can only be seen in the act of containing the link with the experience that produced it, and at the precise moment in which it makes its epiphany in the seance, expecting to be seen. Otherwise it will be a copied object and thought of, narrated, happened, but not present – be it of the analyst or the analysand, who did not meet. The example of presence is important. Especially if it was missed.

Presence in our case, relating to an object often missing and containing absences or even copies of presences, means our ability to think about its absence and the circumstances that produced it. In no case as in the experience of working with anorexia, has such a clear value of unavoidable need. Thinking in our unity of mind and body and being thinkable, is certainly our first task. Thinking *here and now*, in the presence of the *here and now* of a patient, whose experience we try to meet, and also his lack of experience. Being informed actually that just at that same point, perhaps he risked and now risks to fall again. Analyst and analyzand are aware of the fact that the risk of falling into the void that gave rise to emptiness or falsehood is a very acute challenge. Emptiness in fact contains risk of fragmentation. We never know "O". We can only become, or guess through something else that is not "O". But it is also important to affirm that every act of arising thought is a source of further arising thoughts, even more if the thought (of ours, or of the other) is sophisticated or adulterated by deprivation. So it risks more to separate itself from its source. The analyst offers to the analysand a mind without *memory, desire and understanding*. This is possible if he does not presuppose, does not copy from memory or from acts of thought previously realized or pre-conceived. At the end this is possible if the analyst does not prevent, through the desire to cure or the need to avoid frustration, any actual transformation of the real object which is presented to him/her (or which *is not*).

The innovative concept of the Bion's "O" had a great advantage, as he went through and beyond philosophical and psychoanalytic reasoning. He alluded to the existence of what is new, unknowable and unknown, which is the only truth we have to become, and what we endeavor to be in a psychoanalytical seance. The advantage was that truth was not understandable and knowable, so that it could never become an already consummated object of communication – i.e. what has already been thought of. Thinking *while* the psychic *fact* takes place, as well as the perception of its absence and lack of, is a unique and unrepeatable act every time, which commits the analyst as much and even more than his analysand to cope with what he still does not know – neither of them know and both could also fear. This reminds me of the army general, to use the image of Bion, who under the bombardments must still be able to think. Or, again with Bion, the image of two anguished people in the analysis room, of which one is supposed to be a little more distressed than the other. But this is also the only possibility that the meeting of the analyzand's mind with that of the analyst, i.e. of the subject with the object, is transformative: because it is realized *in the presence* of the psychic source which had originated that object and of the subject which is its the bearer.

The psychoanalysis *here and now* of Melanie Klein, Bion's analyst, had helped him to reach the other side of the furrow traced by Freud. It was Bion's intention to respect him deeply and he strongly wanted to continue with the classic theory and change just what was necessary to do it. He wanted to include the idea of relationality with that of intrapsychic substance and enlarge limits of research (with analyzing psychosis). We will not deal here with the Freudian topical developments. For that we refer to those dealing with the breadth of the theme: see the recent book by René Kaës, *L'extension de la psychoanalyse. Pour une métapsychologie du troisième type*, The extension of psychoanalysis*,* for a third type metapsychology. But we will say something only in indirect terms inherent to our argument about the remarkable and renewing theoretical and clinical contribution of Bion. This concerns the evolutionnary stimulus which Bion gave to the psychoanalytic apparatus towards a new modern value of its actuality. The new psichoanalytical container has here and now, in the analytical seance, object and subject together. It seems that this can be of great help in the clinical field that we are dealing with.

For example, returning to the idea of actually current thoughts or instead those *already thought of* and already digested and metabolized, we will say with irony: the anorexic patients, who already eat little or do not eat, imagine if they can eat "repeated" food. They do so, happily, when they are prey of the restriction, of the perishing degradation, so that they can remain empty. But they would never do so if it were their true analytical nourishment, which they always monitor carefully. Leftovers in this case are not allowed; or they are employed to lie and falsify the seance (but then the analysis is finished).

