

Displaced oedipal scene

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Abstract

This article describes The individual case of a patient is described which leads/brings at the beginning of his analysis the predominant theme of a multiple and stratified archaic primary scene, whose constitutive factors appear “displaced”, such as jagged orthopedic fractures, and condensed in a cumulative traumatic time. It soon become clear that the oedipal scene taken into consideration is shared by the entire family group and, through the activity of the “valences” that automatically connect the unconscious related elements within the group (Bion, 1961), extended to the contiguous social environment, which resounds (Neri, 1995) with its profound elements. The difficulties of enucleation of this disseminated oedipal scene and of the fragments that form it, aggregated by the patient in the terrifying icon of the *maternal body that could die* and finally organized in the severe obsessive compulsive symptom are considered. It is hypothesized that the diffusion in the environment of the elements connected to the oedipal tragedy of the originary jealousy and envy, derives from the defense organized by himself to protect the patient, whose emotional life, severely opaqued by obsessiveness and destabilized by humoral oscillation, expresses a destinal gloom. In the treatment it can be reconstructed that in the collusive defensive agreement underlying the familiar and environmental group, the feelings of marginalization of the unresolved primary scene had been transformed into privilege, and the oedipal desire denied in an eschatological dream of redemption from guilt, and hope of Edenic return.

Key words: multiple primary scene, maternal body, fragmentation, stratification, condensation

Preliminary introduction: primary scene in a “healing” field

The contribution focuses on some aspects of the archaic primary scene that appear in an individual analysis case. The case is reported in this edition which collects more “social” and group contributions, because it presents an oedipal scene of multiple origin and nature, widespread within the larger group. We consider how some group phenomena can be not only visible and shared, but also introverted and syncretic, that is, internal to a carrier, or more connected carriers. On this basis, various psychic commonalities are explored within the family and the extended group, determined by links between elements not captured by consciousness (removed, denied, foreclosed, dissociated, in whole or in part).

Psychoanalytic literature has identified and conceptualized various types and levels of syncretic elements that can be produced in a shared space even at a distance of/from physical bodies and individual identities, and which are revealed in the transit

(Bion, 1961; 1963; 1970) which unites them in a condition of confluence, ephemeral or stable. These are elements without subjectivity and not easily recognizable, produced not by individual subjects but by the *Bi-personal Field* (Baranger, 1963-87) or by the “ield” *tout court* (see the studies of Corrao; Neri; Correale; Ferro, and others, related to the various developments of this conceptualization (1). And again, the links identified by Bion between psychic and protopsychic elements (*ib.*) within the group, embed by the unconscious *valences* that automatically connect them on the basis of their mutual similarities; and, also, the linguistic “*incorporated* elements” explored by Rouchy (1998), which are imported into the group by the various members through the implicit lexicon not revealed in the communication, and which need to be identified and re-signified. I briefly focused on these hints because I believe that the attention in recognizing these social components of the mind and subjective formation is a real help in those cases presenting lability and identity deficiencies, fragility of the self - or anxieties which derive from the referred unresolved oedipal scene “multiple, fractionated and displaced”.

Although the primary scene we are considering was revealed through the symptomatic condition and the breakdown of just one individual of the group and it was apparently belonging only to a single individual within the group (or to others members that we will not here deal with) –the later work of the analysis showed how it combined segments and fragments of equally fragmented related and complementary psychic realities of other members of the group. All members of that group seemed to draw on a sort of common primary reservoir (or stratified multiple oedipal scene) even if with different degrees of involvement. In the slow and difficult time of the treatment it will be possible to see how the “displaced” and multiple oedipal icons of the patient were fractionated and concomitant with those of the other less symptomatic members of the group; and it will become clear how the “divided” oedipal icons in the enlarged group corresponded in interdependent ways, revealed by the patient's reports, complementary or by contrast or affinity, on various occasions. In the plot of the associations supported by the cure, the elaboration of the psychic *aggregates* (Bezoari, Ferro, 1992) diffused in the environment appeared repeatedly synergistic with the movements of the general group and in a way to stimulate and receive its related reactions from it. It will be possible to see secret collaborations of the environment, or contrasts, from time to time in the evolutionary or regressive sense, according to the containment or otherwise of the patient’s conflicts.

A privileged access by all members of the family and the group to the shared oedipal configuration that we are hypothesising based on the primary group bond, was given by a shared culture oriented towards “reparation”. The family tradition extended to the neighboring environment was based on medical and nursing cultures tending to pity and repair psychic pain only as it is combined with the somatic one. This “reparation” was characterized by the ethical ideology and therapeutic efficacy and aimed at restoring the *status ante quem* (see Girelli, Neri, 2004) of the treated organ. Psychoanalysis, with Winnicott in particular, does not mean *repair* as a restoration of

the previous state: it rather favors the process of the evolutionary transformation (*ib.*). So, from several points of view, as I will reiterate, Hippolyte's treatment (his name repeated the one of a French maternal grandfather) was difficult. The relationships and the behaviors of the group he belonged to or with which he was symbiotic, were inspired rather by a restorative culture based on the ideal of generous sacrifice. The extreme remedy, as in the case of Hippolyte's family, whose mother had resorted to all sorts of regressive maternal "love", could even consist in the restoration of childcare, possibly "re-infetal" and edenic in order to resolve the tension. That ideal of infinitely dedicated motherhood that had made part and was part, in Hippolyte's fantasy, of the beloved "maternal body", was so imbued with multiple values, ambivalent and denied, that it did validated the *analytical* care (if I can dare to use it of this word), but it also conferred it the expectance of the liberation from the *maternal body* but also the miraculous reunion with her filling absolute coupling. That "healing" and reparative family ideal infinitely justified and nourished the wishes of oedipal coupling and recycled them in a series of implicit behaviors throughout the family and in related and complementary extra-family relationships. One could speculate that Hippolyte had created such an expanded coupling scene on his own, of which he had felt called to be the guarantor. Or rather, the patient reported a syncretic culture of his family, shared and confirmed by the group of neighboring friends. It would have been impossible to touch a point on that network without all the other nodes rising. And the internal knots in Hippolyte's fantasy seemed to correspond punctually to the behaviors and ideologies of all the other actors who personified them.

