

Transmission of violence: sharing and transforming pain in analytical work

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Abstract

This paper intends to discuss the issue of violence in the links with the help of three case histories. It will first illustrate a case of couple psychotherapy, then a case of group psychotherapy and lastly a clinical vignette concerning group psychotherapy directed to the staff of an institution. Group psychotherapy was performed with the technique of analytical psychodrama. The aim of this paper is to illustrate how the suffering inflicted by violence can be shared and transformed in analytical work.

Keywords: violence, suffering, couple, group, analytical psychodrama

Introduction

From the origins of life psychic development takes place through the quality and style of intersubjective relations. The environment where individuals develop is crucially important. Recent epigenetic studies showed that the emotional environment affects the structure of DNA (Demetriou, van Veldhoven, Relton, Stringhini, Kyriacou & Vineis, 2015, Pàrrizas, Gasa & kaliman, 2012; Kanherkar, Bhatia- Dey & Csoka, 2014). Similarly, psychoanalytical models (Lichtemberg, 1989, Sameroff & Emde, 1989) highlighted the importance of the affective environment in the development of individuals (Ammaniti & Dazzi, 1990; Zavattini, 1996). Obviously, the personal features of an individual are just as important and predictive of a good psychological reaction to a negative environment.

In families and couples different types of violence can take place and leave wounds in the soul, from the most evident (beatings, sexual abuse) to the less visible and recognizable, that are no less destructive. The violence of links can be subtle and daily: an invisible poisoning. Tiny lethal injections of poison and devaluating criticisms hit the humiliated victim that is unable to respond. Victims are bled white of their healthy narcissistic wealth ,while aggressors feed their own narcissism with omnipotent intrusions and unconscious cruelty.

“Dissociation as a defense is sensitive to trauma - the chaotic, convulsive flooding by unregulable affect that takes over the mind, threatening the stability of selfhood and sometimes sanity. Intrapsychic conflict becomes experientially unbearable, not just unpleasant. Why unbearable? Because the disjunction that takes place is not between inharmonious mental contents, but between alien aspects of self, between self-states that are so discrepant that they cannot coexist in a single state of consciousness without potential destabilization of self-continuity” (Bromberg, 2012, p.49). In other words, the consequences of traumatic episodes can create pathological amnesia, deriving from the disruption of a system unable to consolidate memories. Behaviors

and situations with high affective intensity can induce changes in memory. In children “unconceivable” experiences can settle down without being metabolized to reemerge in adolescence when emotional stress is more intense (Williams, 2017).

In the cases of perversion that we are going to describe violence is different from the other types of violence because there is a conflict of alterity and a conflict of power: dominance (superiority versus inferiority), situations that can set back analysts and make them feel powerless. Analysts try hard not to be blocked in this narcissistic conflict on who dominates analysis.

The analyst’s identification and empathic communication in the various contexts described is crucial. Individuals cannot control their minds but are dominated by unconscious forces and conflicts. The ego is subject to drives that are so intense that it cannot master them.

The first defenses activated by our mind are withdrawal in an autistic retreat that cancels the other, splitting and projection.

In all perversions there is the exclusion of the other from the relation along with a fantasy that denies the existence and autonomy of the other as a separate subject, trapping the other in helplessness and annihilation anxiety. We think that this is the matrix of the perversions we describe and of violence: the elimination of the desires of the others as such.

Alterity is denied by the persistence of a model of primary identification where the other is confused and can cause the rejection and cancellation of the other.

The clinical vignettes we present highlight how couple and group psychoanalytical work can repair the damage suffered by accepting the vulnerable parts and providing the patient with a new container capable of accepting unthinkable emotions and taking care of the individual. Starting from the assumption that it is the capacity to be aware of one’s internal states that induces the recognition of oneself as a unique subject among other persons (Sander, 1989, Sroufe, 1993, Fonagy, Steele, Steele, Leigh, Kennedy, Matoon, G. & Target, 1995). We think that in couple and in group analytical work it is very important to listen to the analyst’s countertransference, so as to keep an accepting and emotionally free attitude in order to share and trigger transformations in the personality of all participants, including the therapist.

