

Experience made concrete: the body-mind relationship and possible transformational processes in Group Therapy

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Abstract

This paper considers those particular pathologies in which the body is thought of as "a psychic object par excellence", or rather, as the only psychic object that is the *locus* where the subject's unity is recognized. I am referring to patients who are unable, for various reasons, to mentalize and transform perceptive and sensorial experience into emotional meaningfulness, and instead encapsulate it within corporeity. Emotions and affects are experienced as enemies that must be kept at a distance and the subject is held prisoner in a continuous, concrete sense of experiential immediateness. Being in a therapeutic group setting is what this kind of patient needs, since the group is an immediate experience of the world and its complexity. The group is able to activate a particular and meaningful mirroring function, in that the group is the matrix that fosters an initial meaningful organizing moment of the psyche.

Key words: concrete thought, mentalization, mirroring, group as a psychic organizer

Since its beginnings, psychoanalysis has concerned itself with the relationship between body and mind. One need think no further than the studies on hysteria, where psychoanalysis got its start, and the *psychic meaning* that was given to the body that speaks. The body is thought of as "a psychic object par excellence", as Sartre (1943) too was to subsequently state; or rather, as the only psychic object that is the *locus* where the subject's unity is recognized, the place where the individual's identity is acknowledged. Clinical and theoretical developments within psychoanalysis related to the analysis of the Self and its development, see early sensorial experience as being of central importance to the organization and development of this agency, on which subjectivity is founded.

The Self is hued with many levels of analysis related to experience and a sense of self, and can therefore be conceived in its bodily, mental and self-reflexive forms. These levels may be reached over time provided that there is some form of autobiographical narration, the expression of which originates within primary affective relations. On this subject, Stern (1985) reasserts that the emerging Self is a precocious experience that is aimed at promoting forms of self-structuring, on condition that the caregiver lend psychological importance to the child's sensorial perception. Profound affects are transmitted through the care that is given to the infant's body, and tactile-visual stimuli are transformed into equally profound emotions that stretch the representation of the body into a project packed with

psychic meaning so as to guide it towards a developmental goal.

Here, I would like to consider those patients who, for various reasons, have been unable to transform and mentalize perceptive and sensorial experience into affective meaningfulness, and have instead encapsulated it into a form of corporeity (Stolorow, Atwood, 1992) that is anchored to archaic somatic forms. Some vital need brought about this anchoring, since the end goal of these individuals was that of safeguarding the organization of their subjective experience. A pseudo form of the self has developed that has kept a cohesive appearance by means of its concrete identification. This concretization is in actual fact the expression of the continuous reification of all those experiences that have built up in the space that the primary environment reflected. Problems related to the body-mind relationship originate in intersubjective contexts and they permeate the subjective experience of the Self. The body-mind de-connection prevents subjective experience from living in its own body, from "dwelling" inside, as Winnicott's (1965) effective image suggests, and when expressed in its severest forms, it can be threatening to the physical Self. The forms that develop range from those arising from external sources, which perpetuate those pathologies where there is dis-identification from the body, for instance, right through to those that are psychopathologically less severe, in which there is a deficient vulnerable self. In the former, it is that deep body-mind splitting which takes on a pseudo-integral Self, in the form of an extreme defence against annihilation anxiety. The latter sees the concretization of the Self via various forms of addiction, in which addiction has the function of producing intense bodily experiences that are needed to bolster precarious psychic organization.

In between these two polarized positions there are other body-mind cohesion ailments, such as the feeling of a floating mind for instance, which patients who are victims of sexual or physical abuse refer to. In these cases, the de-connection is due to "suspension", the trauma and related affects being enclosed within a temporal and emotional bubble in order that the Self may be protected through subjectively isolating the field of the violation (Stolorow, Atwood, *ibidem*).

No matter which of these situations is the case, each has witnessed a *severe depressive* experience of the body. Such is an emblematic "concretization" of the specific relational contexts that gave rise to representations of the individual's mind-body relationship, whose dialectic breakdown is essentially a breakdown of the "living system" (Sander, 1991) and the origin of psychopathological phenomena. The concept of primary relations as a living system concerns the unfolding of existence with all its complexity, and such relations serve to familiarize the subject with emotions that are housed within his or her body, so that it becomes a psychic body, and meaning and value can hence be given to the emotions that make it human.

An ill of our age is precisely that of de-humanizing the body.

