Anorexia as a Symbol of an Empty Matrix Dominated by the Dragon Mother

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Abstract

This paper reports the author's understanding of anorexia reached through her clinical work and using Jungian as well as group-analytic concepts. Examples of individual, family and group work are given and they constitute facets of an overall picture of devouring hunger against the background of a depleted matrix.

Key words: dragon mother, anorexia, emptiness, family, group matrix

Introduction

I begin this paper by reflecting on how a sense of emptiness is communicated to the therapist in the countertransference when working with anorectics.

Personal work experience in a N.H.S. unit for anorectics which lasted several years and allowed me to perceive the same sense of emptiness in individual patients, their families and the therapy groups to which they belonged in the ward. I later discovered that the unit too seemed to have an empty core although it was concealed behind an appearance of fullness.

In group-analytic terms, the overall sense of emptiness I experienced led me to think of an empty matrix, similar to a spring which has dried up or a womb which can bear no life because it is dead itself.

A number of clinical experiences are reported which allowed me to explore and understand better the sense of emptiness I experienced in the countertransference.

Slowly, as I learnt to acknowledge the devouring needs that anorectics try to deny, I started thinking that those devouring needs created an emptiness as well as stemming from one. In Jungian terms these thoughts conjured up for me the image of the Dragon Mother, a representation of the Terrible Mother archetype, I felt as if the Dragon Mother dominated the internal world of the anorectics and of the groups to which they belonged sucking the matrix dry.

What follows amounts to a journey which seems to me group-analytic because it expands the concept of emptiness from an individual scenario to a group one.

The journey has left me with a view of anorexia as a symbol of an empty matrix dominated by the Dragon Mother.

Emptiness in the Countertransference

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Working with anorectics individually or in groups, one of the most powerful feelings I experience in the countertransference is one of emptiness, just a bleak emptiness, oppressive, life draining and all encompassing. This reaction is particularly strong with some anorectic patients and that was the case with Hilary.

I am having an individual therapy session with Hilary, a twenty-one year old anorectic. We are in her cubicle where she is confined until she gains sufficient weight to be allowed out into the ward. Hilary is very thin, but not as emaciated as some of the other patients. When I set foot inside her cubicle, I always feel as if a cold and dark winter has suddenly descended upon me. Hilary is a tall, plain looking girl with glasses and a squint. Her cubicle is immaculately tidy and totally empty of all but the essential necessities of her life. It makes me think of a nun's cell, but without the comforts of religion. Hilary looks at me with empty eyes reflecting nothing back and offering no connectedness. She sits very straight on her hard chair and she seems to have no expectations. I feel frozen to the bones. When with an effort I try to think of something to say, I find nothing. My mind is empty and I have no feelings apart from an overwhelming physical sensation of being very, very cold. The emptiness I experience is sterile, it is not waiting for the winds of creativity to rustle its silence. What I experience is the emptiness of death where everything is heavy and frozen and no movement is allowed.
Slowly, and with great effort, I succeed in hearing Hilary's story.
As a child Hilary could never settle down anywhere because the family, due to her father's job, moved frequently. When the little girl was about two years of age and had just started speaking, her father was sent to work in Paris. Hilary was sent to a local play-group where she could not understand a word. She stopped speaking altogether, even at home she was silent.
She returned to England and as she grew into her teens, she became a brilliant student, but the family moves continued and time and time again Hilary was separated from her friends and from what had become her familiar environment. In her internal world nothing lasted, whatever she built in the form of relationships, was destroyed. She became more and more isolated. By the time she graduated with a first-class degree in mathematics she was anorectic and had learnt to betray no emotions. But she succeeded in communicating to me a sense of total emptiness and futility.

