

The adolescent body in the group psychotherapy room: a complex challenge

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ABSTRACT. – On an epidemiological level, in the post-pandemic scenario, feeding and eating disorders (FED) are clinically emerging as for severity and diffuseness among adolescents. These disorders probably pose a challenge to psychoanalysis, starting from their name itself. They are collocated in a border area between bodily and mental subjectiveness, society and culture, which makes them a significant example of the interlaced aspects of individuality, family, and socio-historic context. What search for meaning does the adolescent body bring into the analytical room? In this complex unity called human being, which position can be assumed and which challenges can be faced by a traditionally talking-centered cure? Can the body be properly listened to? This contribution wishes to pose questions starting from reflections and clinical vignettes taken from a group psychotherapy with adolescents with FED.

Key words: group psychotherapy, adolescence, eating disorders.

Adolescents use their bodies to express who they are: their tastes, identifications, counter-identifications, ideals, conflicts, unspoken transgenerational issues, and social challenges. They do this through their choices of makeup, clothing, posture, and by writing their evolving story on their bodies in their search for self.

In the post-pandemic clinical scenario, eating and nutrition disorders have emerged among adolescents with widespread prevalence and severity, presenting a challenge for the psychoanalytic world. These disorders occupy the border area between bodily and mental subjectivity, sociality, and culture, making them significant examples of the intertwining of individuality with historical, social, and family contexts. The body is manipulated in shape, weight, and structure. It is starved, excessively filled, and emptied through

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rituals reminiscent of ancestral rites. It is controlled, meticulously defined. The body narrates pain, expresses conflicts. It becomes a mask of Thanatos and seems abandoned by Eros. It follows the Apollonian ideal of perfection and forgets Dionysian playfulness.

A symptom inscribed in the body demands to be heard through the body.

What meaning and search for meaning does the adolescent body bring into the analysis room? In this complex and unified being that is the human, how can a traditionally word-based therapy position itself, and what challenges can it face? Can the body be heard, and if so, how?

The adolescent's body is not the only body in the room that tells a story, expresses tastes, and conflicts. How does the analyst's body inhabit the analysis room? And what happens when bodies come together in group psychotherapy? What occurs in this encounter, and what opportunities does it offer?

Perhaps it is no coincidence that cognitive-behavioral approaches have traditionally addressed these symptoms, which remain extremely prevalent in the Italian public health system, while psychodynamic approaches have remained on the sidelines.

This contribution seeks to ask questions rather than provide answers. To this end, clinical vignettes from the history of patients participating in a psychotherapy group that started in 2016 within an institution¹ dealing with eating disorders will be used. The model followed is that of a small, open psychodynamic mono-symptomatic group, attended by girls and boys aged around 16 to 21.

Chiara and the dilemma of being body to body in the same room (17 years old)

Chiara is a 17-year-old high school student. She is an excellent student in her second year at a classical high school. Her great passion lies in abstaining from desire, from feeling any emotion, which she disdainfully refers to as “the weakness of being human”: in a word, the passion for nothingness or negation. She has suffered from restrictive anorexia since she was about 14, without episodes of binge eating or purging. She has already undergone previous therapeutic paths, including two years of individual therapy and two hospitalizations followed by day hospital treatment.

With the blossoming of her body, Chiara began to retreat within herself. She has never had an emotional relationship: the previous summer before I met her, she had a single sexual experience with a friend, which she recounts

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without any emotion, more as a task to be completed. “At my age, it’s expected that I’m no longer a virgin. What did I feel? Absolutely nothing...”

From the outset, there is a struggle to let go, to speak about herself. The defense that Chiara seems to use most is dissociation: her entire emotional and desiring world is completely constrained, appearing like a machine that performs the tasks required of her. Paradoxically, the only area where she seems able to express a less compliant part is in her body, which says no to food. Even there, however, the mask intervenes, anonymity is guaranteed: Chiara disappears, and only the symptom remains, making her identical to many other girls with the same problem, desubjectivizing the body, reduced to a skeletal, prepubescent state. The body: an object to be mistreated and separated from the self. At the end of the anamnesis evaluation interviews, group therapy is proposed to her. Parallel to this, her parents begin their own therapeutic path.