Identity is never given once and for all, but during life it is subject to adjustments and changes, although it maintains its own “characteristics” related to internal relational models that are determined by the relationships with the significant others of childhood and by the relation between these other figures. Models that can be renegotiated during life in order to dismantle defensive barriers, blocks and/or confusing boundaries that are undefined and leaky.

Transformations in analytical work

We would like to locate our work within the intersubjective trends of today’s psychoanalysis, where the possibility to understand emotionally becomes the basic experience for any possible transformation in psychoanalysis. The quality of the

affects at stake and the analysts' position in their function of containment, elaboration and interaction requires more active analysts with a more integrated vision at individual, couple and group level within a dynamic relational "field" and an "empathic network".

We also tend to work more on the unrepressed, implicit unconscious, on the implicit relationship and on creative acting in analysis. Transferences are analyzed in an affectively intense enactment through a co-construction and post hoc understanding that analysts and patients can have, that widen the analytical play, as can be seen in the cases presented below. We think it is useful to consider the question of violence in different settings: couple therapy, group therapy and institutional group therapy, because they allow to reflect and express new psychoanalytic considerations starting from the experiential field, an extension of the psychoanalytical method. In particular, in couple psychotherapy through the interplay of projective identifications and the therapist's countertransference we could reach the transgenerational ghosts; in group psychotherapy, through the enactment of split-off identifications of the various members of the group, we could highlight the violent and perverse aspects in the psychodramatic scene. In the staff group, listening to their suffering and to the "helplessness transference" allowed us to reflect on the acting of manic defenses with violent components. The use of different settings can favor the emergence of different unconscious elements, unblock and restart the transformation process.

Couple therapy

The therapeutic relationship with a couple is built like a "shared relational field" and makes use of a setting and a transference. There are, however, some differences with individual analysis. Specifically, we have to keep in mind two levels of transference at the same time: a transference with the therapist and a transference within the couple's relationship. A couple relationship can already be described in itself is a transference relationship (Sharff & Scharff, 1991; Ruzsyczynski, 1993; Norsa & Zavattini, 1997).

The aim of analytical work with a couple is to make the couple, seen as a subject, and its individual members capable of understanding, elaborating and using the psychic resources of one's self and of the other. Our work aims at making the couple acknowledge the projections of one's world onto the other, accepting what one can and what one cannot expect, by reducing the idealizing aspects of the couple's function, elaborating one's depressive aspects and magical-reparative expectations about oneself and the other.

We will call the couple in this clinical vignette Anna and Marco, as in a famous Italian pop song: "Anna would've liked to die, Marco would've liked to leave and go away... and someone saw them come back together holding hands".

Anna and Marco come to the first consultation after a serious crisis in their marriage because he had an affair. Marco is 52, Anna 50, and they have two children: Clara 28 and Filippo, 18.

They met when very young and fell in love at first sight. Marco was struck by her beauty and liveliness, Anna by his powerful build and his “seriousness”. Marco says he is his mother’s favorite child and has one sister, seven years younger. Anna lost her father when she was 8, due to a heart attack. She has a sister, nine years older.

Marco is an engineer. He studied hard and started working very early, giving up all leisure and the nice life his peers could afford. Until they were in their 30s, they led a hard-working life and had no one to help them when their first child was born.

Filippo, the 18-year-old son, still goes to high school, does not know what to do later and has a compulsive need for exercise.

Through this compulsion he expresses his own distress and his parents’ suffering, acting as a container for their distress and managing to keep them together through their preoccupation for him.

Marco has had an affair for the three years preceding consultation that, he says, was based on sex. He denies the seriousness of his unfaithfulness as an attack to the couple link, saying that he is not in love with the other woman.

When Anna, distressed by the comparison with her husband’s lover, asks questions like “Where did you meet? When did you see her? Did you take her along to congresses? Did you make her presents?” He reacts with rage and violent outbursts that scare them both.

A session about six months after the beginning of therapy

Anna sits down with a sad face, Marco smiles to the therapist looking for complicity and this irritates the therapist in the countertransference. This countertransference reminds the analyst that Marco denies reality. Anna: “I can’t bear it any longer, I will never be free of it. I don’t even know who I married anymore”. She moves on her chair leaning towards the therapist and starts crying.

