

# THE GROUPAL DEVICE: VALUE AND USAGE IN NEURO AND PSYCHOMOTOR THERAPY OF DEVELOPMENTAL AGE

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■ **KEYWORDS:** *Groupal Device, Developmental Age, Social Development, Neurodevelopment*

## ABSTRACT

*The group represents the social element in which every individual can experience themselves after the achievement of the main stages of the neuro-psychomotor development, particularly in the affective-relational, neuropsychological and cognitive areas, and is thus identified as a fundamental device to support rehabilitation therapy.*

*Early in a child's development, social skills begin to mature and their development pathway merges with different groups with a specific architecture which modifies and increases these skills over time. As a result, it is necessary to identify the process that leads from the exclusive belonging to the family-group to the need to prioritize comparison with peers to finally arrive at the interdependent social groups in the collectivity/community. Each group has distinct characteristics that move from its social dimension to the cross-sectional component of its matrix, where individuals' desires and beliefs are based. The group's evolution will allow the initial dimensional plan to be expanded, resulting in participants sharing intentions and goals. The group is a powerful tool at the therapist's disposal who is capable of monitoring variables that can quickly change the intra/interpersonal dynamics of patients undergoing treatment. The groupal therapy underlies clear rules within it, which ensure the observance of normative and setting parameters and the identification of the parameters of effectiveness to assess its progress.*

## INTRODUCTION

In the developmental dimension of the human being, promoting and structuring of skills and competencies of various kinds and function goes through numerous experiences which each person feels in an individual/personal way only if immerse within valid and/or appropriate relationships. The relationship arises from continuous interactions that settle over time and produce significant effects on the emotional-affective sphere of the individuals. Every single interaction involves the participation of at least two subjects in a relationship defined as temporary, entailing the sharing of activities without any emotional/affectional involvement. Constant exposure to interactions, combined with temporal continuity, enables individuals to develop relationships that are not merely based on activities performed, but on the emotions felt and aroused by the first interactions and, in particular, those complex interactions, *which over time have been distinguished by their share of emotional involvement, devotion, and loyalty.* This model primarily defines the structured dyadic relationship between mother and infant, characterized by the strong influence exerted in all the relational dynamics that will be structured from the earliest stages of development, which include the family group first and then the peer group.

The group represent the system of synthesis of social development of an individual: within it there is the possibility to experiment in an all-encompassing way, engraving the functions of the group and accepting to be transformed by the dynamics that the group experience.

Within the group, each subject can experience all the elements gained in the construction of their relational patterns, which will influence their functioning in social and adaptive terms, including:

- Need for social belonging: centrally placed on Maslow's Pyramid (A theory of Human Motivation, 1943) as motivation theme conveys the need to be accepted by the social group where one is placed and whereon are built theme as self-confidence, self-control and mutual respect. Membership enables the individual to experience the sense of inclusion and the perception of his value in a predetermined context, to feel welcome and accepted for his quality, otherwise, differences with other group components fade into the background. This need is built on relational motivation- one of the basilar motivation of human being- which constitute for Folks (1977) an intrapsychic competence of the individual hence the internalisation of relationships, interactions, and way of being, which operate on the group in whom the subject belongs. Therefore, being internalised is not an external

object but a social relationship, which is the ensemble of interactions and communications in the social-cultural context in which one is born and grows.

- Need for holding: within a social group, this concept refers to Winnicott's (1974) construct of attachment; this need is satisfied by the mother who acts as a container, first physical and then psychic, in which each infant (and future individual) has the opportunity to feel welcomed, supported, encouraged and reassured. The need for holding generates in each individual a tendency to develop reflective type capacities, contextually to Self, Self in connection with the other and other individual selves.
- Principle of identification: defines the entire process that leads the child to think and act as the characteristic of another person were their own. It represents a fundamental aspect of the socialization process, which takes place when the child, after having formed a deep bond with significant persons, wishes to adhere to their modes of behaviour identifying himself with them and at the same time avoid their disapproval of his possible improper conduct (Camaioni e Di Blasio, 2002). Identification represents the mechanism whereby the individual lays the foundation for the construction of his personality, acquiring and absorbing one or more features of other individuals and shaping himself upon them. It is achieved starting from the acceptance and sharing of the group's values discerning resemblances from differences.

#### ***Social development: the family group, the peer group, and the social groups.***

The socialization process is for each child typically present from birth and defines oneself during the entire life cycle, weaving personal experiences and complex learning processes together to establish sharing behaviour models.

Socialization development matures from the earliest body contact experiences, which predicts skills of emotional attunement and co-participation mother-child, which will lead to the development of intersubjectivity in the different forms of tested relationships. The progressive child's ability to distance himself from his parents and grow up in terms of personal autonomies will lead him to open up to his peers in an experience of sociality.

