In my mind, in our mind

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Abstract

The work starts from an experience of conducting a homogeneous group with eating disorders with the variant of the insertion of a male subject in a group of women.
The therapeutic factors of group dynamics and emotional growth of patients and therapists were considered.

Keywords: eating disorders, contemporary, group, homogeneity, transformations

This work conducted by the A.B.A. (the Italian association for the study of anorexia-bulimia) in Rome focuses on the management of psychodynamic group therapy for an ailment which has become emblematic of our times, anorexia-bulimia. The group was homogenous in terms of symptomatology and there was an evident need for help in many supra- determined aspects of the patients' lives, both somatic and psychic, although often there was no real demand for a cure. To this lack of demand we did not respond to the group in an ideological or idealistic way by offering a complete solution to all the problems. Rather we tried to operate in the relational sphere with emphasis on the relationship with the 'other', instead of an excessive identification with one's own symptom. This means, for participants and to some extent for the professional working with them, having an experience of otherness and of the deepening of non-excessively pathological relationships. Many patients experience a fundamental guilt related to a possible separation from the familial or maternal container (Comelli, 2014), with which there is a dysfunctional connection.

Mono-symptomatic groups arose from the need for spaces in which clinical care could be given in a well-defined manner for specific issues with which the patient with a given symptom largely identifies. In fact in many cases patients today require the presence of other people who relate to symptoms in a similar way in order to communicate on the specific issue. In the case of requests for individual treatment, patients may require the therapist to be well specialised in the treatments of a specific symptom. So we see a substantial demand from patients for direct or indirect knowledge of the specific disorder (as occurs with many addictions).
Although psychiatry has often delegated addiction care to specialised units, centres for the treatment of eating disorders were created in many public services. However these centres often focused on weight adjustment and gave a standardised treatment, often deferring a closer examination and understanding of the person and the often pervasive roots of the symptom. The experience of therapists indicates how one might find a continuous and constructive dialogue between different areas, which often involves a fragmentation of the person asking for help.

It should be noted that in many clinical situations, the persistence of the symptom and the "tug of war" that many patients initiate, imply a long "struggle" or

misunderstanding that might only be resolved with somatic treatments. In fact, patients appear prisoners of serious addictions which adversely affect contact with their true selves and their perception of truth, which is often altered or not perceived because it is unsustainable in the logic of dysfunctional relationships or because it serves to obscure their own or family traumas.
If it is true and important to be able to provide somatic care to avoid physical degeneration, it is also true that there are many therapeutic functions which must be taken into account which are just as important for future treatments as for the present. These include the attitudes on the part of the therapist: physical presence or emotive awareness, availability, accompaniment and thoughts about the patient and understanding the discomfort expressed through the body, until such time that they become treatable also on the mental level.

Therefore two elements appear to be essential. The first is an evaluation of their own actions, in an attempt to estimate the likely duration of treatment; this can also be considered in the acute and critical phases (for example it's inadvisable to be only prescriptive, for a long term treatment. The second element is the intention on the part of the therapist to identify the individual behind the symptom. This recalls both the work of Fabiola de Clercq and the work of Correale, Cangiotti and Zoppi regarding the hidden subject (Correale, 2013).

Especially in the early stages of working with patients, the human presence is a way of establishing real contact with other people, with other subjectivities, with other selves. Di Petta (2013) points out how non-conventionality combined with strong professionalism and training may enable the therapist, on one hand, to avoid being entrenched in predetermined theoretical certainty and, on the other hand, to help him or her avoid being automatically interpretive, as mentioned by Gabbard (1995) for the management of the early stages of getting to know patients or in the acute phases.

Being present and supportive means that, in many cases, the therapist may need to intervene in different ways in order to reassure the patient or the household in the moments of acute anxiety to which he, or better still the team, must give attention, rather than leaving things unexpressed or vague.
Nevertheless one should stress the importance of the initial diagnosis: namely a clinical "diagnosis" of family relations, a study of the traumas, how they may be addressed as well as an understanding of the person beyond just the physical weight. All these are important elements which are usually evaluated by the team in order to identify the plan of action. In many public or private facilities it is very difficult to adopt an integrated approach, without fragmenting the different therapeutic needs. It is for this reason that many patients appear to need a therapeutic completion, i.e. a reunification of the symbolic parts of the self, as has been seen with other types of patients and considered an important part of the dialogue with oneself. The ghost that requires a twinning is a concept expressed years ago by Stefania Marinelli and it

reappears in the form of demands for a mirroring of the real parts of the therapist: this is a concept found in the clinic that reappears almost ubiquitously (Marinelli, 1998 and 2004).