It was on this basis that the patient in his sessions, whenever he refused to access the discursive and symbolic function, used the figures and even the names of the family members and the close circle of the family, in interchangeable ways, as if everyone was united by a common "democratic" and replaceable destiny. Only after years of therapy we realize that none of the environment, more or less interchangeable, had until then been endowed with a proper name: they were rather "my brother", "my friend", "my cousin's son", "my uncle's wife", and so on. Faced with such a compact enlarged scene which resonated in a very vibrant way in the patient's narratives, it could be hypothesized that his idea was not only the fruit of his subjective conceptions but that it was deeply shared or colluded by his environment. Presumably the most cohesive context of the enlarged group indirectly tended to evolve, also through the thematic repetition and amplification provided by the cure of one of its members, to find more compatible settings: in such a way to use the sharing of critical elements and the aggregate desire of care in an evolutionary sense. This is an optimistic hypothesis as a sort of humanistic equivalent of the faith in the Hippocratic oath, extended to the containers that honor its tradition. In the reported case, it was possible to trace, through a difficult cure, from the single symptomatology and psychopathology to the recognition of an oedipal constellation not only of the family, but that was also similar and correlated with them in the families and adjacent groups

and correlated to these. It was often noted in the stories narrated by the patient that the movements of an individual or a subgroup of the environment appeared correlated with those of the opposite sign of another single or subgroup. The carriers of those regressed and fragmented elements and behaviors that were widespread in the bigger group, appeared independent from each other; however, they were linked, on an underlying level, by reciprocal relationships precisely at the level of affinity data conveyed by the healing and “repairing” shared cultures. I believe that those syncretic oedipal elements that I called “displaced” (ie fractured on several non-aligned planes) had been too painful and immature to be elaborated, by individuals as well as by the family and enlarged group. And I believe that the archaic, multiple and stratified primary scene, distributed within it, and connected with other related ones, had long been repeatedly acted upon, removed, denied, dissociated from the individuals and the prevailing cultures of the group, for as long as it was presumably useful to make its container more capable of containing and possibly evolving it (the enlarged environment included various families with parents and children who were also seriously ill). Presumably, underlying the ideas of reparation and sacrifice and those opposed of a cynical nature, an eschatological expectation circulated in the group (Gatti, Neri, 1987) intended to redeem an unliveable fragmented scene; or to be able to incubate it so to give it an acceptable and understandable order. The individual patient in this case, would correspond not to the scapegoat or to the single individual designated by an aggressive group who evacuates his evil in him; but rather to the fantasy of the group shaman who reveals his truth to him from within.

The clinical history attempts to clarify the hypothesis of an oedipal scene described as multiple and stratified, both if it resided exclusively in the patient's fantasies and in analytical reconstruction; whether it corresponded to the existing situations and characters and to a familiar scene the patient was a carrier of, maybe not healthy but not so seriously pathological.

Primary “displaced” scene, a forced defense. Clinical case

With the term *displaced* taken from orthopedics (as it is known the displaced fracture is the most difficult to cure) I would like to express that sometimes the *model scene* (Lichtenberg, 1995) of an analysand, when it is connected to his oedipal scene and its basic configurations, can present itself shattered, or segmented on different planes. It is as if the primary scene in this case is called to contain not a trauma or related traumas, but rather a non-homogeneous cumulative trauma, determined by different sources (not) communicating with each other, which had thickened in a stratified aggregate (see in Bezoari, Ferro, 1992, the suitable notion for the case of “functional aggregate” as “... analytical field ... [in which] figures emerge ... consisting of the synthesis of heterogeneous elements (verbal, emotional, bodily) coming from both the analysand and the analyst ... related to the mental functioning of the couple and the communicative needs of the moment”).

I am reporting a case that adequately expresses the point of view I am dealing with. It has been a difficult case, difficult to analyze for both the access and recognition of deep and remote thoughts and the verification and reconstruction of the memories. Memories were fragmented and shielded. They became accessible and connected to each other only after a long time, so that they could testify the existence of an “early, fragmented and multiple oedipal scene”, which I called displaced and stratified.

Of course, every oedipal scene worthy of this name does not appear complete, neither in the time of experience nor in the memory of the longitudinal analytical time. What we call the Oedipal scene, even though it may have become a stable icon with its own characteristics, has nonetheless settled in a time of unconscious experiences that have flowed together to form it. A somewhat *naive* interpretation of the Freudian text could make one imagine that the fundamental scene arose in the unconscious psychic life starting from a fundamental experience. But the theoretical texts and clinical cases narrated by Freud show that the psychoanalytic method not only investigates and reconstructs the unconscious memory in terms of temporal development. But also, as W.R. Bion will later theorize, the analysis produces new unconscious and memories through the work of the *alpha* function, active in the mind in a state of wakefulness and sleep (1970) and capable of psychic metabolism. The *alpha* function of the mind both receives raw and unprocessed content (*beta* elements, *ib.*), even if not ready for the mind, and transforms them, producing new ones during the transformation process. So, the fundamental oedipal scene, which organizes the psychic life of a subject by promoting its styles to the whole psychic functioning and investing entire series linked from upstream to downstream of contents, is determined by the confluence or aggregation of scattered elements. These joined before or come together in analytical exploration, through their *valences* (Bion, 1961) and affinity, to become a significant and coherent scene. Both the analyst and the analysand have encountered fragments of that sort of functioning and of that scene, possibly left without sense and motivation for as long as it would have been necessary during the process to give it a location. The archaic oedipal scene (Gatti, Neri, 1987), like a thunder in the storm, makes one feel that there had been a flash of electric shock, showed traces of its activity and its components before being fully traced. We know from experience, that the earlier it occurs, the more it has archaic characteristics associated with pain and primordial defenses. From the “character” styles, as we would say today, of a subject tending to rigid behavior inspired by cruelty and violent guilt, and to the total loss of confidence and the ability to keep in itself its contents and vital cohesion, we understand that he had followed a defensive way from the exclusion of the parents coupling, early and dramatically inadequate. We know that this early experience dates back to periods of development that precede the Kleinian positions of the PS ÷ D oscillation (Papuzza, 2019; and Note 2), in which the not yet

formed self had risked losing its vitality and cohesion. It was traversed by inexpressible and unthinkable fragility (see Tagliacozzo, Works) by fragmentary sensory and emotional currents, perhaps intense and capable of structuring meaningful experiences, but intermittent and full of somatic emotions devoid of sequence, meaning, thinkability.