Socialization allows individuals to take part in social life placing themselves as members of groups that are diverse according to their interests, social skills, feelings, and experiences.

Inside the groups two structures may be observed:

1. Vertical: refers to relationships with the adult, who is deputed to offer care, protection, and to assure the learning and development of the child;
2. Horizontal (equal): based on reciprocity and learning arena for the acquisition of skills of co-operation and conflict management.

Each individual is continuously crossed by *diachronic* and *synchronic* networks. The former represents the results of the interiorization of every group relationship that the subject has already lived in a moment that takes place not necessary in the present and of all the leverages which origins from the previous generations which have left a trace. The latter has to do with

everything that occurs in the *here* and *now* of the subject, therefore with his current relationships with his family members and with the various groups of social belonging. The existence of diachronic and synchronic networks present in historical and continuous time in the individual's life enables to configure the groups as a useful instrument for learning social, relational, and emotional skills, and for the achievement of teaching skills. Belong to a group means inextricably and necessarily connecting their own experiences, actions, and results to those of other group members. Therefore, a significant interdependence rises between subjective elements - typical of each individual or member's intimacy- and intersubjective which are learned from the contact with the group.

Motivations, behaviours, attitudes, and relational modes take on connotations that make the individual-group relationship dynamically interdependent. It can therefore be affirmed and sustained that the personality of the individual is in part built based on this relational-group plot.

Each person is continually included in different group contexts, -family, school, other communities- and each of these contributes to shaping personality and orienting it in directions that can be shared on various levels. The child is born within the family group and grows within the peer group, thanks to which he defines their identity by comparing his attitudes and personal characteristics, and finally flows into the various group of society:

- The first significant group for the individual is the family, in which one is placed from the earliest days of life and in which the earliest personal, emotional-affective, relational and cognitive skills are developed. These competencies contribute, as a whole, to the definition of behavioural patterns. The aspects connected to and dependent on the group dimension of the family belong to each individual member: each member of the family group will have built on different levels and typologies of his own individualisation, therefore the general assimilation of each individual trait is a direct expression of an internalized group dimension. The family group provides clear indications about the aspects of the rules and norms that must be considered and internalized in order to directly experience them in society. The family system is an organisation of people who constantly lives changes over time involving the modification of tasks, roles and meanings associated with them thanks to the analysis made by the individuals in relation to the primary and secondary actors of the social fabrics, in which they are inserted into the environment. The family falls within the vertical group structures, characterised by asymmetry, insofar as are established within partners who are on two different levels. These relations serve the fundamental function of providing protection and security from one side and transmitting knowledge from the other side (Corsaro, 2008). The family has a crucial role in characterizing the social developmental trajectories of children who belong to it; the process of socialization embeds both content aspects, which concern "that which is transmitted", and form aspects that concern "how it is transmitted" (Molpeceres, Musitu & Lila, 1994).

Therefore, the style of disciplines adopted by parents, as well as the global representation of social functioning transmitted by parental figures, will influence the child's development.

Several authors have considered and analysed *family-group* dynamics. Murray Bowen (1979) outlined the goals that each individual must set in order to merge with and simultaneously emerge from the group. This process occurs in a temporal condition characterised by continuity throughout the development of the subject, with a high level of adaptability, observing all the factors involved, and consists in the evolution of a construct that passes through three components: Differentiation, Self-definition, and Individuation. At one end of the scale is the "Differentiation of the Self" where are placed individuals who are unable to invest in their own resources and find an individual identity because they are tied to the family appendage; at the opposite end are those who have reached a high degree of independence and complete emotional maturity, such as to make decisions and act without being influenced by social opinion. Individuals positioned at this extreme are those who fall within the ideal of the pinnacle of social development: Bowen states that the majority of individuals are at an intermediate level between the two above mentioned extremes.

Salvador Minuchin (1978) assumes that human identity is an experience based on two essential principles, which are a "sense of belonging" and a "sense of separation", which find meaning within the familiar matrix where they are mixed/merged. The sense of belonging is formed from childhood through the construction and modelling of the sense of identity from the family during the early socialization process, the adaptation to the internal dynamics and assimilation of the transitional process of family structure. The sense of separation, instead, takes shape when the individual is involved both in the family group and in the social group; this permits the family and child to develop adaptive competencies, which will permit them to become independent over time and, as result, separate. The differentiation of a family depends on its composition, level of development, and subculture permitting the participation of different familiar subsystems or extra familiar groups which enables the single subject to create his own space or learn new relational modes, defining his own identity without missing the sense of belonging. In the process of differentiation, the family can encourage the development of self-identity with relationships that facilitate autonomy or it can inhibit development with relationships that hinder differentiation. Minuchin recognizes the importance of the role of the family but views it as a system that acts within other dynamics, which are underlying relationships with other social systems.