This is a way of experiencing living that unfortunately can accompany the subject throughout his or her entire life, and escape their awareness – from early care, which is increasingly understood as a set of "technicalities" that must be carried out, to

"techniques" for transforming the body. And this occurs within a logic that disproportionately amplifies the alienation of emotions and feelings that, in the course of their temporal flow, should instead give substance to the body. The body's affective de-connection makes emotions incomprehensible and unable to be narrated, and they become identified with concrete expressive *form* and *meaning*, the subject thus being held prisoner in a continuous, concrete sense of experiential immediateness. In this way, emotions lose their specific experiential meaning, and related affective values coagulate in a saturated form of fear, since the emotion has no measure of containment; the emotion is therefore always disproportionate to the facts that bring it about. The structuring quality of the affect does not get recognized and a sort of disorientation always accompanies the affect, as it is the emotion itself that produces a particular form of disquiet when it manifests itself in our inner world. The emotion, which should provide authentic help in order to learn from experience, instead becomes an enemy to be kept at bay. This in turn inhibits the process of change with regard to the individual's way of being in the world, and to the hold that he or she has on the world and on its defining elements (Galimberti, 1983). The emotional conflict compresses all forms of mental representation related to transformational processes of experience, and captures the subject in immediateness, where an instant solution to the problem is sought as opposed to a creative elaboration of ideas and thought. How many times are our patients unable to think of themselves, just think of themselves, in a situation that is different from that which they are living, and anxiously living at that. Thinking of an alternative is to them similar to the manifestation of the collapse of the self. It is an inhibition that assumes the same proportion as a taboo; it is insurmountable and unutterable, and packed with painful lived experiences of annihilation. The real world is outside their experience and they remain imprisoned within suffocating and impoverishing fear.

I am convinced that being in a therapeutic group setting is what these patients need. *Immediately* the group is an experience of the world and the complex way in which it unfolds. From this point of view, being in a mirroring group is a meaningful and particular experience. There is the manifold nature of this experience that is brought about by what each group component makes of each "other" person who is there; there are the different forms of sensitivity and empathy; and, the various expressive and cognitive "*ways*" are a good representation of those traumatic breaks within the original bond.

Those breaks, which came about due to an unavoidable irregularity in subjective experience, are what a new form of intersubjective experience becomes based on. And thanks to the intense emotions that circulate within the group during those moments when the empathic twinning stops, leaving room for differentiation and the expression of diversity, the patient relives his or her painful early emotional experiences. However, this occurs somewhat differently to how it did in the patient's past, since he or she lives both the broken bond and its rearranging simultaneously in the *hic et nunc*. Interaction and intersubjective exchange are ongoing, thanks to the

presence of the therapist, and the patient fully experiences in a meaningful way a new pattern of the self in relation-with.

In fact, the group operates on a double level. On the one hand, it is the Self-Object that modulates the relationship within an ideal continuum of empathic resonance, deficit and the regaining of adequate mirroring. On the other hand, the group, which expresses itself in all its alter ego fashion, enables the subject to psychologically and emotionally recognize how he or she lives out the self in relating to other patients and to the group as a whole. And this is a very important step. The patient is able to get out of the compelling logic of reiterating the self as a victim of the traumatic affect, and see the extent to which he or she has introjected that penalizing and painful way through identification, as well as understand how it acts on the relations in his or her life and what it produces within them.

An experience that is to all effects an *organizing moment* proper of the psyche gets shaped within the patient and consequently within the whole group. This consideration is relevant, moreover, to the very project of group therapy, as I think I can say – with regard to all the cases of reference here – that this kind of setting performs a psychological and a pedagogical purpose at the same time. Both of these are needed in order that vital functions of the Self may be recovered. Both emotionally connect up in a deep dynamic unifying relation that contributes to paving the way towards new emotional and affective emancipating trajectories. Furthermore, the group contributes to the modification of experiences that are to do not only with early infancy and a post-mature age; change is also promoted within the group with regard to everything that concerns the inherent "inside" and "outside" relationship. These are places where detecting reality within reality should be thought of as something that is true and *concrete*, and which produces consequences that are just as true and concrete. An advancement in the psychological development of the individual and the group as a whole can therefore take place. The child body is left in the background, as is each concrete lived experience that rendered other meaningful representations of the Self impossible. Body and mind go back to being together in a system of mutual influence and dialogue. Consequently, a new memory of emotions can be expressed through the body's physical responses, the values of which are new, and spaces for reflexiveness can open up, which in turn are also completely new.

Maria brings her first dream to the group approximately one year after the beginning of therapy. In the dream, the patient is driving her car and she is checking her cheekbones in the rear-view mirror. In the dream, as in real life, the patient is worried about the outcome of a plastic surgery operation she underwent. But this makes her lose sight of the car in front, which suddenly comes to a halt: a crash is inevitable. But to her great amazement and anxious disquiet, the patient witnesses the scene as if she is looking at it from the outside: she is struck by the fact that her body is penetrated by the car in front and then by all the other cars one by one in the pile-up. Maria gives an extremely clear description of how everything passes through her, as if her body had lost the substance it is made of, similarly to what happens to ghosts when they go through doors and walls. She wakes up deeply perturbed.