We can imagine that such a dramatic circumstance might occur with different combinations and processes. For example, the early traumatic loss of emotional experiences that had been orderly and organizing, that had stimulated the subjective presence and helped the construction of the sense of self, filling it and making it stable, could have happened. Or the emotional experiences had had a structuring power, but that generated over-intensity and disorder. Or again we must refer to the experiences that “never took place” (3) and were neither organizing, nor overwhelming or overflowing: the subject never had known what felt like the experience of feeling alive, existing, active and capable of filling himself with life and meaning and having his own coherent subjectivity. Now his contact with living, and feeling himself alive could make feeling himself disperse, or explode in the cosmic void. Only the experience of a re-appropriation of oneself through the *eternal return* of the differentiating analytical act could help him to re-establish and affirm his own subjectivity (Soavi, 1988).

In this way, the pathological defensive appeal, but ultimately useful, *extrema ratio*, to the multiple primary scene taken from the group and the fusional identification with it, becomes understandable; and the recourse to the dream of prolonged maternal containing held back infinitely, as much as it had been variable and insufficient, either because of the inadequacy of the mother herself, or because it was subjected to stimuli from the child and/or the environment, difficult to elaborating. We know that maternal containing varies according to many factors; and that the request for attunement of a passionate child or instead of an ordered, or passive, or enterprising one, varies the containing relationship; just as the tendency of the infant to overflow, cross the border, or get confused with the object varies, depending on his constitution and the profound thrusts of his originary world, and their meeting with the sensitivity and attention of the environment that hold them.

In the following paragraph, some possibilities to modulate separability will be discussed closely also through clinical exemplification.

An example between familiarity and subjectivity and the problem of therapeutic segments

I would also like to express, through the clinical case, how for the mentioned reasons and for numerous others, a fantasy full of vibrant, uncontainable contents, can early settle in a subject even in persistent ways, which seems to correspond only marginally to the hystorical, emotional and phantasmal memory of the parents. That uncontainable, or empty configuration, loaded with bodily sensations, emotions,

intense feelings, which has had a decisive weight for the subject, apparently has not had as much importance for a brother or sister. Often, the originary subjective experience of an individual who has intercepted an unexpressed and underlying emotional series within the group and placed it at the center of his attention, forces the parent to question himself insistently, and requests to the analyst a persevering process of individuation and attunement. During the analysis of our case it will emerge that the archaic and pathological primary scene we are describing contained non-subjective and non-subjectivized elements, I would call them “ego-aliens” (Bonaminio, Di Renzo, Giannotti, 1993), which were unexpectedly not exclusive of the patient. They were diffused in his environment. The fragmented elements (the splinters of the *displaced fracture*) were rather correlated with the apparently more evolved primary scene of the remaining members of the family.

We know from experience that the series of children and the succession of their births creates styles of development for the whole group and overdetermines their relational values and profound culture. Systemic family studies and growing psychoanalytic literature have indicated that the complexity of sibling ties has its own relative independence not necessarily related to the historical complexity (intentions, purposes, feelings and unconscious desires) of parents and the succession of their conceptions and births. Being a child of a given couple does not correspond for all children to the experience of the same psychic “data” of the parents (admitting that it is possible to isolate the “historical” ones); what of the parents and their couple a subject puts at the center of his trauma, and of his fundamental oedipal scene, perhaps for the other is, at least apparently, almost indifferent. In some secret ways the passage of pathological and pathogenic elements tends to aggregate and condense in the place where the *valences* are more intense and the defenses weaker, permeable. It seems that in many families there is a member/container of the archaic family oedipal scene, which allows others to share the same fate (or symmetrically opposite), or to access to more adequate defensive systems, or to find symmetrical positions by contrast or complementary. In all cases, when a “deposit” of primitive elements is created which the whole group has had or *had no* experience with (even non-experience is important), those elements promoted by the archaic scene will be part of a deep psychic common patrimony. This scene will be more ready to re-emerge in the more labile temperaments of the members most immersed or more protracted in indistinction and will remain more shielded by appropriate defenses in the temperaments most prone to self-differentiation.

For example, the young patient engaged with a serious obsession, which I will discuss in more detail below (see *The case*), finally reveals in analysis, after a long time, that he had always conceived the idea that his mother had given birth to him despite the serious risks indicated by doctors about a second motherhood, to offer him as a gift to the older brother. In the same session, he reveals that the mother’s body has always been felt fragile by him. A body endowed with eroticism and attractiveness, which had unfortunately been abused early (at the age of 5) and had

then developed a form of endometriosis which made the functioning of the generative apparatus impossible or complicated. That fragility, together with various other traumatic stimuli, as we will see, would have generated later in the clinging and attached son, a serious hypochondria, shifted on the maternal body, which moreover was exposed daily to the professional risks of a hospital work. The mother was a specialized technique who had collaborated in the infectious disease department from a young age. She had never hidden to her family her passion for caring, and presumably the children often looked after by their grandmother, had been jealous of it. That *maternal body* seemed to summarize all the power and all the risks of loss; and according to Hippolyte surely it would have been destroyed. It looked as if that *body* encapsulated the beginning and end of the patient's life and held him hostage. Early and persevering hypochondria, addressed exclusively to the maternal body, on the other hand, was soon accompanied by sensations of losing himself and annihilation, and it spread more and more, subsequently, to the other half of the maternal unity, the mind. In the first puberal landing, coinciding with the sudden loss of the father, the fear of losing the maternal body was soon organized as a fear of going crazy, and the mind was also at risk. They were two halves divided into an indistinct danger of permanent loss. The older brother, on the other hand, had not been affected in his development of similar fears, not even on the occasion of paternal mourning. He had been physically weak; but his fears had been resolved soon moving away from home to continue study, and with a non-alarming extravagance.

Some aspects of the contradictions we are seeing, have been explored from different perspectives. For example, systemic psychology, careful to trace the relational ways through which the psychic and emotional experiences of a family group, that has struggled to develop a balance, have gone through, could help to give psychological contents to the experience of breaking and losing the reality bond, to the anguish of abandonment and betrayal, that weigh on one or more members of a family. The therapeutic path often helps to re-locate and re-distribute the major emotional weights. The therapeutic experience of recognizing a general functioning of the family and of the various members can be of great help. Also, we often see that after a preliminary period of systemic and relational examination of a family, one or more fragile elements will search for themselves later in more individual ways, developing new symptoms, conflicts, and a new request for help. For example, they will turn to psychoanalysis, which previously they could not have conceived or could not support, to become capable of containing the discontinuity of the self and its losses – or the loss of sense and presence of the self, which should have preceded the formation of links and emotional ties and exchanges.