“The group? You mean other girls like me? Are you sure? I already have plenty of contacts with girls who suffer from eating disorders on Instagram; we write to each other daily, and I assure you, you wouldn’t like what we write or the advice we give each other at all. Sure, we’ve never met, but it’s like we know each other... and then we’re all in the same room in a group? The group is in person? Like if we did it online, maybe, like during Covid. (Her voice starts to crack) I’m used to individual therapy. I don’t know if I’m ready to meet other girls or guys, physically, I mean...”

When asked what she feels at that moment, Chiara responds, “A f***ing fear. I’m gripped by the comparison with the bodies of the other girls, thinner, prettier, invulnerable. Me ugly and horrible, huge”.

The group could play a crucial role, as many authors have shown (to name just a few: Bandura, 1977; Corey & Corey, 2011; Yalom, 2005), by offering a safe environment, the group could become a place of self-discovery and experimentation in contact with others. What does Chiara fear? Not the knowledge of the other group members who, like her, may suffer from eating disorders – she is already part of numerous pro-ana and pro-mia groups² – but the encounter with something she cannot control, a real encounter with the bodies of others, and perhaps also with her own. The obsession with the body

² In the field of nutrition and eating disorders, we observe a flourishing of remote ‘pro-ana’ (pro-anorexia) and ‘pro-mia’ (pro-bulimia) groups. These are virtual communities predominantly made up of young women (ages 13-30) that emphasize anorexic behaviors and choices, promoting anorexia nervosa as a positive lifestyle and organizing themselves within a vast network of interconnected sites. Blogs, forums, personal diaries, and web pages engage in an intense exchange of opinions and comments regarding food choices, body image, social relationships, and emotions. Members of these communities offer help, guidance, and advice, fostering a strong sense of belonging to a virtual community and providing support even on an identity level (Shutova *et al.*, 2013). It is a form of self-help to sustain symptomatic behaviors, under the motto ‘*Quod me nutrit, me destruit*’.

– an almost inanimate object to be controlled and manipulated – that risks shattering because, in the encounter with the other, the body may become present, and therefore alive.

Historically, in the case of eating disorders, diagnosis has traditionally been oriented either solely on symptoms or solely on psychological aspects, leading to either ‘extreme organicization’ or ‘extreme psychologization’, running the risk of “ratifying and perpetuating the split between emotions and corporeality – at the origin of the illness for all patients [...] – which the clinician, on the contrary, should grasp and make the object of care” (Caruso & Manara, 1997).

The difficulty of describing and the often confused, sometimes merged, diagnostic criteria seem to be related to the fact that medicine, psychiatry, and psychoanalysis have at times tried to defend their dominion over the body, the mind, and the unconscious, claiming exclusive rights over the eating disorder pathology, which, perhaps, more than other discomforts due to its symptomatic characteristics, highlights how impossible it is to reduce the unity of the subject to individual parts.

This poses a challenge: How can we help Chiara enter the group with her whole self? How can we help her listen to herself, integrating her body? This concerns not only the importance of an integrated multidisciplinary team,³ which requires the necessity of medical and nutritional care, but, in my opinion, especially the psychoanalyst leading the group. In my experience, the multidisciplinary team – whose essential nature I emphasize – can sometimes risk becoming a phenomenon of responsibility diffusion: in the analyst’s mind – faced with a deeply suffering or exploded emaciated body – there may be the consolation of “the internist is in charge of the body”, which risks being the reification of dissociation, the repetition of the solution that Chiara has already found on her own. And I believe that this challenge to psychoanalysis as a treatment concerns all patients, especially adolescents, whose predominant language is corporeal. Chiara’s emaciated body is in the analysis room. What psychoanalytic listening can be offered?

Giulia or not Giulia, that is the dilemma (16 years old)

Giulia is a 16-year-old high school student who has suffered from bulimia since she was 14. She lives with her family, which is markedly left-wing and very socially engaged. She is the second of three sisters. She sees herself as the black sheep: while her older sister studies psychology and is the ‘good one’, and the youngest is the small and tender one, she is the messy one who causes

³ *Linee di indirizzo nazionali per la riabilitazione nutrizionale nei disturbi dell'alimentazione* del 2017 (Quaderni del Ministero della Salute).

problems. When she enters the group, she works at Cardinal Ferrari among the homeless for a school-work alternation project. She says she feels a bit like them. She has never had a significant relationship, neither in friendship nor in love. The most significant obstacle she sees is not just feeling constantly judged or inadequate, but not knowing who she is, what she feels, or what she desires. She doesn't feel her hunger or satiety.