The second group is that of peers, which allows individuals to fully experience themselves thanks to the development of individual capacities distant from the defined rules and/or predetermined roles of the family context. It is around 30 months of age that children begin to feel the tendency to stay with their peers for phylogenetic determined

reasons; initially, within the group prevails on the single component a still egocentric position from the intellectual point of view, and it is the belonging to the peer group that represents the reason and facilitator of the abandonment of this type of thinking, enriching the affective, communicative, and cognitive competencies of the components and coining more and more adaptive strategies to face the social world. In this experience, the child is guided by two dimensions: the first is fusional and describes the group's ability to offer protection, holding and guarantees to the single individual in a perspective in which one's personality is put in the background in favour of integration and fusion in the group as an integral part of it. The second dimension is the affirmative and describes the individual's ability to enrich his personality by drawing on the characteristics of others, through the mechanisms of projection and introjection. The presence of the group stimulates the action of the individual toward the outside world, increasing his active potentialities. The peer group allows the child to experience horizontal relationships, characterized by the symmetry between the partners that allows the child to learn new skills through sharing, cooperation and active role taking. Symmetry becomes the starting point from which experience situations that lead to living in the immediate the significance of making decisions or undergoing them, so as to be immersed in the condition of learning to reason about one's point of view and that of others. Therefore, not only there is a constant work of the child in terms of socialization but also a continuous solicitation of higher cognitive systems which encourages the intellectual development of the child. This latter dipped on relationship with peers, is costaneously solicited in all the development areas, especially on executive functioning insofar as on relational manage are required planning skills, modification of own acts or choices, contextual appropriateness, ability to analyze and synthesize environmental information, to improve resolution time (problem-solving, decision making), inhibitory control, cognitive flexibility, verbal fluency and mnestic skills.

The third group is represented by the various communities seen by the individual and his family. These are group entities with a strong sense of belonging. The idea that even socio-cultural roots in smaller or medium-sized social groups (the companies of friends, the group of work colleagues, religious communities, political groups) can make a decisive contribution to the formation of the personality shows how important interpersonal factors are in determining one's characteristics.

Finally, the fourth group corresponds to society in the broadest sense of the term, with the variables relating to the more general organization of the culture and social norms of each people. Also, this aspect should not be neglected since belonging to a social structure partly influences the formation of personality.

#### ***The social groups: Origin and Mentalization***

The social groups follow regular cyclic patterns: they originate (initial phase), they develop and grow

through dual and group trials (intermediate phase) and finally dissolve (final phase); within various phases, it is possible to appreciate more widespread changes, which are expressed with role changing and the formation of subgroups, who are the pure expression of the dynamism of evolutionary process. Within the group reality, the development of the individual passes through the experimentation of the Self concerning the different situations according to the individual group.

In “primary” groups, individuals are involved in early socialization experiences such as values, attitudes and beliefs that determine the most relevant aspects of personality, influence cognitive patterns, and social behaviours; in “secondary” groups, roles and interpersonal relationships become clear based on the goal to be achieved, so individuals are led to adhere and share the goals of a given group, being conscious that they must integrate preconfigured norms with cultural and social patterns.

The essential characteristics of all social groups are:

- interdependence and interpersonal relationships among members;
- sense of belonging experienced as a collective perception of uniqueness;
- a common objective;
- the motivation of individuals to pursue their satisfaction;
- the mutual influence that occurs among participants within the group interaction;
- shared norms and roles.

The “ Becoming” group involves the structuring of a process which is constantly evolving and needy of commitment from the individual and availability from the group reality already placed or pre-established. Tuckman and Forsyth (1965) suggest two explanatory models of the above-mentioned process and configure different stages. In particular, Tuckman’s model unfolds in a continuum of evolution of the individual’s development processes which start from the birth, go through the phases of dependence, revolt, and socialization and arrive at the adult maturity:

- Stage I, defined as *Forming*, represents the initial phase of the group formation, in which individuals experience themselves in accordance with the dynamics of the relational matrix and their previous experiences, as the roles and mutual expectations among members are not clear;
- Stage II, defined as *Storming*, reflects the conflicts resulting from the activation and/or definition of roles, norms and tasks/objectives;
- Stage III, defined as *Norming* (normative period), is the stage following the period of conflict, characterized by a positive climate, in which cohesion and commitment among members are active concerning the objectives to be pursued. Therefore there is trust and mutual support among members, as well as high levels of sharing following the definition of clear rules;
- Stage IV, defined as *Performing*, (period of performance), represents the period of dynamic Intra/inter-groupal maturity, during which group members are focused only on the positive result of the task/goal setting: in fact, relational conflicts between members are overcome.

Stage V, the *Adjourning* (suspension period), constitutes the terminal phase and is characterized by emotional disengagement in preparation for the group’s dissolution phase.