Between their mind and body there has been a hiatus, which continues to produce emptiness and emptiness's continuous activity, and falsification. If we fall there and are caught for an instant by it, it is the end of the analysis. Anorexic analysands are very sensitive and they have generally developed an acute cleverness (mind is idealized and hypertrophied!), specially about what is important for them. Often they also anticipate the time of the understanding.

But if we do not understand emptiness exists being a transformation of a full, or anorexization of a failing fullness, made absent, then we are also in trouble. The task of transforming the void, and its connected ideologies, is difficult to do. But it could eliminate or transform the minus sign (referring to the Bion's –K; container/contained) that dominates the whole somatised psychic functioning. This work often passes through many gaps to the limit of discouragement if not even the disorientation of the analyst. Even only wanting a productive link of Knowledge and a good container/contined function to create any exchanges, this could be felt as a colonizing invasion from the anorexic part of the patient (or group) with whom the analyst is working. Once again Bion clearly tells the analyst something about analytic listening: *without memory, desire and*

understanding. The sense of inertia, frustration and loneliness that invades the analyst and the work bond, when this eventually struggles to be a non-bond, is remarkable. We are living a paradox: we are seeking psychic productivity while we are invited to share its abolition, feeling extreme pain as, or to say better its negation, the only reward. If we strive to support the improbable equation of unwanted trust in the work of the analysis (desire), we are again at risk. We are risking *tout court* that the first (psychic) surface that has consented to the request for help, that of sharing anorexia, turns against the second underlying one, that of analysis of anorexia, and creates an immediate escape.
So perhaps it is better not to look for, but rather to wait by listening to what is there with us, or that is not yet found, but could be. Something could happen, something that is not there or has never been there, and maybe wants take part, and can, or can in the future. So while waiting for such a complex Godot, the way in which we will have invested our time is qualifying of it, to nourish without nourishing our mind. In *La gabbia d'oro*, "The Golden Cage" Hilde Bruck states that psychoanalytic "waiting" is unsuitable for anorexic conditions, as silence in the end increases the destructiveness of waiting and absence. This has many truths in itself. It helps us to understand better the analytic listening not "waiting for" but containing. It is a vital and alive independently of the use of words, and this is what makes the difference, the salient difference in this case. In this regard, I remember a distinction made by Francesco Corrao in a seminar, on the duration of silence in both individual and group setting. He argued that unlike the period of silence that could be even longer in the dual seance, in the group seance can last a maximum of 20 minutes. Beyond that time, it could become distructive. The difference indicated on the meaning of silence in the two single and group seances were not concerning anorexia. Interestingly however, by analogy, the theme focused on the group's mythopoeic needs. In fact, the group would suffer a wound in its own productivity and even of the internal cohesion of its work apparatus, when deprived too long of verbal expression. Group's work apparatus is based on a network of interdependent links instantly communicating with each other. It could collapse in the presence of an excessive absence of productive exchanges. The absence of narrative words, that is the sign of creativity, multiplies the risk of loss of the internal consistency.

The homogeneous group
Here we talked about "being O" by Bion.
I would like to contribute in this perspective with group images to express how often therapeutic groups with analytical function and in particular the homogeneous groups of young women or adolescents at the onset of anorexia, reveal important and sometimes even decisive processes. This is particularly true if they are at the initial step of the syndrome and the request for help.
The group has been studied, particularly by the researches about Bion, as a plural setting which is able to enhance the value of the bonds and timing of social work. In fact, it has been seen that the multiple work apparatus, compared to the classic dual setting, accelerates the time of entry into the unconscious world and sometimes precipitates the appearing of the primitive objects of the internal world of individual and similarly of shared field. Anzieu and French psychoanalysts interested in the groups have on several occasions clarified this point. In a group it can be that its members can enter more quickly into the deep psychic elements, i.e. those that contain similarity and indistinction. Therefore those elements are more attracted to converge in the common field, and can become more powerful. It can also be that the emotional dialectic reverse-field is just as quickly stimulated, claiming the difference and uniqueness (see the idea of counter-field in Marinelli, 2004; and the Freudian Lessons of Paolo Cruciani to the courses of the Psychology Faculty of the Sapienza of Rome).
In particular, a homogeneous group is usually formed on the basis of having been thought of by the analyst or by the institution which created it, such as to receive and treat members deemed similar