"I never know when I'm hungry or not. Sometimes, when I manage to behave (cheeky smile), I stick to the norms of civilized living... three meals a day, in what are considered normal quantities. But I don't feel my hunger... it's a mute, dead channel (referring to her body). While to the world, I am the bulimic, or the slightly strange psycho, and by the world, I mean my teachers, my classmates, even my parents... here with you, it's harder to stay because to you I am Giulia... okay... but who is Giulia??? Damn, I can't even say when I'm hungry!!! When I started therapy here, I expected that in the group, we would decide together for me, for my life... how to avoid bingeing and purging, how to understand if I like something or someone... basically that we would find solutions together. But no one treats me like that. And that's hard because I would have preferred to rely on you passively and then, of course, trick you and say nothing works. I was also surprised when we talked about diagnoses in the group. I thought you (addressing me) would reply that I'm bulimic or that you had read about personality disorders online, like borderline or narcissistic. When we then reasoned that everyone is as they are, and will go on discovering themselves, I was completely terrified, but I admit I also felt lighter and didn't need to purge (laughs). Hearing that Martina (an 18-year-old girl in the final stage of her journey) said that life goes far beyond numbers, and that it's much better and more enjoyable if we have the courage to listen to ourselves, even in silence or in emptiness... gave me a new perspective... though a much more complex one... also because Martina, to summarize her experience with an image, said that to listen to oneself, you have to listen to your own stomach!!!!"

Giulia struggles to understand who she is, where the boundary lies between herself and the world. The onset of menstruation disrupted her plans: in childhood, everything was simple because it was managed and decided by her parents; now, the steering wheel of her life is in her own hands. She thinks she has a hole in her stomach, suffers from *horror vacui*, and this paralyzes her ability to listen to herself. Bulimia, with its bodily rituals, helps her cover up, silence, but also express this hole. Only with difficulty does she begin to experience that space as a possible opening and not just as an anxiety-inducing void.

This is also a challenge for psychoanalytic therapy: How can we help someone become themselves by listening to their hunger? How can we understand what they experience when they are disconnected from their own body? How can we reopen a connection to the body, which is the place of emotions and allows one to feel alive and hungry?

Here, too, for the psychoanalyst, there may be a risk of delegating to rationality and common sense, or even to the unconscious: as a therapist, it

might be more reassuring to fill Giulia's hole by thinking she should feel a certain way given the circumstances or by waiting for dreams to interpret that reveal hidden truths, reiterating the solution Giulia has already found: being filled by others, only to then purge it. Even for the psychoanalyst, it can be dizzying to look into that hole, to stay in contact with being in its becoming.

Andrea (19 years old) and the therapist's body in the room

Andrea is a 19-year-old university student with a passion for classical music. He has suffered from bulimia for about a year, with daily episodes of binge eating and vomiting. Initially, a very silent presence within the group, only after six months from the beginning does the level of trust increase and Andrea manages to let himself go a little: he takes off his coat or jacket during the sessions, looks at the other members when they speak, and begins to talk about himself. In a session, a girl brings a reflection on her devastating anger, comparing it to that of Hitler (she is studying the Second World War at school). I propose, inspired by this content, to reflect on how, for Hitler, it was perhaps less dramatic or more reassuring to act out his own devastation with others, rather than dealing with and taking care of his own anger and himself. Andrea looks me in the eyes, a behavior not exactly usual during the session: a moment of deep emotion occurs, felt and experienced in his body, and that reaches through his gaze directly to my belly, to my body. "I feel a bit like Hitler, the anger... I understand. It's difficult to talk about myself". A moment of deep attunement, felt, experienced. About 30 minutes before the end of the session, Andrea asks me, "Have you changed the color of your hair, doc? (I haven't). It seems darker". And a moment of exchange and reflection on my being in the group begins: on how my emotions are read, on the effect that my pregnancy period has had (we had already talked about it, but new ideas emerged), on my feeling free to drink a hot chocolate in front of them. Martina remembers a very funny session when a new girl, shyly and very embarrassedly, asks if she can go to the bathroom as if it were forbidden and my answer: "Today I have to make you a very important communication: therapists also pee". In that moment it was possible to be together in the same room, a little more whole, with our bodies, in a complex corporal-cognitive-affective-relational whole without derailing, but recognizing each other for what we are. And playing lightly. Here, too, a complex challenge opens up for the world of psychoanalysis: the psychoanalyst inevitably enters the analysis room with his body, and given the inevitable fact that the human being is a complex whole, how can he take it into account? Ignoring it, hiding it behind a couch or not considering it negligible could perhaps appear reassuring or consoling, but it would reify the symptomatic solutions.