Tuckman’s model analyzes the being of the group as an evolutionary process characterized by the importance of relational exchanges, of whose dynamics the solution of the task becomes a function. It emphasizes the importance of conflicts not as an element to be repressed, interrupted or inhibited, but rather as a physiological phenomenon necessary for the birth and realization of the group.

Forsyth’s second model appears to be more current than Tuckman’s and was subsequently adapted by Smith and Mackie (1995):

- The first stage is part of the *cognitive-exploratory function*; if this experience is successful, it can move from the initial orientation stage to the primordial group stage: the individual will be free to see himself as part of the group and the group to see him as part of itself;
- The second stage, as Tuckman, requires the need to experience *the conflict*. Conflict for individuals is in both individual and intragroup terms;
- The third stage represents the *normative phase* that can only occur if the group survives the conflict phase. Having overcome the conflict, members recognize the group’s existence and its values and they project their identities. Having established best practices and norms to share, real group cooperation begins;
- The fourth stage, referred to as the *executive phase*, is characterized by seamless management and high efficiency; members cooperate to solve problems, make decisions, and manage conflicts in a balanced and functional manner about goals;
- The final phase is called “the death” of the group or *dissolution* and occurs after achieving the objectives or because of physiological disintegration. If the previous phase has been experienced positively, this last phase can be particularly painful or distressing, so much as to take on the meaning of emotional wounding, and be experienced in a way similar to the end of an intense relationship; the dissolution of the cohesive group can be stressful for the members because it involves the modification of their identity and the loss of the security of the group container.

The complex process of group building involves several steps, both personal and social, which require mentalization skills. Mentalization, or Reflective Function, is the skill that leads to the process of understanding the interpersonal behaviour of mental states, through the organization of the Self and the affective regulation, within the context of early attachment relationships. Mentalization involves two components, the first self-reflective thanks to which the subject is able to make his cognitive processes the object of reflection, and the second interpersonal, characterized by even greater complexity, whereby is possible to read the cognitive continents of the other in terms of beliefs, goals, desires. Both components involve the ability to distinguish external reality from internal reality, as well as the diversification of internal mental and emotional processes from interpersonal events.

During the stages of child development, one proceeds to build one's mind and the psychological Self through the continuous stimulation of interactions with more mature, attuned, and thoughtful minds. The first object relations must provide the child environment that is inclusive of their own and others' mental states and promotes mentalization; also through the evolution of the process, it is possible to systematize the object relation over time. Closely related to mentalization is the process of maturation of affective regulation that allows individuals to modulate emotional states and reach a mentalized affectivity, which passes through the verbalization of affection identification, reworked version and re-evaluation of it, as well as the discovery of subjective meanings of their own and other's feelings that go far beyond the easy understanding of the exclusively cognitive dynamics.

### **The "GROUP" Therapy and the Therapy "IN-GROUP"**

The group is par excellence the place of manifestation, analysis, and evaluation of behaviours. For this reason, it is an important instrument, flexible and adaptable in the clinical area. In the field of Neuro and Psychomotor Therapy of Developmental Age (TNPEE) is necessary to describe how the sessions are articulated on the normative and therapeutic-rehabilitative levels. Within the "group" dimension in developmental age, there is the need to include individuals who have the same level of adaptive, cognitive, and social functioning in order to be able to act through a therapeutic project suitable and similar for all participants. The use of the groupal device may be necessary both at the end of individual rehabilitation interventions in order to create a reality similar to life contexts and to evaluate their transversal skills achieved in their fluid form, and simultaneously to individual treatment in order to have awareness of aspects that would be difficult to emerge with a dual therapeutic relationship. The group arise first in the therapist's mind who must assess the appropriateness and usefulness of interweaving the clinical histories of individual patients. Within the therapeutic relationship, the therapist will be the conductor and the capillary observer of the group, both in terms of observation of participation and developmental indices and specifically in terms of the organization of roles and activities. The therapist involved, moreover, will have to consider both the vertical and the horizontal structure. Therefore, as will be necessary for him to level out with the participants by adopting competitive attitudes aimed at increasing the levels of motivation, as will be necessary to elevate himself to the group by assuming a mediator role. The foundation phase that follows a new group's foundation is extremely important because the conductor will have to work actively on the construction of a group matrix, which is an unconscious network of communication that will eventually make significant all the future events.

The four concepts on which the group conception is based are:

- Relation: the group makes the communicative, conscious, and unconscious aspects more visible;
- Circularity: everyone is involved in any event that happens and it modifies the perceptual field of the group, giving way to other transformations. This

concept represents a mutual interchange among members;

- Transformation: emphasizes the drive for change that implicitly or explicitly the group induces on the individual;
- Multiplicity: linked to the plurality of subjects that trigger the confrontation.