The intensity of her pain is connected to her experience of abandonment related to the loss of her father and her mother’s depression, as the mother wasn’t able to see her pain and to comfort her, expecting an inversion of the parental function. Anna had to hide all her pain, loneliness and resentment inside herself.

The therapist feels warmly towards her and has a reverie: she imagines a child who wants to be hugged and exactly in that moment Anna reacts aggressively and slaps Marco’s thigh “Why did you have to spoil everything! I will never trust you again! You’re an asshole”.

Marco’s snorts, he cannot accept and tolerate her pain and rage and he says: ”Anna does not want to get over it, we could be so well together!!! Can’t you ever recover?”

The therapist says to Anna: “You felt betrayed and abandoned and now there’s a lot of pain and then you discovered an aspect of Marco that you did not know, an aspect that was hidden. The good boy Marco is no longer there”. Anna: “Yes, I was convinced it was the perfect marriage, everybody envied us”. She talks nostalgically of something that is lost forever.

The therapist talks warmly, feeling she is talking to the wounded child: “It’s true, it’s very painful to discover that neither the marriage nor Marco are perfect! And you felt safe when you thought like that”. Anna cries, Marco is uneasy and pats her shoulder, as if he was dusting her coat interrupting her crying.

The therapist addresses Marco using her countertransference and feeling slight unease and irritation: “It seems that for you it is difficult to be in the presence of the pain that Anna brings here, you would like to cancel everything and pretend that nothing happened”.

To see his wife crying makes an unsure and worried side in Marco emerge: he feels unsteady because he feels he can no longer lean on her, who used to give him the feeling of safety that he needs for fulfilling his childish need for certainty that his fighting parents have never given him. Marco denies the loss and for this reason he cannot bear to see his wife crying. Anna is able to express the childhood dimension of both when she expresses thoughts and emotions that Marco would like to cancel.

Anna now remembers: “It occurred to me that the first time I went to Marco’s house I was struck by the fact that while his parents were fighting (they were fighting even then, even if I was there and I was a total stranger to them), he and his sister behaved as if nothing was happening”. Therapist: “Just like here, Marco, but all those fights must have been terribly painful”.

Marco is moved for the first time. “They ruined their life fighting, he never forgave her for having taken him away from his mother, he was always harsh with her and absent, all their life long, until the end. Although they loved each other. Yesterday I went to the graveyard to see my father and I thought “What a fool!”. He cries. “This is why I can’t stand that we fight”.

Therapist: “You are afraid that it will never stop, like with your parents, you are afraid that nothing can change. Maybe then your betrayal is a repetition of the destructivity you suffered and of your parents’ impulse for revenge”. Marco is moved and struck by the interpretation.

Anna says: “You are really selfish” and in this way she too interrupts his suffering, she too cannot bear that he suffers and prefers rage to pain.

Therapist: “When Marco feels pain, this takes safety away from you, Anna, and makes you feel like a lonely child. You both think that fights and pain never go away, so you can’t tolerate fights and confrontations and you cannot even share the pain because you’re afraid it will never end”.

Anna wishes that Marco is always strong in order to give her a sense of continuity and deny the loss of the good and safe father who became weak when he died, so Marco’s weakness is unacceptable, harbinger of death anxiety. After the death of Anna’s father, her mother removed from the house all that reminded her of him and never again talked about him. She was depressed and expected her daughter to comfort her. Anna lost father, mother and childhood all in one stroke.

Now that he is in his 50s, Marco feels his youth has gone and he wants to seize all the pleasures that he can no longer have, a defense against feelings of pain, loss and rage made evident by middle-age.

We can say that his affair has been like a bomb for this couple and that it repeated a childhood breakdown and caused the breakdown of a balance that was based, on one side, on deep love built from youth through sacrifice, mutual support and shared projects, and on the other, on a relationship without confrontation, listening and true participation. For Anna, to be the wife that looks after the house and prepares delicious meals, and for Marco, to guarantee financial well-being for the family, were the conditions to call themselves a perfect family. But they lacked a deep sharing of each other's emotional states, and sex had become a constant and childish demand from Marco who did not worry if Anna was emotionally available, so much so that Anna will confess in a later session that she hoped he would find a lover, so at least he would leave her alone.