or identical. These have generally been selected on a common symptomatic base. So the group setting tends to be immagined from its participants such as favoring the undiscriminatory styles and non-differentiating procedures, which accelerate identification processes. Basically this is equivalent to saying that the group's access to the appearance and reprocessing of remote psychic scenes is accelerated. That seems to confirm that what Anzieu has called the "group illusion" is particularly strengthened for group's participants by being all thought of as equal. That is defensively powerfully indistinct and capable of forming a strong and productive unitary body spirit. The emotional experience of profound sharing will thus favor narratives rich in associations, metaphors and memories that are often particularly vivid. Their connection with the shared space is elaborated in amplifying ways and felt as supportive and capable of producing self-confirmation and legitimacy to both the group and the individual. Reciprocating the mirroring and belonging contribute to making the group a reliable space and significantly invested of affects. Emotional expectation is based on the communication of every self, felt similar to others. This is what ensures extraordinary participation and receptiveness, useful to create the first 'furnishings' of a 'room' – which had been for some time, obstinately empty. The 'group room' can quickly begin to exist. The link with the group, or even only with the room and the participants, progresses and matures quickly. The group is felt as its own, exclusive and unique and its stories acquire exceptional value. The shared field – which I called 'the *room'* with reference to the concreteness of the setting described by Bleger in *Symbiosis and ambiguity* – can exist and its general presence is felt as less intrusive than an individual and obligatory setting of care.

At this level also the analyst's comments are welcomed, because the analyst "is part" (see the idea of the "analyst included in the group", Marinelli, 2001). The successive phases marked by the first perceptions of the differences and of the first separative experiences of the whole group, may be more challenging from this point of view. In those phases the first dissonances will be developed, the conflict, the disappointments, the feelings of loss and frustration: but also a greater awareness of the process.

Now, trying to make a further appeal to our inventiveness and its work, I suggest we can imagine to practice a *dreamy listening* ("*dreamlike"*). It could amplify and adorn the thinness of the object that we are communicating about. So I would like to give some thoughts on the conflicts that arise after the honeymoon of the homogeneity of the group. I do not think that we necessarily need to talk about the evolutionary phases of the group. The exit from the homogeneous phase is variable and depends on a number of factors. So we can not make a theory about that. After all, the question of dividing the group's process into distinct and connected evolutionary phases is also disputated and not easy to resolve. Neri persuasively shows in his book on *Group* its evolutionnary processes (1995-2002). Differently Corrao (*Orme II*) prefers to describe the group as a spiraling *continuum* that evolves following the same line of its origin and maturing as a subject that continues to remain a multiple organism even though in constant transformation of its bonds and internal contents.

I think we will have to be content just to put questions and unresolved issues to keep thinking together, in a *koinìa* in the beautiful Warsaw polis, which has history and beauty in abundance. Ineffable talented people – I am reminding the music of Chopin which I think could help us to be together today and to cope with difficulties.

Clinical part

A group dream, clinical concepts

I presented some salient aspects of the anorexic pathology, such as denial and refusal of the sensory body and the psychic body (here referred to as the *bodily self*), and I introduced the particular point of view of group treatment, highlighting in relation to the conception of the psychoanalytic group, the three following theoretical notions:

1**. the notion of field of the group** as a holistic entity, independent and different from the sum of the participants that it is composed of as a shared mental state that unites the single individuals;
2. **the notion of group as *body***: as the "O" (Bion), ultimate truth, as unreachable psychism, which presents itself (or doesn't present itself) as unknown, future, and unknowable. In the case of the presented group of anorexic patients, the *body-group* would also represent the denied reality and the access to the inconscious group described by Anzieu (1999) as a fetal return into the maternal body;
3. **the notion of *commuting*** proposed by Neri as a function of the group that connects individuals to the common field and vice versa, allowing transformative work.