There is a need to distinguish two different types of group interventions:

- The **Therapy "in-group"**: provides that patients who are undergoing individual treatment can be introduced -on the choice of the therapist who detects the need concerning their functional dynamic profile and their level of psychosocial development- in a small group with multiple conductions. It is important for these types of intervention that the mediation within the group is always conveyed by their therapists, who through strategies of mediation and experimentation lead the child to live peacefully the dynamic enlarged with a peer, who in turn can count initially on their therapeutic reference caregiver. The therapy IN group involves longer latency times: before reaching the full sharing of spaces and activities, as well as the full sharing and exchange of roles among participants, it will be therefore necessary a time of adaption of all the actors present within the setting;
- The **"group" Therapy**: can be activated through medical prescription within a reality agreed with the affiliated with NHS and/or public often at the end of the treatment of neuro and psychomotor of developmental age as an exclusive session or in addition to the individual one. The group therapy aims at introducing patients to a social micro-context, encouraging the generalization of strategies and behaviours learned in therapy from more adaptive meaning. With the dynamics exclusively of private nature, the organization of this therapeutic extension can be managed by the professional. Group therapy is conducted by a single one, the leader may not necessarily have had contact with participants or prior knowledge of them and patients are matched by chronological and developmental age as well as by nearly similar clinical frameworks. The optimum number of participants in the group is four patients, as group therapy requires a great ability of the conductor to have control over all the individual personal dynamics of each patient, as well as being able to quickly read the common and extended dynamics among the participants. In fact, the therapist's flexibility required in the condition of group therapy includes the promotion of therapeutic well-being in the group, the capacity for immediate reading of events, and the functional use of all the natural variables that arise or are induced for the constructive and stable evolution of conflicts that may occur between members or between members and conductor.

### **Setting Parameters**

Within a developmental neuro and psychomotor therapy of developmental age group, the primary actors are the therapists (TNPEE) and the patients, specifically:

- The TNPEE therapist may be a conductor, medi-

ator, problem solver, and member of the group itself.

- Patients can be members as well as leaders, complementary leaders, gregarious or antagonists.

In the therapeutic field, the group represents a mediator-regulator/autoregulator, namely a treatment instrument through which it is possible to modify the evolutionary process of the subject undergoing treatment. The change in the functioning of the individual goes through the work of the group, more specifically through the birth of the synchronic transfers to the actions which are performed at that specific moment. The therapy conductor has the function of supervisor and helmsman; whereas the group members, on the other hand, provide references and help the individual to look at themselves and/or recognize parts of themselves.

In the groupal therapy, a decisive role is played by the setting because it includes factors related to the mindset of the therapist who will have to calibrate his attitude according to dynamics that will be structured, the strategies to be built concerning the objectives to be pursued, the operating model to be adopted, the number of participants, the rules, the relative time for each therapy, and the time within which to dissolve the group intended both as a physical place ( room and materials) and as a weekly frequency of meeting. Group therapy, as well as individual therapy, arises first in the mind of the therapist and then it is built first within the personal and then the multiple/groupal dynamics which are built and shared with patients.

Rituals, that derive from the scan of the therapeutic times and spaces, assume relevance within the setting in which the following spatial and temporal timings that make up the session are present:

- *Reception area*, in which the *initial rituals*, of physical nature, take place (e.g. take off the coat, put away the shoes, and wear the non-slip socks for motor activities) or conversational, such as putting the patient in a condition of psycho-physical well-being, overcoming the initial moments of emotional awkwardness typical especially of the very first sessions. To live a condition of serenity at the beginning of the treatment is essential for the preparation of the activities and their development. In this specific space and time, the group discusses relevant events or events of everyday life or the choice of activities with the mediation of the therapist who acts as a conductor;
- *Sensorimotor area*, in which the group is able to experience the spontaneity, organization and purpose of the motor act with the full participation of the body in the activity and full exploration of itself with regard to space and other members. The body takes on a significant value within the group: first of all, it allows the members and the conductor to be able to actively observe each other, taking into consideration not only the purely physical connotation but above all the communicative aspects related to posture, non-verbal language, and aspects concerning motor reactivity regarding one's mood and the capacity for self and hetero-regulation. Through the observation of the body, one becomes aware of one's existence and that of the other, evolving towards an awareness of one's own and other's potential and physical

and factual boundaries. In addition, in this space, though the unstructured material- without a specific function- and the motor act meaning as a transformative process the group is able to experience their creativity with full functions related to aspects of symbolism, and the experiment with evolutionary competition in the activities of clear and defined rules;

- *Decentralisation area and dissolution*, in which the group members transfer the focus from the action of body dynamics to strictly cognitive skills, reducing the use of the body and investing in levels of mediated interaction through the use of structured material. In this phase, there is a synthesis of the therapeutic experience, the sharing of emotions felt, and the desire to continue the interactions on a more reflective level. In this last phase, the planning of the next therapy takes place. This represents a delicate phase since allows the positive expectations experienced by the group to keep alive. In addition, at this time the members are preparing themselves for the conclusion of the session, for the final ritual which needs to take place calmly and serenely to ensure that the feedback is positive for the individual member of the group. This can happen if, in this space and with the intervention of the therapist, there is a colloquial exchange between members and the resolution of any internal disagreements and conflicts that, if prolonged and unresolved, could affect the future performance of the group and its stability.