In my countertransference to patients like Hilary, I get lulled, at times, into a descent into nothingness, into a 'tomb of silence' (Birksted-Breen 1989, p.32) with no thoughts and no other feelings. At other times I reassemble myself with a jolt and try and keep myself alive by reconnecting with my body through a simple gesture

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such as rubbing my hands together or a mundane thought, like reminding myself of what day it is.
After sessions I often feel I want to run away into a world saturated with physical and bodily presences, bursting with colours, flavours,smells and noises which I have to take in unreservedly and.frantically. This manic state of mind often leads to manic behaviours like eating and drinking excessively, talking without thinking and driving too fast, and this feels dangerous. It feels like a binge, leading to a state of unbearable fullness of which I will have to empty myself.
Trying to make sense of these reactions in oneself means to try and understand what is being projected into us as therapists by the patients.
In a highly original book Recalcati (1997) describes the 'passion for emptiness' shared by both anorectics and bulimics in an effort to escape an obsession with fullness which crowds their minds with images evoked by a persecutory greed. Recalcati who bases his theories on Lacanian concepts, stresses how, by emptying their bodies, these patients express the void which is at the core of their being and denounce how things cannot fill the emptiness of a loneliness without limits. Winnicott (1985) writes of a 'controlled emptiness' with which these patients try to keep at bay the 'awfulness of emptiness' they experience in their internal worlds, reflecting their early experiences, in particular their interaction with mother.

Devouring Mothers

A great bulk of the psychodynamic theories on eating disorders sees the role of the mother as central. Bruch (1978), Palazzoli (1974), McDougall (1989), Farrell(1995) and Williams (1997) among others stress how the mother of the anorectic- to- be uses the child for her own needs, projecting on to her, her own helplessness and giving her the task of containing it and making sense of it. Such a mother is like a child herself wanting parental guidance from her own daughter, because she has not been able to develop within herself a sufficient sense of understanding and inner containment.
The theme of containment and lack of it in mothers of eating disordered patients is explored in great depth and most recently by Williams (1997) who draws extensively from Klein's and Bion's concepts to provide a theoretical framework for her rich clinical experience.
If instead of being containing, a mother asks for containment, she is acting as if she wants to feed on whatever resources the child has. For the young child this must correspond to being eaten alive. One desperate defence for some children against this attack may well be to shrink away into a void of their own as an alternative to being trapped in their mothers' void, in what Meltzer (1992) calls 'the world of the claustrum' within which there is no psychic space, no shared space because there are no boundaries. It is as if such a mother gives her child the impossible task of filling her 'limitless void' witin which there is 'no fantasy of the father's penis

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playng a libidinally and narciccistically enhancing role'. (Mc Dougall, 1989). Mary Levens (1995) reports how for many anorectics 'the only sensation that gives them a sense of being real is when they become sufficiently emaciated to be able to feel their bones pushing through their skin.' Perhaps the sight of their bones is for anorectics a clear proof that their bodies have eliminated all that is penetrable, leaving only the hard body elements, tight and inaccessible. That is how they try to defend against their devouring mothers.

The Dragon Mother

The Dragon Mother is the devouring mother 'par excellence'. She is one of the images representing the Terrible Mother which in Jungian psychology is one of the two aspects of the Great Mother archetype. According to Jung, archetypes are active living dispositions, ideas in the Platonic sense, that preform and continually influence our thoughts and feelings and actions' (CW 8). They belong to the collective unconscious which because it contains 'the ancestral heritage of possibilities of representation, is not individual but common to all men, and perhaps even to all animals, and is the true basis of the individual psyche.'(ibid)
The Dragon Mother is in my eyes the symbol of the infinitely needy mother who cannot let her children go, because she needs them for her own psychic survival. The Dragon Mother as an image of the Terrible Mother is also a symbol for the unconscious into which she engulfs her children preventing them from gaining awareness and from claiming a separate life for themselves.

The dragon and the devouring sea serpent are the animal forms which the Terrible Mother most often adopts and it is with them that heroes of all times fight to save their soul represented by the 'innocent maiden'. (Gee, 1995).