Now I would like to re-propose these notions in a clinical version.
To do this I will resume the exemplification of a vignette. To explain better I will describe a vignette presented by me to a group of students who were grouped together in a seminar. The vignette, *A circular dream* (taken from the book by Marinelli, 2014, *Il gruppo e l'anoressia*, Chapter VIII) describes how all six participants in a therapeutic group, narrate in turn the same dream (or minimally varied) within six seances in succession:
A long black snake suddenly emerges from the earth.
The variations concerned the length (infinite or not) of the snake; the color (black, or dark, or colorless); the earth from which it emerged (or floor, or other landscape); the danger (from fearful to indifferent).

The group clinical vignette is based on an experience that took place within the care setting proposed by an association specializing in the field of DCA, ABA (Anorexia/Bulimia Association). The association has two main offices, in Rome and Milan, and was founded by its president after the publication of her book, *Tutto il pane del mondo*, All the bread of the world. In the book that had an unpredictable success the author narrates her anorexic illness, and the cure through personal psychoanalysis. On this occasion, the author had contacted her previous analyst. She had asked her to help her in managing a large audience which had become very interested in her topic. It seemed a lot of people had become involved due to the wide promotion of the book through media communication – TV and newspapers. So the author decided to link all the people connecting with her at that moment. First she formed some self-help groups. These would have been later over time structured into psychoanalytically oriented counseling and psychotherapy activities.
The group I mentioned before and which I'll now comment on, was formed in an already mature phase of the association, which had been operating for years in various territories. However, conflicts within the association itself had also matured, and a secret or also emerging psychodynamic circulated among the operators. Therefore also among the operators of the various locations and mainly between the one in Milanese, presided over by the president/author and founder of the association, and the Roman one, which was the home of her analyst. The wider group's dynamics dramatically reflected at times the same ambivalent conflict of a particularly concrete nature that is characteristic of the object which it was treating. By this I mean the ambivalent and dissociating tendency of the anorexic condition. The operators were struggling to keep patients of the counseling center and groups, outside that dynamic. They were also trying to perform a function of individuation and recognition of those dynamics. Finally, they were proceeding well, and they maintained a correct distance and a descrete awareness of the dynamic's objects.

In the association the groups were usually divided by age.
The material from which the vignette was taken was a group of very young women. They had came to request direct help, or through the request of their family, shortly after their adolescent debut.

The participants were similar to each other in their anorexic orientation, albeit with different gravities.
The clinical fragment concerns a seance of the group. From that seance, a series of seances started. These will qualify the group's subsequent development and will orient it towards a transformative elaboration, starting with the narration of a dream. This will be destined to become shared and foundational of a symbolic identity of the group itself (see the idea of group historical field in Correale, *Il campo istituzionale*, The institutional field, 1995, and *Area traumatica e campo istituzionale*, Traumatic area and institutional field, 2006, edited by Borla). At the time of that seance, which took place in the second year of the group's work, the patients were trying with various hesitations to get out of the initial climate. At the beginning they had been for a long time saying a type of story based on the reporting of symptoms, the obsessive count of values of thinness and concrete comparison with each other about their weight. It had been difficult to give meaning to those narrative phases within the group. But slowly, a form of confidence had developed. The group was moving towards some new shared basic criteria. It seemed it was gaining the certainty of having been understood and contained, and now tended to develop new forms of communication. The new criteria were as follows:

a. For sure the doctor who led the group was in turn involved in the common field, anorexic, that's why she had understood her patients and the group.
b. The parents of all of them were all equally unable to understand them. They had despised them, rebuked, repressed, forced and persecuted them in various ways widely described by the group by mean of many associated memories.
c. The surrounding world in turn did not understand them. They with the group, together with the doctor would have founded new universes, a new people: specialized people, capable of understanding and producing different thoughts, values, ideals, and realities.
d. Various persecutory figures were identified in the group's associative chains, according a common and shared sense, unitarily. Mainly it concerned, in addition to the parents, in particular the males, felt and described as exploiters, rapists and traitors.