Anna projects onto Marco the denied violent affects that she felt towards her mother, who lives with the couple and still harasses her with a childish selfishness that Marco does not seem to notice. Similarly, Marco denies the childish selfishness of his parents, who did not worry and kept on fighting in front of their children, making them suffer. Marco's sexual demands were experienced by Anna with the same rage caused by her mother's requests, that she had never acknowledge before therapy.

In the here and now of the session it is possible for the therapist to see and feel through her countertransference the couple dynamics, the split aspects located in the other, even in the transference on the therapist, the couple collusion to deny mutual pain, the pathological alliances that are used to put the greedy infantile aspects in the other (the lover).

The treatment ends after three years. Six months later they come for a planned session and acknowledge the changes that are happening in their relationship and the beginning of a new couple life, with more intimacy and some healthy fights. Anna at times still thinks about her husband's affair, and she still suffers, but feels that now their relationship is more authentic. At last Marco feels guilty and understands how much suffering he created and that he had risked to destroy the link, even if deep down a narcissistic part of himself is proud of what he has done (he local environment is also responsible for this). Their son Filippo has chosen his career and moved to a college in a different city. Their daughter Clara has a new younger boyfriend, very warm and vital. The recovered intimacy gives them that sense of safety that before was based on being a well-off and beautiful couple. Anna was brave enough to send her mother to live with her sister that had never before taken care of her.

At the end of their treatment they give the therapist a present, a rare essence for rooms. The analytical work has allowed them to find their essence as children who have suffered a lot and a new essence in being a couple.

The essence of psychological work with a couple is to help them acknowledge and work through that amount of violence and suffering that is always present in a couple and in a person, suffering and destructivity that can be turned into affects and creativity and that anyhow one needs to learn to tolerate.

Group therapy

Psychoanalytic group therapy is based on the acknowledgment of the influence of the group, not only at intrapsychic level, but also at the inter-psychic experience level, because it creates a new inter-psychic space shared by the various members of the therapeutic group.

The point is to weave, develop and interpret a representation of oneself in relation with the others that can touch the unconscious. In the unconscious depths verbal, nonverbal, and somatic communication, when heard, can lead to see the projections and projective identifications and to understand the transmission of painful states of being experienced and represented in dreams and play.

Those who participate in analytical work are at the same time actors and observers of what is taking place.

In the analytic psychodrama group we can hear the voices and modes of communication, we can see the facts, the narratives, the dreams, and choose one situation that can be played out, a selected fact as Bion calls it, that is in touch with unthought experience or is an expression of the suppressed. An emotional experience in a group where the analyst operates a synthesis through feelings of consistency and discovery, going from a feeling of lack of meaning with anxiety and persecution to a transitional feeling of relief from pain.

It is interesting to see how the unconscious of a member is in touch with and can respond to the unconscious of another member, bypassing the conscious (Freud 1915)

Unconscious contents join, contaminate, interweave and interact.

The analytical link provides a shared transformational context and at the same time guarantees separateness and the reemergence (rebirth) of new identities.

We have discussed how in analytical work it is possible to experience, in the here and now, a painful traumatic relationship and, at the same time, a new transformational and reparative experience.

We think that within a constant and flexible containment, as suggested by Ferenczi (1927b), we can develop the capacity for empathy with the feelings of the other, creating a chemistry among the members of the analytical group, experienced and represented as a “maternal body” container (Lemoine & Lemoine, 1972). In the therapeutic experience that we could define as “consubstantial” (De Toffoli, 2014), in the here and now, like in a mother-baby relationship, there is a possibility for experiencing oneself in the relation and finding one’s true self.

Often the representation through play with analytical psychodrama represents the core of the emotional work as a repetition of the past, but is also a creative process.

The self-other experience is represented and resignified by engaged members with the help of the perspective of others.

To acknowledge intersubjective play implies giving up omnipotence (differentiating from the primal omnipotent magma) and leaving confusion. The power of maternal intrusions can put one in contact with an unthinkable suffering. That “you are like me” represents a block. The unconscious envy of the object attacks the wish to grow, separate and differentiate, develop an autonomous life for the self.