'The monster may be a dragon which lives in a cave or a monster of the deep. Sometimes the hero slays the monster after a long struggle; sometimes he is devoured by a huge sea-serpent and after a period in the monster's belly succeds in cutting his way out in a sort of auto-Caesarian section, or causes the monster to vomit him up in a regurgitation 'rebirth'. 'Failure to overcome the monster signifies failure to get free of the mother: the hero languishes in her belly forever, ingested, engulfed, 'absorbed', and the damsel (the Anima) is never liberated from the monster's clutches (jailed by the mother complex, she is trapped in perpetuity in the unconscious). (Stevens,1982)

Neumann (1955) reminds us that the hero's fight against the dragon represents not the struggle of men against women, but the struggle of all human beings each endowed with masculine and feminine aspects, against the power of the unconscious. Such struggle is necessary in order to move towards what in Jungian analysis is called 'individuation'. This is pursued through 'the progressive

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harmonization and reciprocal integration of the archetypes' (Fiumara, 1983) in relation to one another and to their manifestations in the personal unconscious. The archetypes need to be in 'dynamic relation' to one another for individuation to take place. The Dragon Mother tyranny within the anorectic's pathology is an example of an archetypal nucleus functioning in an autonomous manner and obstructing 'a reciprocal dynamic equilibrium, together with growing differentiation, that is progressive 'individuation'.' (ibid.)

Anorexia as the Dragon Mother

Anorexia is at one level an extreme attempt at freeing oneself from the Dragon Mother archetype which has been activated by the real life situation in which the anorectic finds herself, but also a means to protect the external mother from the devouring mother the anorectic has internalised. Chernin (1983) has emphasised the frightening oral rage these patients can experience towards their mothers and how anorexia allows that rage to be expressed in a symbolic form, thus sparing the mother.

When the defenses relax, the hidden rage often emerges in a direct, all demanding form, as it did with Louise, the young anorectic woman in the following clinical example.

Louise, a 23 year old anorectic patient, after completing succesfully her in-patient programme was now an out patient and a member of a group I conducted .

As she had been steadily losing weight, she had decided with the agreement of the group and of her parents to go home to them, in the country ,to be taken care of, literally to be fed by mother as she was unable to feed herself. Now she was back in London and I was seeing her with her mother, prior to her coming back into the group.

The mother was at first guarded towards me as this was our first meeting, but she gradually relaxed and told me that the week had gone well, she had prepared all her daughter's meals and Louise had put on weight.

But that very morning, before they drove back to London, she had been ten minutes late in taking her daughter breakfast in bed and this had provoked the most frightful rage in the young woman who had accused mother of being neglectful and insensitive to the fact tha her meals had to be on time. Louise's rage had escalated into what sounded like a monumental childlike tantrum.

As I listened , the image that came into my mind was that of a baby wanting the breast and becoming frantic when the breast failed to materialize.

I wondered with the two women where Louise's rage originated and I encouraged mother to talk about her experience of Louise as a baby.