However, it is not easy to divide the therapy into different segments. Nor is it always easy for an analyst to inherit a therapy, especially if the method practiced before had not been the same. Sometimes we find it difficult to understand in analysis what elaboration of which conflicts produced the situation that is present today; and how

the current framework must be revisited, reworked, approached with the new method, which had not been part of the previous evolutions (if they had taken place). Sometimes we immediately have a synergy between before and now processes. At other times we have an additional complication: on the one hand an accelerated step, but no longer usable now and that hinders the new, and on the other a completely new step to be created.

I will briefly return to my example of the two brothers mentioned above and the fantasies that had developed within their bond. To do it I will try to clarify the following point. In some cases, family-based therapy may saturate or obscure underlying elements of the process, blocking trust in another possible individual path. These elements that may have been silenced, or have indiscriminately merged into the examination of the family relationship (the role of the individual and the position within the family; the field of the siblings; the relationship with the couple of parents and with the two parents) they could guide the therapeutic process in such a way as to circumvent the experience of subjective responsibility and the psychic needs of subjectivation. In other words, it may have been difficult in caring for the family to give meaning simultaneously to the two registers, the relational and subjective ones. Regaining the space and function of those needs in a subsequent care process can be complicated and cumbersome. This possibility of systemic and familiar evolution and knowledge sometimes lies between a favorable circumstance and a non-favorable one. The favorable one is to have initiated a cohesive process of belonging and identification in familiar subjects and the idea that it is gradual and progressive. The second circumstance instead blocked or saturated a transformative possibility, encapsulating elements that will be stored without having been developed to the right depth and individuality, and making them less traceable in the following, because the trust in deep subjective research has been made less traceable. A question of method, and of evolutionary time (of suffering and care). In other words, communication between therapeutic segments is complex and involves many aspects: from that of preparation (to the analytical situation) or taking up (often as difficult as and more than the initial analysis), to that of the transference traces that each treatment builds, including the wealth of feelings connected, or not, with hope (see in Ferro, 2006-2008, the importance of this element as a constituent of the transference) and trust in transformative resources. The elements spent in a therapy are often eclipsed if they have been saturated by the experience of treatment and by its idealized method, or have remained rigidly anchored to past models, to retained memories that have become unproductive, which shield the possibility of getting back in touch with the need of other help and knowledge.

The analysis, when is possible and accepted to make one, to leave the door ajar of a patient future, could play a possibility that lies on the borderline between the tolerability of the frustration and pain of the analytic experience, and the need to tap into positive developments and successes. The compass that guides the analysis does not always easily indicate a clear north and the evaluation of the analysand's life

elements does not always correspond to the evaluation of his analytical truth and of the process to build. How intense and clear was that task of the psychoanalysis compared by Freud to the sculpture, with its function to “take away, not adding”, unlike painting! The analyst who remains hidden because he knows more than he expresses and verbalizes, costs the analysand a price in terms of uncertainty of remaining in creative contact alone with his unconscious, after the analysis. The unexpressed of the analysis brings a load of doubt towards the future; during the analysis, there is no guarantee that the discoveries of the unconscious truth are tolerable and compatible with evolutionary transformation. And later, there will be not the guarantee of reliability and sharing that before in the presence of the analyst enabled to hoping not to go on blind paths.

So, the communication between time segments of the treatment path, we repeat it, is difficult and complex; just as the choice of dividing the analytical path into "stages". On the latter point, for example, some authors oriented toward the model of longitudinal work with the early areas of psychic development and the work of transformative repetition (Soavi, 1989) and the continuity of self-recognition, they do not fear what for others is the risk of loss of analytical productivity and perversion of the bond (Fazio, 2017). There is also to consider the frequent use of the patient of placing in contrast previous models and experiences of care towards new ones, often in a fatiguing and unproductive way. From all this, it is clear that the importance of every cure of containing the present but also the future of the traces that it will leave imprinted in the system of elaboration of the cure that operates in the analysand. In essence, each process should include an empty space, a question at least, or more, not resolved, which can rise and be re-signified for new processing requests.

I set some premises before presenting the discussion of a clinical case in which the patient was immediately exceptionally connected with the family system and involved with his mother. In addition, the patient, Hippolyte, had gone through unfortunate periods of unfamiliar family psychological care and now appeared as clinging and needy as scared and inadequate, as well as suffering.

The case

Hippolyte, the patient I will present here to illustrate what I have called the “displaced” and multiple oedipal scene, played in the session, at the beginning and for a long time, the pattern given by a previous family care experience and that of the most recent and feared psychiatric and pharmacological consultation from which the indication for psychotherapy was derived – against current psychotherapy and in favor of resistance. The “fact”, consisting of the “psychiatric” and objective recognition of his illness, gave him a chrism (a pass). The chrism by its ennobling nature although negative, contained a sacrifice, and seemed to justify passivity blocking any change and exploration. For the treatment remained juast a small space left by the living and vital need to counter the inauspicious diagnosis and to seek denial, reassurance and hope (Ferro, 2006). Protected by the great effort of having accepted to be part of the negative world (of the mad) Hippolyte used the fantasy to escape the disease, to which he had already paid so much, denying it and protecting it behind the shield of the diagnosis, absolute truth that contained the object of his

hypochondria: the fear of going mad. The fear of going mad broke into compulsive and desperate ways at each session; but at least it was his own and it was not moved to the exclusive fear that the mother's body would get sick and fail. Incredibly, the effort to seek treatment and to accept the two fronts, the pharmacological and the psychotherapeutic, had to serve in his fantasy of negative and desperate triumph over the possibility of change, to keep his pathological constructs and their inalterability safe. The patient at the beginning struggled against any construct or only words that appeared to him different from common use, accusing the therapist, from time to time, of exceeding with negative conceptions and of persisting with them instead of normalizing the conversation. The analyst learns from experience. However, while the patient trained to fight by improving his unexpected war apparatus, trying to recover the pierced and lost omnipotence and showing himself great in the eyes of the doctor for having challenged the madness (of which she felt guilty); and for this imagining to hold the destinies of the world and of universal health ... in the meantime, however, the process was progressing, albeit laboriously.

But perhaps Hippolyte was not only wrong. Perhaps this position in which he found himself mirrored a fact that had "already been" (Winnicott, 1964). Perhaps he had been asked to bear dangerous family destinies.