Analytical work, capable of evoking pain and traumatic feelings, implies the understanding of each transformation in its specificity and the narratives from all members of the group, therapists included.

Loss and recovery of the self in psychodrama (clinical vignette)

Filippo, 50, seriously depressed, has been in analytical group treatment for a few months after various failed efforts at individual psychotherapy. He also takes medication because of self-harming acts. He has been accepted in the group with contact and empathy. For the first time he feels that he is creating a place for himself. A containing affective space where he can take his painful traumatic experiences, his emotions and his destructive impulses. In a group session before the Christmas break he describes a sudden and painful separation that made him feel lost and with strong fragmentation anxiety. When he was 6 he was sent by his father to a boarding school in a faraway place without any explanation, his aunt took him there. Mauro, a 40-year-old teacher who just lost his job, is reminded of a movie telling the story of a boy whose mother died in a traumatic way and whose father was not close enough to share his pain, to allow him to express this pain and support his mourning.

The boy in the movie is not told how his mother died, so he has no space for thinking. Left to himself, he uses splitting and manic modes for denying and avoiding the pain.

Luca, 45, a borderline artist affected by panic attacks, in the group for about a year, aggressively and rigidly says: “Oh, your auntie, aunties, why don’t they mind their own business?” Maybe he is communicating a negative transference that elicits impatience and irritation in the analyst.

His competitive intervention risks to break the attachment link between the members and the container, putting them all at risk of fragmentation. Another member, Carlo, remembers his pain for the recent loss of his father and asks the group: “But how can a child alone understand the loss that hits him so hard?”

The analyst leads the group to replay the scene in the movie. Also for the boy in the movie it is the aunt that takes him far from his home, while his father breaks down and is unable to look after his son.

Luca is chosen for the role of the rigid father who does not understand and does not support his child. Laura, who has been in the group for a few years and adopted two African children, is chosen as the aunt. Filippo will be the boy. The roles are switched and we see that the boy tries to cling to his father in order not to feel the anxiety of failing and collapsing.

At the end of the play the boy-Filippo tells how his mother was depressed due to her husband's harassment, as he used to come home drunk and hit wife and children, threatening them so they would not tell anybody what happened. They could not talk about it at home because of shame and guilt.

Probably Filippo's separation from his family as a child had been made to protect him from the father's sadistic violence. This terrible story comes out slowly from one session to the next until awareness is reached.

A few months later, Filippo talks about his sister who had not been sent to boarding school and suffered for the annihilating influence of their father and is now the victim of a violent husband.

We play a meeting between Filippo and his brother who engages him in trying to help their sister who has been wounded with a knife in a dangerous fight with her husband. Filippo finds it very hard to talk, seems distracted and seems not to listen, he cannot talk. He is a desperate, terrorized, silent boy who sadly avoids dialogue and maintains the splitting of his child self, weakened and made passive by the paternal attacks. Violence then moves to the present, in the here and now, but is connected to the past, there and then, when the siblings were children and were beaten, wounded and threatened with knives. All participants feel fear and understand how dangerous this situation is.

Death anxiety can be related to the panic attacks of other patients.

In play the participants take turns to play Filippo, so they can give voice to their intense emotions: fear, pain, rage. We work on becoming aware of one's destructive impulses that become conceivable due to the need to respond instinctively for surviving (fear of castration and/or homicide). Hate towards the father and the wish for revenge cannot be thought because of the mentality of the social group: Honor thy father (you cannot rebel and kill him). Helplessness does not allow rebellion.

For this reason hate is turned toward oneself in a self-destructive mode.

Later Filippo will tell us how he discharged his distress and his rage on his adolescent son, repeating his father's behavior, when he did not feel seen but excluded and damaged in his sense of being.

For a long time the group focuses on the anxiety for failures, broken marriages, painful separations. The defenses that repeat the perverse mode of control are useless. A breach is now open that lets flow the pain for one's fragility, feeling unprotected and abused by adults.