So the group had produced a rich material and now lived a transit phase.
In the group's tradition, when periods of insecurity and instability had been presented, the group quickly abandoned the elaborations we have mentioned, and the symbolic approaches. And this happened at every appearance of an emotional turbulence. The turmoil could derive from various reasons: it could be micro-changes in the general climate, as well as possible changes in the material setting; until the exit of a participant or the entry of a new one; or the breaks of the seances. Even the environmental climate outside the group was carefully monitored and checked to be stable and continued to express the same certainties produced up to that time.
It can be said that the associative chains, which united but also differentiated individuals, were produced only if the profound sense of security and continuity was guaranteed within the group as outside (some examples of this were the administration office; the bathroom; the practice of payments, etc.). If this was not the case, the group immediately abandoned the symbolic and creative exchanges and resumed the topics of the count (calories, weight, emptying, etc.).
It was at the end of these long and tiring stages going towards the new trust stages that the group passed to a further phase which was further capable of elaboration. It had been for a long time between two different states: the *group illusion* of being a powerful and idealized group; and the beginning of a confession a persecutory ideation. The group had long looked to elaborate fear, in view of orienting itself to the development of more symbolizing thoughts and to the creation of affective and conscious bonds. The change to a new phase happened starting from the seance in which the dream mentioned above was brought.
The phase of the six sessions would have started a successive phase, which would have been a qualifier of the group's development and would have oriented its first transformative elaborations.

During the six sessions centered on the narration of that dream the analyst did not speak and the patients commented in various ways the repetition of the same narrative. Their shared dream would become the foundation of a symbolic identity of the group itself, dedicated to the story of the six similar dreams.
I do not want to hide that my amazement was remarkable and I needed time before I could get an idea of what was happening in the group. Faced with the undeniable presence of dream similarization, the climate was made viscous, and fusional, even if it was benevolent and in any case rich in collaboration. I would not want to cancel those vaguely exciting expectations; and I would not have wanted to dwell too much on the idea that the group was simulating a cognitive hunger with the manipulative purpose of eclipsing and neutralizing the most important hunger – sensory, emotional and psychic. After all, I would not have had the time, let's say: because the group demanded quick answers and concrete nourishment from me, or they would have immediately made a collusion of an intellectual type, which would sedate hunger and denial of hunger and cope with the fear of psychic pain.
So, until the end of the six seances, the group was kept in a state of suspension between welcome and expectation, between concrete listening and symbolizing attempt, between recognition of the scene and doubt of being able to understand it. I limited myself to valorising the shared intention to construct a common field in which it was possible to note the first discriminations.
The story of the clinical example was presented with the aim of sharing the meanings and developing a learning or training to reflect on the functioning of groups, with particular reference to the anorexic pathology – which at that phase the students were studying. So the idea here is to describe a double group. One being that of the dream; and the second of the seminar that listened to the report of the dream of that group, and together with these two, a third group of considerations that gradually along the way were formed in the mind of who is reporting them now (and the elaborations of the Conference which have further enriched and individuated).

Mixing, distinguishing, hybridizing clinical concepts in presence of the experience: mitopoiesis and group thinking

At this point I would like to make a difference between clinical concepts. To do this, I will recall the account of the way in which the students' seminar reacted to the presentation of this series of subsequent seances. The students in that seminar were actively involved, reproducing sensations and thoughts intensely tuned to my presentation. I will present now some of their proposals, which tended in general to especially individuate the relational and intersubjective aspect of the dream, which was reiterated with little variation for as many times as there were group participants.
So the students paid attention very carefully, not only because they hoped to make a good impression on the teacher, but also to express participation and creativity by proposing the following interpretations:
The patients in the group wanted to stay connected at all costs. They wanted to prove that they were one. They did not tolerate any distance between them. The snake is an archetypal dream object with which they wanted to represent the depth and the universal absolute of their condition. But the black snake is also a symbol of danger and death, of death by hunger and devouring. Perhaps patients placed a compact front to defend against analytical intrusion. They represented the black snake as persecutory and deadly. Their need for order and control meant that they obeyed a discipline even in dreaming and dreaming of the same scene.
Among the students there prevailed a spirit of mainly profound exploration. All were centered above all on the meanings of the link between the subjects, and this seemed a sign of strong participation and harmony. But the underlying idea of a common group field, felt and defended as one's own and indivisible, would appear throughout the chain of association as the most important. Each intervention recalled others from other participants, and the shared elaboration grew. The