This concept is at the base of the connected therapeutic component of mirroring, that is to say, patients recognise aspects of themselves through the mirroring of others (Lai, 1995). In the case of subjects where the self is still inaccessible except through the body, it may be useful to have the perception of the self through the reflection of people with symptomatic affinities similar to their own. The vision of oneself through the other can make the task of self perception easier for the person who is blocked in perceiving him or herself.
Therefore this sameness consists of being able to find in the group other patients who evidently alternate between the being the same and being different. While in the mirroring process the subject sees himself through the other, in the concept of sameness, the subject perceives the equality with the other and the difference in their identity, with alternation between continuity and discontinuity. This factor named "universality" by Yalom (2003) identities the possibility for the patient to find other subjects manifesting the same anxiety. This factor is also indicated by Neri as an element in the care of small groups (Neri, 2013).
In this way Neri and Yalom highlight the sharing with and being near to others (the possibility of feeling “in the same boat”), “dwelling” in the same “emotional house”. In this setting one can also consider the phenomenon of altruism (often undervalued and considered too nonspecific and maybe too removed from the world of psychology). This may appear as an indication of the climate of the group, or in any case an element able to address the underlying attitude present in members of the group with respect to themselves. Altruism may coexist even in moments in which conflict or reciprocal diversity arise in the group.

Very often the "population" of people with addiction problems look for language that uses set phrases and clichés, but that often constitute a plea to the therapist to activate the intention to contain and transform the so called clichés into elements with inter-subjective and dreamable dimension and structure (Bion, 1996).
In this way some concepts such as altruism, forgiveness, proximity, availability etc., although sometimes considered by therapists as "do-gooder" or religiously motivated concepts and are therefore somewhat undervalued, they are important because of the patients’ stifling conformism (see the Italian study: “Man with a mind adapted to the masses” Comelli, 2015) or the addiction in itself leaves no space in which to communicate the need. It becomes necessary that these elements (often sidelined in conflictual families in which these patients grow up), are transformed by their being contained in a lively therapeutic experience which enables a deep understanding of them.

It is evident that group therapy can enrich, render more complex and deepen the desire for a “good” world, also with so called “negative” (i.e. not conventionally

positive) sentiments which are nonetheless important in creating a space for otherness and for tolerating loss. All this is all thanks to the therapist's willingness, or that of the group's companion, to take on the existential problems of each single component of the group.
These group functions can generally resonate even in the homeostatic sense to ensure more equidistance between the subjects who suffer a basic family dysfunction: in fact parental figures often appear in clinical cases and in reality who are either too near or too distant, i.e. that are too present or that distance themselves from the patient too much. This varies according the dysfunctional or disturbed nature of the relationship.
If in other words, in the classic psychiatric model, accompaniment can be decided a priori and guided according to criteria predetermined in a correct manner, in the group setting, the concept of accompaniment can incorporate the right distances and the correct balance between the necessity for curing the patient and for the patient's need for freedom.

The group can thus create myths through role playing as a link between parts of personal stories and a common narrative, often even those primordial ones. In this light the group fulfils the function of re-enacting, which is today fundamental in the light of the lack of symbolising which constitutes one of the elements of existential problems.
Consequently groups can thus develop a function of corrective summarising of the primary family group. Yalom (2003) insists on using the term "corrective" as meaning the repair of group instances of illness in the family context. They then inevitably pass through tragic functions of their family stories but also through sentiments of proximity and of great intensity. The latter should not be viewed an escape from creating problems but rather a desire to be confident in feeling.

In single-issue groups it may be interesting therefore to question possible links between the type of patients treated and the relationship of these patients with their family groups. But this debate is generally even more valid in both therapy groups such as exchanging of parental images in the group, as in groups dedicated to the family. It is also conceivable that groups of parents or relatives activated alongside those of patients can develop parallel dynamics and constructive fields by the side of the patient in the sense of a "portability" (the reader will forgive this vocabulary borrowed from technical disciplines) and of a tolerance of affective communication in a broad sense that apparently contrasts with the traditional need for therapist's neutrality.