Martina and *The infinite* (18 years old)

Martina, 18 years old, firstborn, early starter, currently attending the first year of biology in Milan. Bulimic since the age of 15. She loves music, plays the accordion. In her family, food has always been the way to take care of each other: her grandmother, over ninety years old, who lives in the Marche, still sends Martina's family food parcels. She is now at the end of her group journey.

"From the experience together, I have learned many things, most of all to be myself with others, and to be happy to be myself with others, even in sad or angry moments. I let go of the useless pickets or complaints I made to my parents, the anger at my mother's lack of affection, or at my father, who always asks too much of me. I let go of the illusion of being able to change them... as well as the competition with my sister. Now my gaze is outside, at Claudio (laughs) at my friends, at the university... I learned to let myself be loved. Leopardi comes to mind. I really love the poem *L'infinito*⁴ but I always thought of it as sad. I always thought of Leopardi leaning out of the window in front of a hedge that blocks his gaze, which instead would like to wander freely. With the group I understood an important truth, at least for me: if there hadn't been the hedge to block his gaze, he would never have been able to grasp the endless spaces, the superhuman silences. He would never have grasped the eternal and would never have been shipwrecked in the sea... he would never have let himself go. I understood in the end that my body, which I thought was full of defects, limited and a hindrance, is also my resource... my body is me."

Listening to the body in a psychotherapy group for Martina was not aimed at solving concrete problems or responding to physical needs, but at the overall transformation and revelation of herself. In this sense, listening to it is very complex because it is unique, and it requires time, and it requires the possibility of tolerating the unsaturated, the uncertainty, or changing one's mind. The group, being 'all together' with the others in a room, something increasingly rare for adolescents accustomed to a virtual reality, activates deep anguish but also offers the possibility of discovering oneself and being authentic, understood both as personal freedom but also as the possibility of finding a way of being with others that takes into account individual freedom but also the characteristics of the other. It can allow, in a protected place, to listen to one's own body, which is a hedge that opens to infinity.

⁴ *L'infinito* (G. Leopardi, 1819)

*Sempre caro mi fu quest'ermo colle, | e questa siepe, che da tanta parte | dell'ultimo orizzonte
il guardo esclude. | Ma sedendo e mirando, interminati | spazi di là da quella, e sovrumani |
silenzi, e profondissima quiete | io nel pensier mi fingo, ove per poco | il cor non si spaura. E
come il vento | odo stormir tra queste piante, io quello | infinito silenzio a questa voce | vo
comparando: e mi sovvien l'eterno, | e le morte stagioni, e la presente | e viva, e il suon di lei.
Così tra questa | immensità s'annega il pensier mio: | e il naufragar m'è dolce in questo mare.*

A final reflection

Just a small final reflection on this very complex theme of the intertwining of body, adolescence, and psychoanalysis. As Yalom (2019, p. 113) points out, what the person remembers and experiences is not verbal intuition, not ideas or visions, not wise or intelligent phrases, or acute interpretations, but “the work consists in offering your presence, trusting that the patient will find what is needed in the session”. It is a ‘psychoanalytic presence’ that is also body and not just word. It is life that requires continuous work to “contain, organize, give meaning to the incessant internal and external changes that concern us and that make us others to the extent that we remain ourselves” (Cahn, 1998, p. 54).

“Being a man among men, I no longer know what sweeter”

(Saba, 1928-1929).

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