I will take a step back and try to explain myself better.

A historical note on the case

Hippolyte was sent to me by the territorial service to which his mother had brought him, at the age of 18. The lady was a medical assistant in a Roman hospital, and she had an older son, who had migrated to the United States to study and work. Hippolyte had always worried her about a superintense clinging and an excessive inseparability, which she had responded to accepting even the most extreme requests and using trust in her resources of firmness and loving kindness. But finally, she found herself allowing him to sleep in the double bed after the loss of her husband, which had occurred in Hippolyte's early adolescence, and prolonging that use until an improper age. Evidently, she realized that practice had become exciting for the boy and could inhibit his development and separation process. The custom was ancient but first corrected by the father. But then it was sanctioned by his sudden death, from an invasive fulminant leukemia, without warning, which had attacked life from inside the body. It had severely marked the development of Hippolyte and it had given concrete basis to his ideation of a danger impending total unexpected loss. This generalized alarm frame, quickly settled inside him after the mourning, had found him unprepared. At his first entry into the adolescent phase Hippolyte was still grappling with childish terrors and clinging, and the sudden mournful event had triggered a severe regressive process in him, which transformed unconscious guilt into compulsive fear that the damage would extend punitively to the beloved body of the mother. The latter had always been an erotic body, over-intense and confidential, which reassured and troubled him; but also, a fragile body, which combined in itself, as slowly will emerge in the cure, the threats of catastrophic abandonment. A body that had always promoted in the little son the heady power of bliss and the stimulus of possession; but at the same time the abysmal experience of loss, which had already presented itself in the dangers of childbirth and breastfeeding.

When in the long analytical work of re-weaving the memory and stimulating an emotional alphabet that would revive the memory, which appeared concrete and inert, the first images from the indistinct family mass will arise, some distinct memories will also be freed, and immediately a feeling of extreme alarm. The memory concerned the knowledge of having experienced an early and over-intense family bodily confidence, widespread in the nudist ideologies and practices of the parents. The alarm was immediately hidden behind his absolute adherence to shared styles in his family and to its culture, apparently felt by Hippolyte as privileged and healthy, which normalized

the insisted visual exchange of naked bodies and bodily functions, and the shared confidence in the bedrooms and the bathroom. But a secret spy appeared at some point in the memories - the perplexity in exchanging the same confidences with his father, who was more alien in those exchanges and indeed had aroused inside him painful feelings of compassion for his marginalization - suggested that the little boy, curious and supportive custodian of the genital and bodily treasures of the house, he felt guilty and traumatized by the feeling of being overwhelmed by the inadequacy to correspond with the "mandate" to guard the precious assets of erotic bodies, and the exclusive rights of the "vision". Hippolyte had had infrequent but positive relations with his father; the father was described by him as generous and protective, even more than the strict mother, towards whom the father supported him. But soon the little boy had noticed a weakness in him from time to time and had pitied him every time it was possible. The father was described as someone who experienced various contrasts, oscillating between an ideal happiness towards culture, idealized by him but not practiced except in an amateur though intense way; and professionalism (he was an accountant for an hydraulic supply chain he founded). To this was added the strong "communist" family ideology, which made him and his family feel special and superior. Hippolyte's conflict was incurable, between sustaining the heroism of the accessible and good father, and trying to explain his weaknesses and ambivalences (the father had had visible symptoms such as various obsessive practices that he carried out; or he could fall unexpectedly into a crisis of anger which made him unrecognizable and fearful in the eyes of his son). Hippolyte kept him at a distance, or despised him, or had pity on him. Then he was ashamed to have felt those feelings and to have pitied him. And the obsessive game thus began its journey, choosing the obsessive traces, "facilitated" (4) by the behavior of the father. Since he was very young he had felt he was forced to defend his amusements with superstitious rituals, which later would become hypochondriac and compulsive, especially after the death of his father.

The cure

For various reasons and because his mother had brought him, Hippolyte had immediately appreciated being treated. Among the reasons there was the risk of losing his girlfriend, idealized and loved as a madonna, but who began to tire of his obsessive jealousy and perhaps more generally of his monomaniacal eroticism, which included frequent masturbatory practices and compulsive mating. He had been linked to her for several years; but since he had developed some doubts and an obsessive fear of being betrayed or abandoned and that she preferred another man more beautiful than him, the girl could no longer contain him. Or perhaps, reassured after so much idealization, she began to look for other more stable and less demanding boys. At the beginning of the treatment Hippolyte was frightened. Paradoxically, however, as the work progressed and encouraged him, feeding him with greater confidence, and making him more secure and less clinging, he became less accessible and more diffident. He feared, continuing to progress, to become manic, overcoming and abandoning the familiar models he now kept at a distance. So, he fought to control and limit new acquisitions or new sensations, because they could have become uncontainable. His mother was hostile towards his ambivalent desire to finish the art academy and engage in photography and believed it to be inconclusive. Furthermore, she requested him a quick result of the cure, and a productive stable job. In fact, suddenly she got him one (the same water supply depot of his father) forcing him to change plans and direction of life. This triggered a new symptom – the panic attack. It occurred within the session. It was shortly after the mother and older brother had led him to the workplace. For these more external and other deeper reasons, Hippolyte feared his progress, even when he slowly stopped get panicking, and began to work effectively earning a fair wage, and developed new friendly relationships on the base of a relative stability and consistency. The artistic dream of photography, rejected by the mother to whom he could not