We should not consider the development of socialisation techniques through the group, in the context of considerable emotional communication difficulties in the patients' family groups, as being indifferent or secondary. Within the group patients learn social skills which can be transferred out of the group into daily life (Yalom, 2003).

In this sense it is worthwhile giving explicit attention to the imitative behaviour that may represent an imitation of proximity (significant and not only adaptive when encountering the oscillation between imitation, idealisation of totally being a twin with the other) and the unthinkable areas of difficulty which are expressed in the group through changes or small traumas. These may include: the entry of new members in the group or the exit of old ones, the input of personal problems in a common container with a possible sense of their loss, the fear of personal problems not being considered as they are overwhelmed by the group dynamics, the lack of centrality of their distress, the fear of receiving judgements or rejection with regard to their personal state.

The therapeutic factor in this regard is the operation that the group, conducted analytically, can play with regard to the oscillation between the loss of individual identity and its re-composition after the experience of contact in the group. The payback that the group can give to single members for ceding individual parts to the group, occurs with subsequent discovery enriched by a common experience which constitutes a means of enrichment and growth of the experience itself.
These concepts appear to suggest the following: "a group immersion and a rejuvenation of the skin". The group in this sense is understood to be the second skin, as a moment of the creation of common belonging which delimits boundaries. This is helped by the setting and the peculiarity the therapeutic work regarding what lies outside the group, based on a function of "commuting". Neri (1997) defines the term commuting as being the route of emotions, ideas, investments of both an individual and collective dimension, where the narrative and the individual experience come to be deposited and to become a common object. This common object now belongs to the field of the group whereas before it was kept inside the history of the individual. This passage implies that as the experience in question becomes collective, it transforms and thus acquires a different dimensionality; it blends with the totality of the conscious and unconscious affections that influences and retransforms it.

Here below is the experience of a group of adult patients, with an average age of 35 years, each with a different eating disorder as well as a high level of education (all graduates with good jobs). During the period of time referred to, in the session there were 5 females who made up the group. But after about a month after the beginning of the group, the therapist (Dr. Valerio Galeffi) decided to introduce a man into the group (6 total participants).

After having informed the group that a new person would come to the next meeting, the group asked a few questions about the new arrival; the therapist said only that it was a man. The group as a whole was surprised by the inclusion of a male figure, but also expressed curiosity about the prospect of having an experience with a male.
Even the patient, the man who was about to be inserted into in the group, said "that's not a problem for me", when the therapist tells him of the prevalence of women in

the group, as he is now determined to solve his problem which remained hidden for years. What he revealed to the therapist happened for the first time in his life (never before had he managed to communicate with psychologists or psychiatrists about his eating disorder). This person has developed a relationship of great confidence in the leader of the group and therefore trusts also the therapist's choice of group, even if it is female-dominated.

The beginning of the session in which this patient makes his entrance is characterised by an exchange of brief presentations from each member of the group and the newcomer. This patient explicitly affirms that he feels that there is a good atmosphere created by the warm welcome he received. He then adds that he is not insensitive to finding himself in a group comprising only women but that his excitement helps him to manage this new experience rather than impede it. He is amazed by his feeling as excited as normally he has a habitual sense of emotional numbness. Most of the group send back and mirror an equally strong sentiment of welcoming a new person and, at the same time, the perplexity or interest in understanding and getting to know a man who is suffering from an eating disorder, usually considered to be a female disorder. Furthermore the group, until then female only, the patients and the subject of the group draw positivity and important stimuli from being able to compare themselves with a man with regards to emotional/sentimental difficulties between men and women.

The patient, who remains on the whole has cocooned and self-contained as well as stimulated by the discussions which emerge, decides to speak explicitly of his bulimic symptoms. He says that for the first time after speaking with the therapist, he is able to share this disorder which has accompanied him for years and, moreover, with a group of women. Also now that he is married, he wants to solve this problem, of which even his wife is unaware. The other members exhibit strong mirroring while speaking of their bulimic symptoms log, noting how between them all there was a strong similarity of symptoms. For the first time in the group there is a situation of opening up and communicating on how suffering in general arises, each member giving a detailed explanation of how she or he manifests and lives with the symptom.