In this period Filippo comes to session very distressed: he had a car crash and risked serious wounds. In this session Luca can open up and tells how his mother, working at home, once threw a pair of scissors at him wounding his head superficially. While he is talking, his face changes and his eyes express terror: "Was mother crazy? She could have wounded me, she could have hurt me very much! What had I done? I was just a child!" he says during play. Luca chooses the analyst to play his mother who, when exasperated and possibly desperate, became violent and dangerous. So Luca, Filippo and others think "It's better to lose one's mother than to suffer abuse by her".

When roles switch, the analyst plays Luca, alone and bored who asks mother for help, but the mother, played by Luca, screams and tells him he should go to bed alone. At the end of the play Luca says sadly that he never had a loving mother.

A few sessions later he comes in confused and distressed because he had a fight with his partner. As he doubted her love, he abused her verbally and then could not sleep. He doesn't understand what is going on with him, he doesn't feel himself anymore, he feels lost. Separation anxiety arrived suddenly, like a punch in the stomach. One morning he tried to get up and when he was in the bathroom he looked at himself in the mirror and did not recognize himself. We start a play in which he looks at himself in the mirror, he picks Mauro (the one who associated his story to a movie) to play the image in the mirror and addressing that himself, as if he saw himself for the first time, he says: "Maybe I had to get this far, there is something that I kept putting off and now I cannot avoid anymore... I am empty, without gasoline, I have to face the pain of feeling motherless (an orphan)... I am alone... Maybe I'm looking for that myself that has never been seen by my mother".

Along with the pain of feeling empty and lost without a mother, he fears his new self, a separate self, a true self that is no longer confused with her, something like childbirth. Although it is difficult, we see that a new self is born.

Analytic psychodrama in an institution

Therapeutic work within an institution took place in a residential rehabilitation center in Rimini using the technique of analytic psychodrama with monthly meetings starting in September 2016. The center hosts patients with various psychic disabilities and pathologies. The staff is made up of 13 persons: health professionals, educators and social workers, one of them acting as the manager of the group.

Even if for some persons it is not easy to reveal one's private thoughts and feelings, the climate was of interest and participation.

Play through dubbing and role switching helped to fully experience relating, not only as operators in an institution but also as subjects relating to other subjects.

Intellectual disability puts operators in contact with a difficult, sometimes intractable, reality and activates a "helplessness transference" that can trigger manic defenses to support the sense of "being useful" for the staff engaged in organizing activities for the patients. This psychodrama was the first instance in which the group worked on cases with an analytic perspective that opened to listening and favored sharing and confrontation with colleagues.

Being exposed to suffering every day is hard for these workers, who need to acknowledge and accept the intense emotions that this type of work entails. Supporting the understanding of oneself and of the other improves the relationships among colleagues and with the patients in the center.

Quoting Napolitani (1970) in Di Marco & Nosé (2010) *La clinica istituzionale in Italia. Origini, fondamenti, sviluppi*, "It is necessary to have a psychoanalytical presence, in the sense of a capacity for reflection on the possible excess of deep

affects weighing on the conscious aims of the group. We need to be able to differentiate as much as possible the interplay of ghosts, that all the members of the group obviously evoke in themselves and produce in the others, from the interplay of the personal interests of each member of the staff and of the institution as a whole” (p. 189).

In institutions of this kind, where we face the suffering caused by the violence of links, we think it is essential that we perform group work and that we discuss cases. Talking of our patients forces us to think of them, to subjectivize them, and to think of ourselves and our role in the various situations. This helps us find a deep sense in our work, revitalizing our relations with ourselves and others and contrasting the sense of helplessness and the risk of burn out.

Clinical vignette

Sara, an educator, talks about Marcello, a psychotic 30 year old patient, one of the youngest in the center. In general Marcello has established a good enough relationship with all the staff engaged with him, but at times he becomes violent and intrusive. Recently, for another health problem, his dose of psychoactive drugs has been reduced, and all staff members are very worried because they all remember the trauma caused by one of his outbursts, of which an operator still shows the scars.

Marcello had not been accepted as a baby and had been evacuated from the mind of his mother, a woman described as very critical, insistent, ice-cold, rejecting. All this is hidden behind a very formal veneer.

He was born in a wealthy family: his parents and siblings are well known professionals in the area. Marcello did not live up to the expectations of his parents and his mother is reported to have said: “A child like this should not have been born in a family like ours, but rather in a family of workers”.