Maria is a 30-year-old patient who had been mainly silent since the beginning of the analysis. The group was struck by the meaningfulness of the dream images. In real life, this patient has had aesthetic plastic surgery repeatedly throughout her life and this was the first thing she spoke about in the group, underlining the extent to which modifying her physical features was a "vital need". She had never liked herself and she could not make herself and the image reflected of her in the mirror tally, an image which was void of any awareness of what the self was searching for and what it needed: her reflection was something that could not be identified *tout court* with all the parts of her body. Alberto, a member of the group, discerningly and empathically grasped the kernel of the dream and he underlined the extent to which, in his view, the pile-up was the expression of Maria's experience in the group. Giulia then underlined the sensitivity with which Alberto grasped an important way in which Maria *was in the relationship with* the other fellow group members. According to Giulia, however, Maria was always leaning towards an ethereal idea of her-self, out of a fear of being seen only for her beauty. Gabriele in turn intervened by giving an account of the dream he had had the previous night, in which he was anxiously looking for a dead body that he had hidden years beforehand, afraid of being found out. He knew that he had to find it before someone else did, as he was worried about the risk of being arrested. Maria pointed out that there was a profound connection between the two dreams, since, in the case of both dreamers, there was a body that was *everything*: in one, it was in the search for perfection, and in the other it was in death and condemnation anxiety. Maria, who listened with alive but painful attention, then spoke about how, when she was a little girl – between the ages of three and seven/eight – her mother would take her out to buy little "outfits". Her mother would make these shopping trips out to be a game, a "little secret" of theirs they were to keep. These were moments of intense fear for the patient: a dreadful distressing fear that she felt for herself and for her mum. What the mother did was make her little girl try on various layers of "outfits" in the changing room and hide them under Maria's own little dress. In so doing, Maria turned into the mannequin of her mother's acts of theft. The child was unable to rebel and could not speak to her father about it either out of fear and shame. Over time, this "secret" became "the norm" and the patient spoke about it in the group with a certain kind of surprise, and said how strange it was that these memories should come to mind. It was something she had no longer thought about: the memories had been there for the taking but they lacked any particular meaningfulness. Gabriele, who was touched by Maria's account, underlined, however, the importance of this memory, reasserting that keeping it hidden from herself was similar to hiding something very important and very true about herself under the numerous operations of plastic surgery. "Like all the little outfits", Giulia stated.

Many considerations indeed could be made about the dream as well as about the group's internal dynamic relations. I would, however, like to look at several aspects I find particularly meaningful in reference to what I have mentioned above.

First of all, out of the various possible interpretations that may be given, Maria's

dream is an emergent and tangible expression of her own inner process that is interconnected with the emotional experience in the group. Maria grew up convinced that she was worth nothing to and had no emotional meaning for the other. And consequently, she thought that subjective experience was in itself a difficult goal to reach. The mother's horrible malpractice towards the child's body had remained in the patient's memory as content that was very concrete. She lived as her mother's *thing-object*, and the shame and fear she felt got transformed into experiences localized within her body. Her compulsive resorting to plastic surgery was in this case an expression of desperate attempts at being born in another body, thinking of it, illusorily, as finally hers. What the patient did not understand, and which both the dream and the interpretations put forward by the group did instead bring out, was how inadequate the surgery was in this sense. The de-identification with the image of her own body that Maria had assimilated in the relationship with the maternal object was certainly not capable of "shaping" new meaningful emotional feelings. In actual fact, Maria was unable to truly internally separate from her mother, since doing so would have been equivalent to not existing, not even in the guise of a mannequin. Keeping herself in the dimension her mother wanted her in, that is, like a doll that is dressed up and whose personal characteristics – likewise – can be changed, the patient kept clinging on to the illusion of being "recognized" and in some way identified by her.

The group, however, is an encounter/impact with an otherness that gives substance and meaning to Maria, to her way of being and to her past and present as well. A fluid revival of flowing time is activated at the same time for all the group members, thanks to the human essence of pain that accompanies the memories and which is recognized by means of emotional affinity and likeness. As for transference, emotional similarity, within the plurality of representations in the group context, enables a precious and profound way of being and living with others to be transmitted. A deep bond of belonging gets activated within a community whose values are recognized and shared, and packed with cohesive meaning for the Self and its development.

It is similar to when the child discovers him- or herself as an integral part of the surrounding environment. The emerging sense of belonging, which underlies their processes of symbolic representation, depends on the quality of the affect that accompanies this complex process. And in fact, it represents for the psyche the very essence of the portrayal of sensory and bodily perceptions that then become thinkable emotions.

In the heterogeneous analytical group, the construction of symbolic ties is promoted by the differences that make up the group and which are precisely the expression in the *hic et nunc* of new and more mature possibilities. In fact, the value of the bond arises out of the different forms of empathy and the different life experiences of its various components, and the alter ego becomes, for this very reason, the subjective experience that promotes growth in a full sense. The group always offers many opportunities of intersubjective exploration, it breaks down barriers and it pre-establishes new forms of attachment. The forms of interaction that come about within

the group are an expression of the "affective and emotional states that find a new and alternative expressive and organizational form, enabling the group members to gain access to one of the most powerful therapeutic factors that group therapy can provide" (Paparo e Nebbiosi, 2000, p.113).

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