feeling of helping a difficult situation, or the same teacher who had been in difficulty, was also circulating. Many of the students, who were very young, were particularly interested in the subject of anorexia, because there was no lack of direct or indirect experience of that suffering in their environment. The sincere motivation, therefore, lead the creative imagination towards the possibility of approaching a kind of knowledge to feel the possibility of having an experience, even if painful.
As I meant before, among the proposed ideas, there circulated above all one relative to a cohesive state of mind of the group, that the patients of the group had lived and expressed in the repeated dream, and that in turn now the seminar group of the students seemed to live. In fact, the group seemed to react in a similar way to the story: it *homogenized* on one side with the group described, with similar and connected interventions; on the other, with the teacher's expectations, through an imaginative and cognitive effort.
At the base of the seminar which was thinking compactly in the *hortus clausus* of the formative experience, in a coherent direction with various imaginations – the students all together were reproducing the same conception that they presumably intuited to be that which had been chosen by the teacher, me. It is a concept which tends to develop the idea that in a group one can be part of it as a *unique body*, in which an individual is one of its organs, that performs a function connected with that of the other organs. Finally, the idea that circulated at some level in the seminary was that of an experience of moments of emotional depth and of the loss of rational boundaries. This was in harmony with the teacher's concepts, to which the group relied on at that moment. The container of the therapeutic group with the six patients who had had the same dream, became the same container of the seminary. The seminar's group hoped to gain experience by connecting to that their impressions, sensations and common thoughts and the expression of chain association to those of the group's story. The seminar's group was reconstructing the patients's group, so that it felt itself as the same container of the first one, which represented the skin containing all the body organs. Skin/analyst/association/setting that contains the group and its reiterated dreams, and which now contains the seminar's group containing the group's story. And slowly from the "*foglietto*" of skin all the tissues of the other organs evolve, just as all the others were generated from a dream.
In short, the dreamlike homogeneity seemed to represent an intense experience in the seminar. Participants had been in turn resonant in a homogeneous way with the feeling of the group's needs. Need, and the denied need, of a cohesion given by being and feeling undifferentiated within it: in a fictitious and dreamlike way, but actually in the present. The prospect of that group, they wondered now in the seminar, could become that of gradually differentiating themselves until they became a more distinct field (of parts, of functions and eventually of individuals) in a non homogeneous future, like the segments of the serpent repetitively dreamed in different parts ...? The teacher creates an experience. Now she is requested by the group to reassure it about what has been learned or at least give her opinion so the experience of *con*fusion (*with*fusion) of the present with the past one ends positively.

One can not fail to see in the reported experience of the first group recreated in the second, that the group's setting develops by its very nature, when it works and feels contained, a powerful mythopoiesis capable of resonating with other real and imaginary groups. In this case it was the group of the imaginary objects of the formative discipline, with its paradigms, its myths.

Now I said I wanted to make a difference between the group's intersubjective communication and the idea of a shared *field* (as a shared mental state, see in Neri, 1995), or even a group as a *unique body*. Within it the individual can assume both the indistinction and the commonality; or also the commonality as a stimulus to self-differentiation (see the already mentioned idea of counter-field of the group, reverse-field).