What followed amounted to a revelation which touched the three of us deeply. Treading for the first time into the uncharted territory of buried memories and the unconscious, mother unearthed an image which was personal and universal at the same time. In fact it was almost archetypal in the way in which it expressed themes as old as mankind. The image spoke of innocence betrayed by unawareness; it spoke of gaping mouths never fed, of exclusion and of siblings' rivalry and of confusion leading to anger and hatred. As her mother talked, Louise listened in silence, totally captivated and alert.
Louise was the eldest of four children born at short intervals from one another because father had 'wanted to get on with it' with the same brisk efficiency with which he ran his business.
Mother's words were accompanied by an indulgent smile of acceptance and complicity towards her husband, but I wondered about her real feelings and how they might have coloured her attitude to her first born.
Louise was the only child not to be breast-fed and mother could not remember why, probably it had to do with breast-feeding not being fashionable at the time. She said it in all seriousness and again I was struck by the way in which this woman had approached motherhood in an inner state of apparent emptiness, like a 'tabula rasa' waiting to be filled by others.
When Louise was eighteen months old, her first brother was born and when he was at the breast, the little girl used to watch, fascinated. One day, when she was a little older, Louise was, as usual, at mother's side as the breast-feeding operation was in progress. She was silent, but when mother moved the baby from one breast to the other, she suddenly asked 'Is he having pudding as well?'
This was the first time that mother had remembered that 'funny' remark, made so many years previously. Louise had been a docile little girl, mother's helper, ready to step back and let the smaller children have centre stage. And yet that 'funny' remark
was being linked through mother's memories to Louise's rage.
Perhaps Louise had to wait until she was twenty-three and a recovering anorectic to scream her anger at her mother and to claim the breast for herself and unconditionally.
Mother tried hard to reassure her daughter. Next time she would be on time.
I felt we had gone round full circle, now Louise was trying to devour her mother who was offering herself in sacrifice.

As I reflected on that session I realized that I had witnessed a plot where the characters changed, but the roles did not. In the past, mother had been experienced as a depriving, cruel mother, an expression, in Jungian terms, of the Terrible Mother archetype. In the present, mother was trying to be the all giving mother, and Louise had become the Devouring Mother totally posessed by her needs.

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Nothing was ever resolved because the characters in the play were in the grip of their unconscious and deadly dance 'a deux', where the two of them represented the two opposite aspects of the Great Mother archetype in a rigid separateness which precluded integration and excluded other presences.
I found myself fantasizing that a man would come in to claim mother for himself thus restoring differentiation and the meeting of opposites, leading to creative intercourse. Without differentiation, mother and daughter seemed like deadly weights, immobilized within a sterile environment, a matrix destined to remain empty.
Anorexia promises to turn the deadly weights into 'figures of lightness' (Ripa di Meana, 1995) nurturing the fantasy that they can fly away into a world of ascetic beauty and freedom, but it fails to fulfill that promise because the internalized devouring mother continues to entrap.

Charting a map of emotional hunger: from mother/daughter to the family and beyond.

As group-analysts we view the internal world of patients as a network of internalized interactions some of which stem from their personal world mainly centred around the family, others from their physical/social/political environments, others still from that common pool of the universal symbols of mankind that Foulkes (1975) called the 'foundation matrix and Jung (CW 8) 'the collective unconscious'. The various networks interpenetrate one another and from this interplay stem 'the unfolding of capacities central to the early infant-mother relationship' (Brown, 1994) from which the baby's sense of self derives. Within a group-analytic perspective the deadly emptiness which the anorectic voices through her symptom, is also present in the groups to which she belongs, first of all the family group. 'The emptiness of eating-disorder patients reflects.....the quality of a depleted and dying self in the context of the dessication of its sustaining ambience,'(Geist,1989). The family of anorectics seems to lack 'the psychological oxygen that keeps the self alive'(ibid.)
As part of my work on the unit included family work, I did have a chance to meet many families of anorectics and in their differences I experienced a similar sense of emptiness and deadness together with a determination to present to the world a picture of normality and dignity.
The family matrix seemed depleted and in my mind I compared it to a field whose soil is extremely poor and in great need of a rest in order to become fertile again. However it is not allowed to rest, but it has to continue to provide more and more sickly crops for the hungry mouths relying on it and in the process it becomes more and more depleted.

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This reality, however, had to be denied at all costs by being banned from awareness as well as from public view. The defences required for this operation took up whatever remaining energy was left in the family and prevented them from being used more creatively.
Anorexia with its visible emptiness, threatens to expose the family's lack of resources which it drains even more.As the family story unfolds one realises that the depleted matrix reflects an emotional struggle going back across generations, punctuated by events both inside and outside the family and exacerbated by the need to hide.