The expression of the group within the neuro and psychomotor setting- as well as in relationships between peers with typical development- occurs through the *play*. In fact, within the setting- although the situation is mixed between natural environment and laboratory built ad hoc initially by the therapist, and then with the participation of all members- the goal of each activity is that it is as likely to reality and in accordance with what outside the therapy room could happen.

The parameters related to the groupal setting are:

- The *Group Space*, which evokes a circular dimension, represents the physical space within which the affective and emotional dimensions also coexist. It allows subjects to distinguish what is insider or outsider in the mental dimension of the group. In addition, the space of the group refers to the sense of belonging to what is of the group and of differentiation from what is not of the group.
- The *Time of the Group*, which evokes the geometric figure of the spiral, in which time seems to have a circular but also progressive or regressive course. Time is limited, therefore it becomes fundamental that its management takes place in the awareness that it is organized and experienced, alternating with moments of stasis that lead to the reflection of the group itself.
- The *Foundation of the Group* predates its inception and can be thought of in terms of *fusion-individuation*, namely articulated in an initial phase in which a fantasy of *undifferentiation* prevails ( the individual experiences the anguish of losing his or her personal- individual boundaries) and in

a subsequent phase of recovery of one's subjective dimension that will allow group members to accept and share their principles with those of the group.

The *Body of the Group* is formed through the interactions and relationships between the members that are formed within it and it assumes a central value since in a group the members observe each other and the body communicates with strength and immediacy. The body of the individual represents the physical container of all the individual aspects matured through the interrelation of neurobiological aspects with neuropsychological aspects, it has an expressive potential rich in meanings.

According to Di Maria and Lo Verso, the foundation of the group involves a first therapist's idea (and of its members) comparable to a semi-empty structure or virtual space, in which the roles of conductor, members and observer are defined. Later, with the formation of a network of interactions, it will be possible to rebuild past and unconscious events and start with the identification play: in this phase, a strong sense of belonging to the group is acquired. Indeed, while in the group's foundation prevails a fantasy of non-differentiation, in which the individual experiences the anguish of the loss of his individual reality, subsequently there is a phase of recovery of subjectivity that leads to experiencing the group bond as belonging.

The phases which lead to the construction of a group are characterized by spontaneous communications, sharing of emotions, thoughts, and free fantasies. According to Neri's theory of the group process, there are two stages:

*The Emerging Group Stage* is characterised by an illusory expectation with euphoric, gratifying, narcissistic aspects, which acts as a glue and responds to the member's need to be together when they are not yet able to establish a relationship. Participants experience phenomena of de-personalisation and de-individualisation, a dynamic loss of the boundaries of self that leads them to feel experiences and emotions referring not only to themselves but also to the context of the group. Specifically, the De-personalisation phase involves a sense of detachment and consequently, a negative perception of the interpersonal relationships of the group members related to the individual's feeling of not yet being fully part of the group. On the other hand, the De-individualisation process allows individuals to see themselves as a group identity, thus partially losing the perception of their individual identity and considering their behaviour as guided by group norms. The concept of De-identification is strongly related to the concept of *opposite significance* or *the concept of identification*. The status of identification promotes the full control of personal acts and a correct valuation of the consequences of performed behaviours; represents the condition in which the individual can make choices which are conscious and respectful of social norms, encouraging the proper functioning of the entire society in which he lives. The identification ensures the order of the individual's psychic activity and favours the permanence inhibitions (mechanism without which the individual

would act almost instinctively, generating serious consequences both because of the negative evaluation he receives from others towards him and for the health of society as a whole). The state of de-identification on the other hand generates a different situation. The forces that prevented the performance of instinctive and harmful acts are weakened and the most unthinkable and miserable acts are reinforced. The control of action is lost and confusion and chaos are generated.

*The Stage of the Brother's Community* arises when the group is perceived as a collective subject, that is, when the members have reached a state of fusion such that they refer to themselves using 'we'. In this stage, there is an awareness of the existence and elaborative potential of the group as a collective subject, as a community capable of thought. Participants on the one hand develop feelings towards others as individuals, recognized as similar to themselves with their own identity. On the other hand, they perceive themselves as a brother's community, namely as holders of a right over the group. At this stage the participants are more willing to get involved, the dependence on the conductor-therapist decreases and they communicate more and more among themselves, feeling more free to plan common goals and ways of achieving them; moreover, in this stage, the issues related to conflicts will no longer be avoided, but there will be an opportunity to confront each other and elaborate precise answers regarding the needs of individuals and of the group. Individuals perceive others symbolically as brothers and feel part of a community of brothers. The group also establishes a precise space, a 'we-you' boundary that Anzieu defines as **The Skin-Ego**: like the skin, the group is an envelope that holds individuals together and contains thoughts, words, and actions. In this way, the group can construct an internal space and its own temporality;