In short, I suggest that in the clinical proposed glimpse we can see how the anorexic group dramatized an experience of union/difference. The anorexic group had felt that its deep and undifferentiated experience was guaranteed by the presence of the analyst, imagined as included and homologous. The analyst furthermore had also been felt as a safe container capable to bring out the deep matrix of the group, guaranteeing it and re-actualizing it to elaborate it towards the transformative evolution. For now, certainly, only in a dream. Only in the presence of a linked series of dreams. And that of a symbol – the *black and infinite*, ambivalent snake. Life and death – perhaps towards the evolution, perhaps towards a definitive limite.
However we can see at the same time how the story of the group dream, when imported into the training group, had aroused in turn an equally homogeneous climate. A synergically resonant imagination developed, supported by the idealizing thoughts towards the teacher/analyst expert in anorexia, who could guarantee them.
The seminar was nothing short of acute and intelligent; it was emotionally syntonic and able to face even deep anxieties. These anxieties are very common to young people as they are around them in their real life. Unfortunately many people close to them suffer from similar ills – friends, family, and even the indirect experience of information from the increasingly widespread and alarming news about this subject. The students seemed unexpectedly, despite their young age and inexperience, for the whole time of the seminar both excellent scholars and experts.
The group evidently had felt contained it self within the teacher's mind. The teacher's mind was idealized: it emanated a knowledge, a lot of experience and because of that it would certainly have kept in itself the deepest keel of the treated subject. It would have allow and guarantee such complexe elaborations, original and free thoughts, as well as syntonic and penetrating.

But who knows how long it would have been necessary to digest all the fatigue faced together! Once by themselves, or inserted into other realities.
Maybe the memory will have been important, like a particularly live trace to keep somewhere inside of us. We all did it during the years of training. And we continue to do it always, even when trained.
So then, let's see now with this report placed before, what we will say today here in our group, after such a challenging narration ..
Thank you very much for your participation and for the invitation to your beautiful and historic city.

References

Ammaniti M., Lucarelli L., Cimino S. (2006), D'Olimpio F., Chatoor I. (2011), Feeding Disorders of Infancy: A Longitudinal Study to Middle Childhood, *International Journal of Eating Disorders 45*:2 272–280 2012; M.Ammaniti, L.Lucarelli, S.Cimino (2016), Psicopatologia dell'infanzia e follow-up dei disturbi della sfera alimentare, *Giornale di Neuropsichiatria dell'età evolutiva*, 26, 445-457.

Argentiere A., Cinquemani G., Errico V., Fiore G., (2015), *Psicoanalisi di gruppo in setting istituzionali. Esperienze cliniche: nevrosi, psicosi e disagio dell'adolescenza.* Armando, Roma

Bello F.,Tombolini L.(2016), cura di, La Funzione Gruppale nei servizi di salute mentale tra clinica e ricerca, *Funzione Gamma*, 37 (www.funzionegamma.it).

Bleger J. (1993), *Simbiosi e ambiguità*. Loreto, Libreria Editrice Lauretana.

Bruni A. (2002), Presentazione al Convegno IPA, Nizza 2002.

Carbone P. (2009), *Le ali di Icaro*. Torino: Bollati Boringhieri.

Carignano P. Romano F. (2006), *Prendere corpo. Il dialogo tra corpo e mente in psicoanalisi: teoria e clinica*. Milano: FrancoAngeli.

Casadei A.(2016), *Il paziente dimenticato: il suicidio*. Milano: FrancoAngeli.

Ciocca A. (2014), cura di, F.Dazzi e S.Marinelli, *Anoressie: patologie del sé corporeo*. Roma: FrancoAngeli.