When I met Mary, she was twenty-four and in the middle of her second admission. She was anorectic/bulimic and she had a very bubbly personality. Unlike Hilary's, her cubicle was colourful and chaotic and she talked readily and convincingly about her feelings, but just as easily she forgot what she had said and found other words to suit her ever changing moods. In the same way she alternated drastic dieting with out-of-control binges, followed by vomiting which left her exhausted and unbearably guilty. Unlike the more 'pure' anorectics like Hilary, Mary was less rigidly defended. She showed her confusion and acted out her emotional uncontainment. Like Hilary and other anorectics she pursued emptiness but hers was a messy pursuit, tossed between the desire to placate her emotional hunger and the shame for having been so greedy.
Mary was from Belfast, the second youngest of three children and the only one 'with problems'. When she was four, her father had died, a respectable solicitor who had left his family well provided. However he had drunk heavily all his life like his father had done before him. Mary's mother also had an alcoholic father and this seemed to confirm a pattern of weak and destructive men present in the family script across generations, men who instead of being providers had been wasters, draining the family's emotional resources to the point where there seemed to be nothing left apart from a great big gaping hole, an all devouring emptiness.
When I met Mary's mother and siblings for family therapy, I was struck by their composure which by contrast highlighted Mary's chaos. They were all attractive and smart and well spoken and they flew in and out of Belfast with great ease. I remember thinking how difficult it was to associate such a family with a city at war as Belfast was at that time. However, beneath that polished facade simmered a hostility directed at Mary and partly at me which left me literally shaking.
As the sessions continued it became clear that Mary was being scapegoated by having projected on to herself the messy parts of other people's emotional life; in Jungian terms she had become the 'shadow' in the family so that the family could preserve its polished shell . Palazzoli describes families of anorectics as 'rigid homeostatic systems....governed by secret rules that shun the light of day and bind the family together with pathological ties.'(Palazzoli, 1978).

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In this family, the main secret centred around an affair mother had for many years with her husband's best friend, following her husband's death. The lover, who was married with children, lived a double life in which Mary was deeply caught up. Mary became the man's favourite, dearer to him than his own children. This however did not prevent him from suddenly disappearing from her life when his wife confronted him. Mary was ten at the time.
The secret seemed the carrier of feelings of guilt and shame as well as anger. It was a symbol of betrayal and of retaliation and of a shameful state of penury leading to deceit. Mary's family had acquired a substitute father by robbing another family. The savage crime, however was concealed under middle class propriety. Mary's condition threatened to expose the state of emotional penury and the greed prompting the deceitful crime.
Two families fighting over their right to one father.
It made me think of the political situation in Northern Ireland with its fighting over the right of ownership to a meagre land drained to the bone by exploitation.
Ireland's political situation had deprived Mary of a normal, reassuring and nourishing outer container.
One's country often represents an archetypal benevolent 'great mother', but in Mary's case it was a malevolent dragon mother, full of poison and strife and empty of nourishment.

Thinking of Mary within a context which exceeded the family was in line with my group-analytic perspective. Viewing the individual within the family and the family within a wider network which includes the social and the political level, one can begin to chart a map of emotional hunger which spans the family life across generations. Such map is marked by the ravages of misfortunes and tragedies whereas good fortunes are hardly registered. In the same way in which when one is tired and depressed a good event is resented rather than welcomed and soon forgotten.
The map branches out of the family to include the many groups rotating around it in different capacities and with different degrees of influence, according to how their areas of activity touch the family life. Some, like the various groups associated with school life seem particularly relevant and potentially powerful in helping a depleted family. However these groups often fail to provide support, because they are themselves very stretched and under pressure and the few resources they have available are inevitably missed by those who, lacking an inner representation of a nourishing object, do not know how to recognize one or how to ask. Morris Nitsun (1996) writes about a 'scarcity' of emotional resources becoming particularly evident at certain times in history. Our time, with its greedy exploitation of the planet and its thoughtless pursuit of instant gratification may well be one of those times of 'scarcity' when the 'anti-group' mentality is rampant but it hides under a cover of abundance and buzzing activity

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The depleted matrix behind the mask of fullness.