Finally, there will be the *Dissolution of the Group*, which is part of the phase of full maturity with consequent closure and estrangement from the group. This process will be experienced by all members with a different intensity and through different personal, intimate, and individual projections. It represents a delicate phase, in which the therapist must be able to recognize and identify the different asymmetries of the individual experience concerning the group context in order to be able to live the dismissal from the group in complete serenity so as not to be dependent on it in the future. The group must have allowed each individual to take possession of their own individuality within a group community that lives on principles and inertia driven by the fusion of different personalities and temperaments involved. Knowing how to distance oneself from the group represents the attainment of full maturity, through which each member recognizes that are able to live out their desires in full consciousness and serenity, to be part of the different social groups, and adhere to the present group projection, which differs for each social group, with their beliefs and abilities. The full realization of the experience lived in the group context must allow each member to be able

to give himself freely to the new enlarged social relations, preserving from the experience lived in the group context all those aspects of evolutionary significance that have allowed the acquisition of more adaptive capacities, and of a specifically affective and relational nature that allowed the individual members to mature socially significant self-regulating and hetero-regulating skills.

### **Group Norms, Efficacy Parameters and Objectives in Group Therapy and Therapy IN Group**

To exist and survive, any group must have *Norms* that are shared and accepted by all members/individuals. Social norms are all ways of thinking, feeling or behaving that are collectively accepted and identified as appropriate and correct. Norms include functions such as:

- *Individual functions*, which serve as a useful reference in otherwise unstructured and anxiety-generating situations;
- *Social functions*, which can:
  - help regulate social existence and, consequently, help coordinate group members' activities. This function of social regulation is linked to the predictability to which norms contribute at an individual level;
  - be closely linked to the group's objective. When a group develops a clearly defined objective will inevitably emerge norms that facilitate behaviours in line with the goal and discourage those that run counter to its achievement;
  - Serve to enhance or maintain group identity.

Sherif (1969), analysing the Variation of Norms, found that each group defines a certain amplitude of acceptance of norms, thus defining the degree of tolerance regarding the possibility of derogating more or less widely from certain rules.

The definition of the group passes through the specific analysis of the constitutive parameters of the group, which represent the founding links of the group structure. For each group, it is necessary to take into account the elements identified as *Parameters of Effectiveness*, such as:

- *Cohesion*, is the force of attraction that the group exerts on each member and is closely related to the sense of belonging of the members to the group as a whole. When cohesion is strong, the subject is willing to modify relational modalities criticized by the group, but also the group can modify its own evaluation starting the adaptive spiral. The group is usually founded on a certain amount of cohesion, which represents the set of forces that hold the group together and the relational bonds between the members and the therapist. Cohesion represents the degree of solidarity among group members.
- *Alliance*, is understood as a collaborative work between interacting individuals that is structured towards members and therapist. The establishment of the alliance involves both the ability to share goals, mutual tasks and the structuring of an emotional bond characterized by respect and trust;

*Empathy*, is the ability of each individual to “*put oneself in the other's shoes*”, perceiving in this way emotions and thoughts. It is the ability to see the world as others see it in a non-judgmental position and to understand the feelings of others while keeping them distinct from one's own (Morelli e Poli, 2020). Empathy is a fundamentally important social skill and is one of the basic instruments for effective and rewarding interpersonal communication between individuals, allowing immediate access to the other's state of mind and the relational world of the other;

· *Resonance*, represents the emotional sharing of experiences and moods of others. This ability allows the individuals to participate emotionally in positive or negative situations brought to life within the group dimension in therapy, get emotionally closer, and experience a shared and co-participated emotional condition. Resonance differs from empathy in that it is based on using our “Self” to connect with the other person, being as receptive as possible to their experiences, feelings and ideas, without losing sight at all times of whom they belong. Empathic resonance does not imply being “identical” to the other but maintaining a sort of separation by keeping a distance to allow us to provide the appropriate help. Empathic resonance allows us to experience the other's situation in a different, often more complete way, without these clouding our rationality because the boundaries of our “Self” are not erased, but acts as a defensive layer necessary to offer the appropriate help. *Resonance* is the phenomenon whereby the members of a group capture aspects of the experience of the person speaking but are deformed by the strong identifications and emotions with which each member captures them. It is therefore a phenomenon of emotional contagion, that is, the tendency to generalize, to unconsciously spread emotions in the group.