oppose, had become a guilty and fearful secret, which soon poured out or turned into a compulsive fear of psychosis. He had seen the life of a close friend of his age destroyed by a recent psychotic onset and he feared that even his mind and his life would be devastated in an imminent and definitive time. This uncontrollable and obsessive fear increased due to the repetitive panic attacks, leading him to study compulsively and control every ideational and emotional movement that arose within it, to establish what his degree of illness was. He was now becoming an expert on brain circuits. He no longer trusted his internal world, which his mother had guaranteed for so long and which she had now suddenly denigrated, denigrating his art. In addition, last not least, assimilation to his father because of the same workplace, associated with the fear of being marginalized by one's own subjective qualities to eventually become a "reserve husband", claustrophobized him. He used to ask the analyst more and more insistently if he was crazy or if he could become mad; and this occupied a large space of the cure, growing proportionally to the increase of his emotional mobilization and distinction of his memories. He was experiencing a frontal conflict and found it hard to believe that the analyst's support could really help him to regain a form of trust. In those sessions, he even resorted to a decisive reinforcement of the foul language, a sort of a suburban jargon extreme, with whom he seemed to want to increase confidence in his own culture and appropriate of his session, by shortening distances (he used expressions that required the use of the "you"). It seemed too that his way to neutralize the analyst's culture and her presence, confirming the power of his lineage, and maintaining contact with his tradition. However, it was also a way to include in his life his new current experience. In his tradition, the "displaced" and multiple primary scene that I anticipated and which I will try to describe appeared at the forefront. It was a regressive but still powerful scene, which guaranteed him the ability to contain himself and remain cohesive, without sinking into impotence. The job activity showed meanwhile that he knew how to carry out social experience. But this equated him to his father and connected him also to his ambivalent feelings of dis-esteem to him, so it couldn't reassure the bottom of his self, which yearned for a more autonomous and "artistic" birth that was at the opposite becoming increasingly distant and impossible. The patient was constant in the analysis work and attached to the doctor and to the sessions, despite the fact that the cure belonged in his imagination to a cultural level felt as very different from his own, the most favorite by his paternal side, but that had not reciprocated him. For these conflicting reasons, while his participation and knowledge of his psychic state increased in session, and the symptom eased, the almost cynical coldness with which he narrated increased, as if it were an external and objective matter, which exalted narrative ability but emptied emotional communication. This complicated the job. Over time I realized that the attitude with which he gave himself strength was for him a guaranteed container, which shielded the gaze of strangers and maintained the continuity of secret pleasures and the filling given by the symptom. The eroticizing symptom was the last chance; but also, the exclusive place of the dream of being born, reborn, from the union with the maternal body, and that it was not fatal this time! For him, the continuity of sensual pleasure was at least as important as that of the sense of self, which was condensed in the need to be merged with the mother. A relatively independent self made him feel annihilated. After all, it was becoming clear to him that filling himself with life, autonomous experiences and trust, easing the fear of losing his mother and the vitality of his body and his contact, would however take away the Eden of the maternal body and heroic fears to be its guardian, even if impotent and overwhelmed. His "shifted hypochondria" on the maternal body limited his life, of course; but in exchange it gave it an exciting and stable form (perhaps the body as a "superior object" of which Paola Camassa speaks for the cases of anorexia, 2010) and the experience of what is eternal and immutable, opposed to the transient and ephemeral. In many cases, Hippolyte did not undertake any initiative that required time and attention, because he consciously and concretely had the task of being a "guardian" and making himself available for the health of his mother's body, so that she did not risk to die. He looked for her several times in the

day to be reassured about her health; and every time the impulse seemed to fade it reappeared in all its force or with majeure force in random ways. For a spoken word that echoed diseases, for a medical sheet found on a table, for a clinical analysis that he had gone to look for in the mother's purse, or, failing that, in previous folders that he reviewed, or on the Internet, where he inquired about all ills and medical devices, to continue his investigations and increasing skill in elective field of body and its health. He had grown accustomed to thinking of his concrete dependence on his problem as an irrefutable destiny that would forever structure his mind and his destiny, gloomy but living and erotic, and he saw himself as a life sentence, a life imprisoned prisoner. The guilt, which he apparently did not recognize and elaborate, was his mother's body itself, and the fear of losing it; the jailer was the guarantor of the immutability of his condition, or the threshold that no one could cross. Thus Hippolyte, together with his feelings derived from the compulsive core, made himself untouchable, by himself and the other. The possible traffic of additional "revenues" drawn from the security of such a crystallized static object was secret, and the secret was impenetrable because it had a single face, turned exclusively inwards and based on the pleasure of eternal continuation. The secret, which also contained an alleged repulsion towards the maternal body no longer young, was not shareable, even if it was narrated with great effort – indeed, perhaps more than narrated, it was "extorted", session after session, with an active interview technique that bypassed dissociation, normalizing verbal exchange. It was clear that Hippolyte in his deep unconscious took pleasure after so long from the emotional and sensory memory of the mother's body as much as from the scene of his abandonment; from the disproportionate fear of separating from it as much as from the joy of recalling its power; from panic and compulsive oedipal pleasure, genital and masturbatory, to the terrors of the catastrophe of definitive loss. That mixed body, his and his mother's, was his concrete and untouchable secret possession. Analysis and analyst went around the secret room, but the prison's only administrator was himself.

Hippolyte appeared to me and to himself as tight in a steel grip and in an infinite chain of conflicts and risks. It seemed useless to continue looking for at least a piece of blue sky, among all that dark gray. On a given occasion, however, I was lucky and I was able to say, after he had rejected various verbal attempts as exaggerated and negativistic, that at that time (his story at that moment was fishing among the many fears experienced in childhood life, usually remembered as heroic happiness related to family's grandeur) he must have experienced feelings of annihilation. And immediately came the answer from the deep self: "Yes. Here, yes". A word had been enough! and who knows how long we had been looking for it, and for how long the right moment had not come. That day the stars had been favorable, they had joined, after a long time, in a testimonial, benevolent and pitiful configuration. We had a trivium: Hippolyte; the symptom; analysis. The primary scene; bliss, and marginalization from the primary scene; the testimony of annihilation. I think it is something similar to the trivium Bion speaks about (1962; 1963) when he recommends to the analyst to never neglect to ensure that in the session the patient's feelings contained in the memory are reunited with the "fact" that had originated them (see Civitarese, 2011), and to bringing them back into current contact with the analyst's mind.

Since that time, despite the serious difficulties, Hippolyte prepared to debate and evolve a whole series of positions derived from his deep and rooted state, and eased a certain contemptuous arrogance, in favor of slowly rehabilitating greater self-confidence in terms of depressive processing. To compensate for the suspicion of having distanced, that is lost, the preferred object, he increased and varied its symptoms, even with a discreet ability. By now he knew how to show interest in the psychological discipline, and he wanted to direct it, evaluate it, downsize his power: because no power was stronger than that of his mother's body and the risk that it would die. His collaboration between different motivations and obstacles progressed: but forcing the care to prune every expectation and eliminating any contribution of illusion, imagination, confidence in the subjectivity of emotions, which only he wanted and could firmly control. Clear and rational

agreements. The border was one and forever. The monster of loss was not fooled. If Hippolyte felt these conditions were respected, he could at times become more direct and spontaneous, animate a speech, experience sensations not seized from the prisoner area. So, step by step, we proceeded. The analyst was satisfied with a slow construction that bordered on un-animation; and guaranteed ex officio by implicit agreement, to continue to honor the solemnity of concreteness and the adoration of trauma. Thus, the mind of the analytic work survived despite this hypnotic challenge and captured even minimal expressive segments from the fragmented fabric of the tragic oedipal scene, evolving it towards perhaps mended, but more harmonious drawings. Data still emerged, cold and historical, but that would reappear and be put into work (there were no dreams; or very few of them appeared).