So they often left him alone, his family and society at large did not look after him until he came to the center, where he found a welcoming and available container.

It seems that his relationship with his mother had been difficult from the very start.

We know that an infant needs a mother acting as a good container, capable of receiving anxiety, and other elements projected by the newborn without being overwhelmed but transforming them and giving them back detoxified. This function of reverie, as Bion calls it, did not take place for him. His mother lacked a mental state that allowed her to send back to her baby the love and understanding he required, there was no room for that good enough adjustment mentioned by Winnicott (1974).

Maybe the anxiety he projected was too intense to be tolerable, or, for her own problems, his mother was unable to respond in a warm and attuned way. His early experience of a cold indifferent mother, the lack of acceptance and recognition in his early affective relations left deep marks inside, a rupture that created the premise for persecutory situations.

For this reason also the staff and the institution are subject to projections and have to find the capacity to accept them and provide listening and attention, giving back the terror and the projected elements as more digested and less terrifying mental functions.

Marcello can now experience a good enough institutional environment, like a supportive institutional mother (Resnik, 1973) where the operators, his new reference figures, try to give him care and warmth and seem capable of facing the fears and anxiety that he elicits in them.

The poet John Keats (Keats, 1997) and later Bion (1970) call “negative capacity” the capacity to manage what is ambiguous and to remain in a state of doubt and unpredictability, tolerating the anxiety that this can elicit in order to get in touch with the others and their most mysterious and dark parts.

In the analytic psychodrama group through playing we try to ask questions, find resonance with some hidden parts, and understand better, trying to give back a sense of what otherwise would be deprived of it (trying to do what a good mother does with her baby, assuming that the baby’s crying is meaningful and accepting it without letting it fall in the void).

Marcello’s mother comes regularly to the center to see him and during these encounters she shows her hypercritical aspects also towards the staff, that she vilifies, making them feel devalued, and totally ignoring their efforts. This lets us see something of what Marcello must have felt in his relationship with her and causes intense rage in the staff that can be voiced in the group and in plays, also by Marcello, when roles switch and in dubbing. They tell episodes of emotional cut off from her son: “His mother calls him love but never says his name, she calls him sweetie or dear boy”.

The more a mother is felt as a hostile and rejecting container early on, the more violence increases in the patient’s effort at penetrating into the other (S.Klein, 2008). When emotions overpower him, Marcello puts his hands his throat as deep as he can and tries to do the same to the staff... something invades him and he invades and tries to enter the body of the other.

After a few months from the beginning of group sessions, a moment is played when the staff shift ends and there is a passage of patients from one operator, Sara, to another, Caterina.

Marcello is upset and asks Sara; “Where are you going?” He becomes insistent and confused and repeats many times: “If I kill you, will you leave me a keepsake? If I kill you, do I get a keepsake?” Sara tries to calm him, after all shifts happen every day... when Caterina arrives Marcello punches her so hard that she falls.

We played this scene and gave voice to Marcello’s anxiety for being left once again, although just for a shift. “If you leave me...do I die... do you die? Will I have a keepsake from you? Will you remember me?”

“I am dead.. I am scared... I am angry.. I kill you in myself”.

“It hurts... I hurt you... I hurt”.

Sara and the others playing the role of Marcello are able to express desperation and rage; in the role of Caterina they show pain, surprise, terror... We were all very scared, there were very strong emotions among us.

We represent in this violent scene the need for containing Marcello, but also the emotions of the staff, their need for help, calling 911, the arrival of a doctor for Marcello and Caterina, and the doctor sedating Marcello and taking care of Caterina.

After the scene, Lucia talks about Paola, a 60-year-old patient in the center. Paola cannot laugh and every time there are common moments in the center she stiffens, withdraws, and becomes very sad or she shows stereotyped manic modes and looks crazy. Paola does not accept an external reality that is threatening and distressing and withdraws in her internal world. Only when she goes back to her room she becomes "alive" again and she is again "a person one can talk to".

We play this change of situation and moods in Paola.

In this case too, the play gives voice to Paola, who becomes the expression of the group, when she is brought back to her room: in a private place where she feels contained and seen, her room becomes a retreat and a barrier that defends her from a very scary external world, there she can get out of isolation and relate.