Someone in the group says: "like this he will not feel devoured by us women." The therapist, using an internal lexicon open towards mythology, recalls the story of the Bacchae of Euripides and briefly recounts the myth and its associations to the group. As revenge on Pentheus (King of Thebes) and the citizens, who do not recognize him as a god, Dionysus the god of wine, theatre as well as both physical and mental pleasure, induces madness in all the Theban women. These take refuge on Mount Cithaeron to celebrate rites in honour of the God. At this point Dionysus convinces Pentheus to go on Mount Cithaeron, disguised as a woman and observe the Bacchae. The King is discovered and killed by the women who are in the grip of a mental state of Dionysian worship. The therapist adds that, before the new addition to the

group, someone in the group stated how much this could have stimulated a greater exchange of views and probably the pleasure of thinking together (mental pleasure), but at the same time, also the ghost of devouring.

The therapist perceives that the emotional climate of the group, which at the beginning was pervasive and characterized by a kind of enthusiasm and emotional numbness experiencing the novelty. It then passed through the following stages: surprise at the similarity of the symptoms and encountering the anguish for the non-recognition that the value of thought / god / pleasure could lead to the "madness" of the group, with the devouring of a dissimilar element. The appeal to the theme of 'incorporation, the "putting in" in pieces, annihilating the object as with devouring, recalls an important use of this mechanism that sees a main meal similar to the a cannibalistic one (Comelli, 2014; Ambrosiano and Gaburri, 2013), without a real internalised possibility of otherness. The myth recalled (by association) by the therapist's musing thus expresses the theme of angrily devouring and the destructive intention towards otherness, fearing the inability of a meeting with the shared knowledge of parts unknown even to themselves.

In the session following the inclusion of this patient, a member of the group relates her thoughts which emerged during the week, after the last meeting; these regarded the way she behaved in relationships with men. Other women in the group reported thoughts that go in the same direction. Thus there is a modality which emerges which can be defined as being characterised by a plea for help, now explicit, now not, to an imagined or real partner. This in turn creates a need for dialogue with the other to avoid the risk of being penalised by tenderness, of genuine love and trust and mutual growth, open and in transformation. There is also the risk of excessive compassion for the mutual support experiences without passion, relationships without real plan, empty of from deep meanings and that lead to the failure of the relationship itself.

Slowly the discussions slide into experiences essentially characterised by meetings of bodies, sexuality, pornographic films, secrets hitherto undisclosed. Then, in an attempt to give meaning to this emptiness, the discussions turn to memories, past event and associations between events of one and of the other. In the sphere of the group fantasy in this moment the participants want to be able to speak openly about intense disappointments, various types of abuses, which however indicate a fragmented and extremely conflictual familial realty which regularly emerges in the stories and in the language of the group. Someone hazards an as yet unstructured thought: "saying it just like that: hungry bodies, empty bodies, destroyed bodies." Precisely in order not to treat thoughts as those bodies, in the mind of the therapist emerges a picture of a group of castaways, who understand that to survive they need to unite by creating an intense bond, that the procuring of food is essential, but how to find it becomes even more important. This will also depend on how they feed themselves within the group.

The emotional state of the group, in this session seems to be to pass through a distress related to the awareness of the state of their sentimental life, to the loving desire to transform important aspects of their existence in a constructive and dialectical way. In this experience, the group gradually moves along a path which consists of considering the symptom as a main element in the life components of the group, perhaps even fundamental for the building of the group but which slowly seems to recede into the background. Just like in the Renaissance paintings with the dialogue between image and background or between the frame and the painting, the landscape becomes again background and people return to the foreground. Thus their bodies are associated to their history or to the places of their lives and no longer as unconnected bodies lost in an anonymous landscape that is inhabited by an as yet unnamed anonymous terror.

Transiting from an anonymous landscape to one inhabited more by an individual panorama in to a more collective one, implies a degree of commitment to a feeling of shame, considered sufficiently normal or legitimate and not only as an inhibition. The pooling of the element of shame has thus been able to facilitate contents of personal suffering in the group and a spread in the group of strong, but not destructive emotions.

In conclusion, it is evident that the implicit and explicit language of the group has strongly developed a dialectical tension between homogeneity and heterogeneity also from the from necessities of homogeneity at the start. Over time these needs became more complex as a result of the re-appropriation of the personal histories of each person and the experimentation being a couple within the group.
We believe that inside the debate on contemporary symptoms, the utilisation of the therapist's analytical training in the group can facilitate an important construction of therapeutic languages aimed at integrating the knowledge transmitted by our teachers with the issues that every era manifests to those working "in the field".

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