In moments of attenuation of control, of lowering of gloom and of resuscitation of a self capable of feeling and thinking, Hippolyte produced memories, tales, considerations, comparisons, and ordered thoughts towards a self that is now almost existing and almost removed from the maternal omnipresence and omnipotence. Those elements, tile after tile, made up a mosaic: that of an archaic primary oedipal scene layered, chipped, "displaced" into a thousand pieces, which had risked and still risked exploding, or imploding inside Hippolyte and that had kept him paralyzed or hypnotized (still had to be understood) for a long time – all life.

The displaced primary scene

Hippolyte had narrated a part of the Oedipal scene story clearly from the beginning of the work: the feelings of fear protracted from early childhood to later ages, felt in hearing sexual noises from the parents' room.

It took time to understand that initial nucleus was only a formal organizer, recalled with the clarity and details of the traumatic memory, but that it was connected with a quantity of cumulative traumas that flowed in later epochs and deposited in layers. Below are the main ones:

- a) after the *scene of noises and fears*, and the story of the continuous attempts to get into the parent's bed from which it was the father's job to take him away, for example late at night if the child had fallen asleep there, the second story showed up early,
- b) the dreamlike image of a *powerful and attractive woman, spied from afar, with a big penis*. At the beginning of the work she was dreamed repeatedly and associated in session with the free confession, full of erotic and sensual details and particularly vivid and scurrilous languages, of a predilection towards the experience of hermaphroditic sexual and somatic perfection (not that the patient used any cultural reference, only the raw repertoire of suburban cultures or alternatively the one connected to the photographic and musical arts).
- c) The phase of the woman with penis was elaborated for a long time and produced the third element, that of the bond of admiration and *dependence on the older brother*, against which Hippolyte did not even think he could compare (unless considering his "artistic" and cognitive attitudes", connected however with the feared omnipotence). During this phase of elaboration of the Oedipal triangles and quadrangles, repeated episodes of harassment suffered by relatives and family friends emerged. Hippolyte's *male identity* was certain, although the initial entry into my

studio on tiptoe, almost flying, had been more like a dance step and a desire to hide virility. However, the physical structure of a smart and gifted boy was soon revealed, and it will continue to be confirmed after the treatment. His passionate vocation towards the female was firm, even if associated with the nostalgia of the woman with a penis and with the contempt for the castration that he showed towards girls without that power – even if it was only given by the beauty attributed to the female organs, which in fantasy also contained the male ones. The real uncertainty was for him to accept to seek the female object outside of himself, rather than to seek the female self in himself through masturbation. This doubt, initially compulsive and then attenuated, however did not always make him feel able to ferry the images of excitement towards the climax and at the right time, in order to confirm the absolute value of solitary pleasure, which he could regulate and control without the external female contribution with the maximum yield.

d) The fourth element of the Oedipal scene that I called displaced occurred later, when he was 23. Almost casually Hippolyte reported two topics related to his mother in two close sessions. These were two *damages of the maternal soma*, about which he had been modestly reticent for four years from the beginning of the treatment. First, he said that the mother had been molested at the age of 5. Shortly thereafter he reported that due to a serious endometrial problem, the childbirth of the mother, advised against by the gynecologist and even more felt herotic by the son and males of the family (there were no female elements besides the mother), had caused survival problems. So, the males of the family had erected an altar on that base, on which many sacrifices could be made.

It was in this last phase d) of the layered story of Hippolyte's oedipal scene, whose splinters appeared intertwined even if compacted by the only predominant scent of the mother's exclusive body, that I understood the next factor,

e) in a casual exclamation with which Hippolyte answered a my question, while recounting the preparation of an imminent trip with his older brother, during Christmas holidays. He reported that he was very happy, and that his mother was happy too. I asked if the mother really was happy or if ... (instead she felt excluded, I had wanted to add) but Hippolyte prevented me exclaiming in a harsh tone: well my mother is not the devil! He attributed hostility to the analyst towards his mother! Fearing for her fragile and untouchable body. He was referring openly to how much his mother had been criticized in the session for having forced him to employ himself, hindering his development in the academy and his plans to study for photojournalists. I caught in that passage that the "*devil*" mother existed; and it was presumably the one that prevented him from joining his brother and making with their mother a great family coitus. Before that moment Hippolyte had made me believe that it was the father who stood in the way of the *orgy of the bodies*, with his "alienity" and inexplicable (guilty) diversity from the bodily intimacies shared with his mother and brother. It was part of Hippolyte's duties to protect everyone from

everyone, since they were precious and sexual assets at risk of offense and unity rupture.

The thematic collection in which this contribution is included contains valuable contributions aimed at dealing with the group oedipal scene, while my presentation is strictly individual. But I think that to look better, not only the “displaced” scene presents itself as a sort of group in time, space, history, in a “fusional” mind (see note 1) aggregating the members of a family and its enlarged and social contexts. But it also presents itself as guarantor of cohesiveness of the family group and, I repeat, of the enlarged and social group, which repeatedly had appeared in scattered episodes in the stories of the sessions, as a complementary or “homogeneous” group (on the notion of “homogeneity” see *Homogeneous Groups, Gruppi omogenei*, a cura di S. Corbella, R. Girelli, S. Marinelli, 2004) who resonated by affinity with those “displaced” and traumatic elements of the family strictly speaking (the term *resonance* is used by Neri in his book *Gruppo*, to describe with a comparison drawn from physical systems, extraordinary emotional states of members who can perfectly correspond each other within the group). In the narratives that at a certain point of the work appeared and rapidly fluidized, no longer stimulated only by silence or by unproductive inertia, there had always been a doctor and a curate; pity and sadism; destruction and superiority. In these scenes, reported by Hippolyte to express powerful emotions but with an usual and concrete type of language, he used to exchange turns between his characters: himself, his family and closest friends; and all of them exchanged each other reciprocal and complementary qualities within the same story. The craziest friend was also the wisest, the opaquest mother, nourishing, the most indifferent father, generous.