When I first set foot in the N.H.S. unit for anorectic patients where I was to work as a therapist, I was struck by the fullness of the programme and by the energy exuded by the system. This was a melting pot of individuals and groups of all kinds swarming around in a frenzy of activities where both the patients and the members of staff often seemed forgotten.

What was dominant was the task which centred around filling the patients' bodies while emptying their minds as the patients had to agree, on admission, to put on weight according to the programme and abdicating their right of judgement.

Around the task a rigid dance was performed which was similar to the one I had observed between Louise and her mother. The dance had a rigid configuration with fixed roles although the characters performing them changed. The roles were those of the Dragon Mother, the Hero and the Victim played in turns by the patients, their families, the staff or sections of the staff and anorexia itself. Because of the fixedness of the roles, nothing could ever change unless the mirror of awareness could be introduced to rescue the characters from the grip of the unconscious.

I was troubled by the system and was tempted to turn my back on it. Its philosophy seemed to be 'repeating the patterns which have prompted the symptom in the first place and the patient ending up being tricked, manipulated, cajoled or infantilized rather than understood' (Orbach,1976) However, leaving at that point would have amounted to a rigid closure on my part towards a system I hardly knew. Besides I was curious and fascinated by the energy of the place and I decided to stay and become familiar with its complexity which accommodated an enormous variety of professional skills and techniques. Alongside the main task which was behavioural there was room for all sorts of psychodynamic therapies and scope for trying new formats, for experimenting. And in the course of time I did discover the system's pockets of creativity from which stemmed several valuable changes like the creation of supervision time for the group conductors in which I was involved and which I describe in the last part of this paper.

The energy of the system partly derived from the patients' hunger, both their physiological hunger and and their emotional one. Partly it derived from the determination with which they denied their hunger and their desperate need for help and from the staff's determination to rescue them.

Behind this kind of strategy lies an unconscious wish to deny a split between staff and patients which sees the patients as sick and the staff as all powerful. The writings of Eliott Jacques and Isabel Menzies among others have helped us recognize the system of defences which come into being in institutional settings.

I felt that in the unit there was not enough time and place for reflection and acknowledgement of feelings. The staff worked extremely hard, battling against the anorectics' determination to defend themselves from intrusion by turning themselves into 'island fortresses' (CW 16) from which they hoped to be able' to ward off the octopus' ready to devour them. The staff, trapped by the patients' projections, often became that 'octopus' and needed help to think and feel its way out of the trap. However not much help was available in a system which, in spite many confusing messages, did fundamentally adhere to a traditional medical model based on a Manichean division between health and sickness and a deep scepticism about the power of the unconscious. The lack of supportive structures made it difficult for
the staff to operate as a 'work group' (Bion, 1968) and often turned it into a 'basic assumptions group', functioning in a defensive mode and unable to think and feel freely and creatively. In group-analytic terms it was a group lacking in 'coherence' (Pines, 1998) and with signs of 'aggregation' (Hopper, 1997). In Jungian terms it was a group possessed of the 'Dragon Mother'archetype, the all powerful Dragon mother who can give everything and take everything away leaving everybody else in the position of the victim. The staff needed to acknowledge their own weaknesses and limitations to be free of the 'Dragon Mother'.

The 'Dragon Mother' can easily live in the group matrix because 'As a network the matrix .... has qualities of the web or net, that is, it can entrap and engulf. The symbolism here is of the labyrinth or the deadly womb of the Terrible Mother which is frequently symbolised by the web with a spider at its centre. It connotes the aggressive aspects of attachment which, like the symbolism of captivity, belongs to the witch character of the negative mother.'(Prodgers, 1990)

A group matrix dominated by the Dragon Mother is a depleted, burnt-out matrix. Nowhere was this more apparent than in the twice weekly in-patients' groups.