In a second play we can better highlight the deep anxiety, the fear of death that was already present in the first play.

When one feels one has a place where one can exist, that one did not have before, not in a room but in the mind of the other, within a humanizing relation, one can leave the deathly position of helplessness and feel able to be a person in the relation, in life.

In the psychodrama group the staff is very active and each member has a memory of what happened. In the past there have not been moments where they could discuss and work through together, if not fleetingly in the corridors or at the change of shift. It was an intense, powerful, traumatizing experience.

The group together gives a new sense to violent acts, a new voice to suffering, it can humanize pain, it can make fear in oneself and in the others thinkable.

With the help of the staff's new gaze Marcello also gets a new image of himself.

What do the hands in the throat mean? What was forced into the body of this child?

What would he want to put in the other, may be in a role reversal? (Ferenczi, 1927b)

The group shares the observation that usually when children are upset and scared, mothers sing songs or lullabies to comfort them.

In addition to fear, with a colder and defended gaze, the group now can use a more understanding and attentive gaze, a gaze that can worry about Marcello but also about themselves when they work with him.

We think that in this context, through narratives and plays, the group could express the fact that also the staff can be led to reflect together on the cases and their own emotions, in their own "private room" they felt less overwhelmed by a deathly helplessness, they felt seen and at the same time they were able to see themselves with a more humane and alive gaze while working. At the same time they made us feel the importance of a place for group analytic psychodrama.

Conclusions

The violence of links deserves a careful focus on the perverse mechanisms that regulate the relation between abuser and victim.

Psychoanalysis explains that of the origin of violence there can be revenge for an old and painful dependence from the mother. The need to evacuate into the other one's weak parts that have not been recognized and are feared, violence and humiliation suffered in one's original environment and never worked through, represent a transgenerational transmission that Money Kyrle (1978) defines as the trade of unhappiness between human beings.

In perverse links, an extreme reaction is the identification of the victim with the aggressor. On this Ferenczi (1932) suggests that, when fear reaches its climax, it forces submission to the aggressor's will, guessing what his wishes are, and blind obedience, in a total identification with him. With identification, or better with the introjection of the aggressor, the latter appears as an external reality and becomes intrapsychic; but all that is intrapsychic is subject, in a dream-like state, as the traumatic trance, to the primary process, that is to say that, based on the pleasure principle, what is intrapsychic can be modeled and transformed into a positive or negative hallucination. The abuser at the same time facilitates this process, using defense mechanisms such as the denial of reality, and generating a kind of "narcissistic deal" (Kaes, 2007) that locates the abused in a psychic place where there is no difference between self and other from the self. The consequences of this alliance prevent the victims from perceiving and acknowledging their emotions.

In couple and group psychotherapy it is not possible to create deep changes if there is no change in the internal world of each participant. It is necessary that they understand what is passed on to the other, i.e. how the other is used, to be able to reintroject parts of oneself. Therapists, even when everything seems unrecoverable, must maintain the capacity for thinking and giving a sense to emotions and conscious and unconscious communications, by monitoring their countertransference and paying attention to the non-verbal aspects of communication, in order not to get lost in the power of emotions connected to the infantile aspects of the patients. Bion (1970) stresses how this is an emotional experience, that derives from the feeling of consistency and discovery and can take place when the analyst is "relaxed", comes along with the feeling of synthesis and creative association. In leading group analysis, listening to the free associations of group members and the emergence of a selected event connects the elements that until then had been dispersed. In this way, in clinical practice, in the session we see micro-transformations that reorganize various moments of work to rethink in an integrating and creative way some aspects of the self and of the story of each patient in the group.

Much work takes place in the therapists' mind and concerns both their feelings and their thoughts and what is deposited inside them in order to acknowledge the nature of the emotions that the couple or the individual or the group cannot tolerate.

The violence of the link, relived and rethought in the elaboration in the analytical treatment, represents the crucial point of the transformation process, the first step towards integration of the person and changes in family and social links.

Work shows how pain and hate can be brought to consciousness, shared and worked through within the relationship in the analytical couple and in the inter-psychoic and intrapsychic relationships of the members of the group.

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