Corrao F. (1989), *Orme* vol. II. Milano: Cortina.
Correale A. (2006), *Area traumatica e campo istituzionale*. Borla, Roma.
Curi-Novelli M.(2004), di AA.VV. *Dal vuoto al pensiero – L'anoressia dal vertice psicoanalitico*. Franco Angeli, Milano.
Dazzi F. Di Leone F.G.(2013), The diagnostic classification of eating disorders: current situation, possible alternatives and future perspectives. *Eating and Weight Disorders*, Springer, Oct.2013.
De Benedetti Gaddini R., Pediatria e psicoanalisi nel pensiero di Renata De Benedetti Gaddini. Convegno Donald Winnicott, Roma 29-31 gennaio 2016.
Dillon Weston M. (2007), L'anoressia come simbolo di una matrice vuota dominata dalla Madre Drago, in Gruppo con pazienti anoressiche: fattori terapeutici, cura di S.Marinelli, O.Caputo, F.N.Vasta, *Funzione Gamma*, 14 (www.funzionegamma.it).
Duez B. (2018), Dalle tracce enigmatiche dell'altro nell'informatica alla folla virtuale: La funzione emissaria dell'adolescente. In Psicoanalisi familiare, a cura di S.Piermattei. *Funzione Gamma* in c.so di pubblicazione.
Esposito R.(2014), Il sè corporeo e gli studi neurofunzionali, in *Anoressie: patologie del sé corporeo.* Roma: FrancoAngeli.
Fachinelli E.(1983), *Claustrofilìa*. Milano: Adelphi.
Ferrari A. B.(1992), *L'eclissi del corpo*, Borla; *Adolescenza la seconda sfida*, Borla, Roma 1994.
Gaddini E. *Scritti (1953-1985)*. Milano 1989.
Gale J. (2016), Iscrizione all'interno della comunità. Note sull'approccio lacaniano al trattamento in gruppo della psicosi, *Funzione Gamma*, 37 (www.funzionegamma.it).
Hinshelwood R.D.T.(2016), La Funzione Gruppale nei servizi di salute mentale tra clinica e ricerca, *Funzione Gamma*, 37 (www.funzionegamma.it).
Hinshelwood R.D., Mingarelli L. (2016), Chi credi di essere? Gruppi di adolescenti e vita quotidiana, in La Funzione Gruppale nei servizi di salute mentale tra clinica e ricerca, *Funzione Gamma*, 37 (www.funzionegamma.it).
Kaës R. (2015), *L'estensione della psicoanalisi. Per una metapsicologia di terzo tipo*. Milano: FrancoAngeli 2016.
Loriedo C.(2008), Nuovi orientamenti nella Psicoterapia Relazionale-Sistemica dei Disturbi della Alimentazione: dalla Anoressia al Binge Eating Disorder, in Chianura, P., Schepisi, L. (a cura di), *Le relazioni e la cura. Viaggio nel mondo della psicoterapia relazionale*. Milano: FrancoAngeli.
Jaffè R.(2007) Ripetizioni nel tempo e microtrasformazioni. Dieci anni di lavoro con un gruppo di pazienti anoressiche e bulimiche, in Gruppo con pazienti anoressiche: fattori terapeutici, a cura di S.Marinelli, O.Caputo, F.N.Vasta, *Funzione Gamma*, 14.
Marinelli S.(2004), *Il gruppo e l'anoressia*. Milano: Cortina.
Marinelli S., cura di, con S.Corbella e R.Girelli (2004), Funzioni dell'omogeneità, in *Gruppi omogenei*. Borla, Roma.
Marinelli S.(2001), Assunto di base anoressico: l'analista incluso nel gruppo, *Psicoterapia e Istituzioni*, 2.
Neri C.(1995-2002), *Gruppo*. Roma: Borla.
Nicolò A.M., Russo L., a cura di, (2010), *Una o più anoressie?* Roma: Borla, 2010.
Pearlman B. (2007), Ripensando alla terapia di gruppo per pazienti anoressici, in Gruppo con pazienti anoressiche: fattori terapeutici, cura di S.Marinelli, O.Caputo, F.N.Vasta, *Funzione Gamma*, 14 (www.funzionegamma.it).
Procaccio W.(2014), in *Anoressie: patologie del sé corporeo*. Roma: FrancoAngeli.
Tagliacozzo R.(2005), *Ascoltando il dolore* Roma: Astrolabio.

Notes

1) Given my reference to the conception of Bion's groups, in which the English term *social* expresses a different meaning from the Italian *sociale*, I do not mean by social experience the political value of the social link, which the Italian lemma generally means. Rather I am indicating the possibility of including the idea of a shared experience with (the other, or others), also profound, of undifferentiation of him-her-self, from the other (or others): for example the other original who had been part of the subject, before his ability to self-differentiate and understand the otherness of the real.

2) See more widely the broad framework that identifies the different cultures of the therapeutic community in Italy, Europe and America, in the dedicated editorial series, *Collana sulla Comunità terapeutica*, directed by Metello Corulli for the Turin editions of Ananke.

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