· *Reflection*, represents seeing and reflecting oneself in the experiences, behaviours, gestures, words and attitudes of the other and in their respective emotional contents that refer to the awareness that the situations experienced by the individual may concern not only oneself but also and above all the peers. Reflection is of fundamental importance in forming an initial sense of Self and is the basis for creating healthy relationships with others. A mirror reflects our image: we are both the subject and the object, so the image is objectively true, but it is also a reflection of our thoughts and feelings and the way we perceive ourselves.

Finally, it is necessary to take into account what are the *Objectives* of therapies in the groupal field addressed to developmental age, given the delicate contextual situation related to the speed of modification of events in regard to the rapid evolution of capacities. Therefore, the Developmental Neuro and Psychomotor Therapist, in relation to the priority objectives, should take into account that through groupal work the child can:

1. Implement the availability for co-presence and acceptance of spatial and personal sharing;

2. Evaluate one's own expressive/interactive modes and identify the most suitable ones to enter into a relationship with the other members of the group;
3. Evaluate critically the expressive/interactive modes of the group members and the expressive connotation of the group;
4. Mature personal competencies aimed at the acceptance of the group and its members so that the group can also accept the individual members within it;
5. Compare emotions, internal states, beliefs and difficulties, sometimes mediated by adults;
6. Share freely one's desires and express one's attitudes according to the modes and characteristics of individual temperamental and personality traits;
7. Share the action plan common to all the members of the group, going through the phases of proposal, elaboration, conflict and acceptance;
8. Define one's own role in relation to the group context, following individual analytical work that takes into account oneself in relation to the plan of action identified and shared;
9. Improving skills in the motor-praxis area through learning by imitation and taking advantage of the high degree of motivation given by the competitive condition and the consequent capacity for self-evaluation;
10. Learn to manage competition positively, turning it into an instrument for personal and community growth;
11. Increase one's empathic skills in relation to all the members of the group to achieve a high capacity for understanding the other;
12. Experience the group and its members as "allies", after having been able to share intimate states of mind (resonance), to learn to manage and cope with personal and group difficulties;
13. Experience the reflection mechanism, through which, according to the principle of *universality*, one realizes that one's difficulties can be common with other-selves;
14. Learn to relativise personal concerns, giving them the right weight, following the comparison with the other;
15. Experience oneself as an efficacious subject in shared social dynamics, in order to compensate for any sense of inferiority/diversity experienced with peers with typical development in everyday life environments;
16. Implement effective communication skills according to the defined action plans and roles, established based on the horizontality and verticality of the exchanges within the therapeutic group relationship;
17. Experiment with symbolic representations in motor, interactive and reading experiences to support the maturation of higher cognitive processes;
18. Learn strategies for solving possible conflicts through the maturation of executive functions, in particular problem solving and decision making, within interactive dynamics;
19. Bring significant elements so that a moral con-

- science with a solid structure can be built, in which the observation of the rules in the social micro-community leads the individual members to appreciate and generalize respect for them;
20. Be encouraged to acquire progressive autonomy in the self-regulation processes involved in the personal and individual dimension towards the group, the members and the therapist;
21. Become aware of his own hetero-regulatory potential concerning the group and its members, in order to be able to manage it consciously and in a flexible manner;
22. Experiment enriched and more functional interactive modalities, in order to favour a better insertion in the new social micro-contexts first, and then in society in the broad sense;
23. Generalize in the new enlarged social contexts the relational skills gained personally from therapeutic group experience, through the acquisition of more adaptive tools and skills.

## ■ CONCLUSIONS

The present article highlights the peculiarities of the rehabilitation treatment in the developmental age and the complexity of the management of the groupal therapy in the field of Neuro and Psychomotor Therapy of Developmental Age (TNPEE). The groupal device represents one of the most powerful instruments in the perspective of rehabilitation if it is used within the parameters described by a skilled therapist capable of multiples readings within the rapid dynamics in which he himself is immersed.

Kaes's (1994) definitions of the group produce important insights for specialists that are still relevant today, such as:

- *"the group is an intermediate space between the individual and the social"*;
- *"the complexity of the group is given by the ambivalence between the ability to define the identity of the individual associated with the fear of losing one's individuality in the undifferentiated whole of the group"*;
- *"the group is the space for plural confrontation where different fantasies and thoughts circulate"*;
- *"in the group, the bodily dimension is relevant because within the group we observe each other; posture and non-verbal language are involved, and the body communicates with immediacy"*.

These statements describe the development of the entire process of structuring the group and its management in the therapeutic context, that is the strength of the groupal instrument to settle between the individual and society, highlighting its therapeutic power. In addition, emphasis is placed on the therapist's ability to guide each individual in the affirmation of their individuality within the group itself and acceptance of the group dimension in which they are inserted. Finally, the group is seen as an instrument for the comparison of ideas and desires for each participant, in addition to being the place where one's bodily dimension comes to life, representing the crucial/fundamental aspect of all Neuro and Psychomotor Therapies of Developmental Age (TNPEE).

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