Possibly, from such a “creative” confusion (5) discrimination and the exit from the feared monster of schizophrenia would have arisen. The confusion in the session with Hippolyte was also an art and an exercise in interpenetration; and the sadistic inclination (he photographed cruel scenes of killed animal) learned from the medical passions of his family (see the different meanings that Freud mentions in the doctor’s playing in children (6), could be considered an almost tender infantile defense, born from the unpreparedness to conceive the experience and the need not to be overwhelmed by it: however, deriving more than from a perverse outcome, rather from a residue of the unresolved orientation towards child crime.

Conclusions

Backwards, given that for years it had been impossible to reconstruct or build or co-construct an analytical primary scene, I have had the idea that the first nucleus of noises from the primary room had been the thickening element of a quantity of traumatic experiences; and it could be assumed that its function was to aplicate a group thematic of uncontainable and archaic elements, too suffering to be made

visible or expressed – for example the harassment suffered at the age of 5 years by the mother (Ferenczi dedicated his entire dramatic *Clinical Diary* to this theme), with whose author the patient identified himself, and more. Or other experiences, such as the hiatus between the father's kindness and his outbursts of anger, or the humility of his work and the ideality of his cultural passions, which contained the introverted spectacle of his (of father) obsessive symptoms, in the scared eyes of the little Hippolyte. Or the most powerful brother who, I knew it six years later, how difficult it had been to confess it! he was “shorter” and less handsome than Hippolyte was. It could be concluded assuming that every generation passes on to the following one the main oedipal format, which also includes those traumatic archaic nuclei that created victims in evolutionary development, in order to be able to evolve it: thus honoring the generation of the new born, the *bebé révolutionnaire* (Mellier, 2017). They, indeed, being born, and imposing their new needs, the new born babies and later adolescents (Duez, 2017-2020), challenge and reshape the *grandeur* of their parents, modifying their present universe and obliging them, with the appearance of their new vital project, to a change aimed at continuing socialization, the participation of members, the continuity of the species (7).

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Notes

- 1) Various developments of the paradigm proposed by W. and M. Baranger are reported in Neri C., *Gruppo*, Historical News, Borla, 1995; and in Marinelli S., *Contributions of psychoanalysis to the study of the group*, Introduction. Borla, 2008). See in particular the psychic (protopsychic) elements characterized by protosubjectivity, ubiquity, volatility and impersonal deposit, treated by some authors as: a) *trans-personal phenomena* (Neri, 1995; De Toffoli, 2000) which could also belong to the environment or derive from its *medium* (Neri, ib.) which hosts them in a specific context, or which could circulate in it for: b)

- anonymous and mixed *aggregation* (Bezoari, Ferro, 1992) of elements produced by two or more individuals active in a *Bi-personal Field*.
- 2) The theme of *Fusionality* is treated in the book published in 1990 by C. Neri, L. Pallier, G.C. Petacchi, G.C. Soavi, R. Tagliacozzo. The research reported in the volume had been longitudinal and included some innovative theoretical-clinical conceptualizations, which had been brought into dialogue with the topics dealt with in various occasions of SPI Italian Association of Psychoanalysis, Conferences and Seminars. The processing had been partly spontaneous, created by the new clinical requests. In part it was produced by the need to direct the small working group towards an original and independent correspondence with the theoretical innovations that came from disciplinary development. Psychoanalysis was confronting at that time with the new pathological populations on the one hand, and with the new constructs and schools of thought developed in the classical psychoanalytic furrow and in its immediate vicinity in those years. The themes of the book were recently re-proposed in a context matured and expanded in the Roman Conference “Fusionality - History of the concept and current developments” (Rome Auditorium, 23-24 April 2019). On that occasion the term “fusionality” was made by C. Neri equivalent to that of “good sociality”, with reference to the historical qualities of the work group that had produced the book, and had contained in his work the psychoanalytic interactions between theoretical and clinical objects. And the qualities of the single subjects participating in the creative elaboration process, connected to the more general processes of the disciplinary group.
 - 3) At the “VIII National Congress of the Italian Psychoanalytic Society, Sorrento, May 1989”, G.C. Soavi presented a report on the theme of the “Eternal Return” and the analytical work of transformative repetition. Among other elements, the report underlined, alongside and before the negative value of the traumatic experiences, the dramatic and difficult analytical transformation aspect of the experiences that had *not taken place*, which had been lacking during development.
 - 4) In the *Project for a Scientific Psychology* in 1895, Freud described the facilitated pathways of neural transmission, as nerve pathways that after the trauma that damaged them tend to reproduce selectively also in the events following the trauma, in priority terms of facilitated transmission.
 - 5) In a generous Interview inserted in *Contributi della psicoanalisi allo studio dei gruppi*, Contributions of psychoanalysis to the study of groups (Marinelli, Borla, 2008) René Kaës added to his description of the two poles of psychic oscillation inside the group from the homomorphic to the isomorphic position, and vice versa, the idea of a third position he called *tourbillonnaire*, in which the anguish of chaos (perhaps *tourbillon* would better correspond to whirlwind, vertigo) and the experience of fragmentation and loss of cohesion and meaning, is instead proposed by him as a state of expectation and distressing prediction of creative change. The paradigm on that occasion was new and here I thank the talented author for this. In the Kleinian and Bionian paradigm $PS \div D$ the theme of PS creativity, which is the basis of D’s creativity, most considered generally, has been identified by fewer authors (see Eigen, 1987).
 - 6) In *Totem and Tabu*, where Freud compares the thoughts of savages and neurotics, “magical action [does not] respond to the need to dominate men, animals and things ... as for the primitive ... but it is a action that comes from the speculative need, from the thirst to know in order not to be submerged by the anguishing unknown ... Childish sexual myths infiltrate children’s games in the same way ...: games of conception (dad and mom), birth games (playing the doctor) and above all, games of death, mimicked by sleep.” (Chianese D., 2009,

in *Psyche and History*, by AA.VV. Milano, FrancoAngeli) (tr.by T). In a note on the game to the doctor in childhood present in the clinical case of the *Rat Man*, the same game instead assumes a sadistic imitation value.

- 7) The proposal of thought contained in B.Duez's work (2017-20) on intragenerational and intergenerational transmission contained in the traces impressed on modern technological objects, which contain and ferry together the oedipal footsteps of the previous generation, is interesting in this direction; the adolescent revolt; and family and social continuity.

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