Firing up the deadened connections

In my work as a group supervisor I watched endless groups grind their way through the session in silence punctuated by monosyllabic answers to artificial questions.

It is a Tuesday morning and from behind the two-way mirror I watch the first group of the week come together slowly. The two group conductors: a female nurse and a male registrar arrive first. They sit and wait. From time to time they look at their watches, in silence. Hilary is the first patient to arrive. She is always on time and she never speaks or hardly ever and when she does it is only because someone asks her a direct question. In her silence she is very powerful, but such power is hardly

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ever acknowledged in the group. Understandably the conductors are intimidated by Hilary so they prefer to avoid her and her short, dismissive replies. A minute or so later Louise comes in with Fiona. Louise and Fiona are good friends and they seem to have been talking and laughing together. This is Louise's last session. She has successfully completed her second stay in the unit and is now preparing to leave. Fiona, on the other hand, is having great difficulties in complying with the programme and nobody in the unit expects her to last the course. However she hides her anxiety under a facade of compliance and false serenity. Five minutes later Caroline enters, followed almost immediately by Mary. Caroline is a softer version of Hilary. She looks less forbidding and rigid, but she does not speak either. Mary, not unusually, looks upset. The group is now complete and it sits in silence, the two conductors seem very far apart, very disconnected . Eve, the nurse, looks worried and she seems to be trying hard to think of something to say. Scott, the registrar, looks slightly bored and incongruent, the only man in the room and a very fat one as well. The group members also seem disconnected, even Louise and Fiona have lost the feeling of 'camaraderie' which they brought into the room and seem strangers to one another.

I look at the group, and wonder why the conductors do not pick up the body messages and use them as a way into the meaning behind the silence or why they do not mention the fact that this is Louise's last group.

But it is easy for me to think, sitting as I am behind my safe screen protecting me from the clutches of the 'Devouring Mother'.

The minutes go by in heavy silence. I think that silence is definitely not healthy in anorectics' groups, because it sucks them into the emptiness they crave taking everybody else with them.

In the supervision session after the group we began together to create a space where it was possible to think and feel. The acknowledgement by the system that the conductors needed some help and my presence as a group supervisor, gave the staff an opportunity to acknowledge their needs. They were able to begin questioning the role they so frequently adhered to: the role of the Hero who has to recue the patients/victims from the clutches of the Devouring Mother/anorexia. So, slowly and over a long period of time, the conductors were able to reconnect with themselves as human beings and with their feelings and needs. And from that first point of contact they re-established contact with one another and with the patients.

They felt, they said, defeated by a pathology which seemed to defy all efforts; they felt at times they hated the patients and they also resented each other. They wanted to be rescued by the other conductor only to find themselves feeling resentful and upstaged if and when the other member of staff intervened in the group.

Slowly as the supervisions continued, the conductors learnt that they did not have to have all the answers, they could feel confused and lost and use their feelings as a

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way to understand what the patients could not communicate in words. They could also express how they felt.
The groups changed, they became less oppressive, less heavy. Instead of letting the long deadly silences paralyse everybody, now the conductors would talk quietly to one another and to the patients. They would reflect on how they felt and if disagreements arose between them they would express them too. Feeling more spontaneous, they felt able to pay attention to body language and to events in the unit's and the group's life which the patients ignored.
Watching from behind the one way mirror I felt as if the group matrix was waking up and discovering hidden resources which could be activated in order to put an end to a state of emptiness and sterility. The resources were represented by the connections which were being made. It was as if the 'web of communication and relationship' (Foulkes, 1964) which constitutes the group matrix and which seemed to have gone dead, had in reality only been dormant. Now, through small connections here and there it was fired back into life reinstating differentiation and dialogue.

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