

Resonances and Reflections on the Works of Marinelli, Mellier, and Neri Presented at the “Group and Ritual” Conference

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Abstract

The theme “Group and Ritual” seems of particular significance at this profoundly complex and dramatic historical moment, with the danger of closing into the “private,” provoking a disintegrating and dangerous narcissism. The analytically-led small group can be not only a valid model for dealing with narcissistic closure in the self, but is also a preferable method for healing contemporary malaise, characterized by the inhibition of preconscious functions of creativity and symbolization. This lack is intensified in times of profound change, of transitional events such as birth, death, life stages, love and war. Rituals are important to contain and give these events meaning, reinforcing supportive ties both for the individual and for the group as a whole. Clinical examples are presented in which it is shown that in small therapeutic groups rituals are “created” that are life-giving and meaningful on both the group and the individual level.

Keywords: *change, malaise, preconscious, analytically oriented group, ritual*

The theme “Group and Ritual” seems of particular significance at this profoundly complex and dramatic historical moment, which carries inevitable consequences for the inner world, with the danger of closing into the “private,” provoking a disintegrating and dangerous narcissism. When anxieties arising from insecurity and uncertainty are “privatized,” we are led to confront *humanity in dark times*, times in which public space is obscured and people only seek attention for their private interests and freedoms. Mellier, (1) in his interesting work, shows how we live in a society that celebrates individualism while jeopardizing the essential function of the ritual.

The analytically-led small group can be not only a valid model for protecting us from these risks, as appears clearly in Neri’s example, but is also a preferable method for healing contemporary malaise.

Kaës, (2012) in his last work “Malaise,” analyzes the intensity of suffering, both individually and collectively, that we are forced to handle daily. He emphasizes that contemporary malaise is something that lies *at the intersection of the unconscious and culture* and occupies both intrapsychic and intersubjective space in a situation of mutual dependence of which we

are not always aware. In particular, he condemns the contemporary world for its lack of limits, social structures, the existences of times and places for meditation, times and places put in check by constant comparison with the ideal of “instant” everything, the search for the immediate in space and time. He writes: “Disturbances of limits and containment particularly affect preconscious activity and the work of symbolization.” The malaise of people who turn to psychoanalysis today is not infrequently a vague feeling, an undefined sense of lack, emptiness, non-communication with their own needs and desires, the inability to make decisions because they lack a set of values to refer to. We have to face a sort of *epochal defect of subjectification* (Racalbutto) and the inhibition of preconscious functions of creativity and symbolization. This lack is intensified in times of profound change, of transitional events such as birth, death, life stages, love and war. And we have heard how important rituals are to contain, give these events meaning, and stimulate “commuting” (Neri 1995) from the individual to the group and vice versa, reinforcing supportive ties both for the individual and for the group as a whole. When one is faced with events that involve deep transformations or that are experienced as traumatic, and the person goes through a threatening “crisis of presence” (De Martino) in which he questions his mental and physical integrity, rituals come to the rescue by providing models backed by tradition. Models which, as Marinelli explains, need not be rigid but at the same time can be dynamic and reassuring.

The defect of subjectification often displays the presence of a deficient and saturating *narcissistic contract* (Piera Castoriadis-Aulagnier 1975) and immediately takes us to Mellier’s interesting report on the “revolutionary baby” and the function of rituals at the birth of a new human being, which activates the narcissistic contract between family of origin and infant. But back to the beginning of Marinelli’s work, which stands out: “The ritual that preserves, carries, and renders static its content. And the ritual that instead contains elements to develop them and produce change.” The ritual and the group, like any other aspect of life, have positive and negative potential. But it is clear from the issues addressed, and from Neri’s example in particular, that the small, analytically-oriented group has the ability to contain the negative potential of ritual and to support and bring out its positive ones, if the officiant, like the author, is able to share and valorize the participants’ ability to fight and to defeat sterility and dryness, emphasizing the value of emotional exchange.

Many years ago, serving as supervisor for groups of HIV-positive patients, when the outcome of an HIV diagnosis was still not infrequently death, I

fully realized, as Mellier argues, how the group dimension accentuates the role of ritual.

One aspect common among these people, infected by different means, was a particularly depriving family environment characterized by severe deficiencies, which had produced pathological elements in the patients, sometimes personality disorders, prior to HIV infection. They were almost all unwanted children or had very absent or severely pathological parental figures—in the best cases, the parents expected their children to be narcissistic extensions of themselves. There was no possibility of gradually building a bridge between the baby they had dreamed of (Mellier) and their real child with his/her desires and limitations. These people, even before being HIV-positive, had been “marked” by the pathology of their “narcissistic contract.”

“The ‘mark’ consists of the primary terror of not being as persons, that is not having meaning or value as a subject-object in a vital relationship...” (1995 C. Zucca-Alessandrelli).

This statement, written in 1995, strikes me for its relevance, as it brings us to contemporary malaise: today, fortunately HIV can be fought with medication, at least in the Western world, but the crisis of virally-augmented subjectification has a need for the group.

Working with HIV-positive patients, I was struck by the specificity of the interactions between patients for their character of immediacy and demand for authenticity.

The fear of death, which at first may have evoked a deep and almost unbearable anxiety, was subsequently—also because of its being shared in a group—somewhat pushed aside in order to make room for the possibility of tolerating the sense of uncertainty and insecurity in which, even if one doesn’t feel healthy, if one feels sick, it is still possible to start “feeling good.” It was natural in that situation to wonder about the meaning of each person’s existence together, and seek its importance. Some felt the need to undertake new activities in different areas such as love, work, or recreation, and they were encouraged and acknowledged in their old and new specificities.

The well-officiated group as a whole supported and shared the need to be seen and acknowledged. Membership in the group was continuously nourished through the sharing of deep personal experiences.

In these groups I saw the value (highlighted by Neri) of the group as a potential mirror object-self which, thanks to the warm and affectionate presence of others, makes an essential contribution to the construction of feeling and being “human among humans,” and for these people who felt

“other” that was essential. The fear of death was released by the knowledge that before dying it was necessary to have lived, and never so much as in these groups have I seen the construction of rituals of authentic affective sharing of religious holidays, birthdays, as well as painful moments like sickness and death because: *only he who leaves no legacy of affections finds little joy in the urn.*

Only in these groups have I seen photographs taken that, once framed, were then hung on the wall. Little by little, along with these rituals, dreams began to appear as well. Not by chance does Marinelli, in his fascinating introduction, speak of rituals and dreams, as both inhabit the middle ground between the human and the sacred, the unconscious and the conscious, the individual and society. Liminal territories inhabited by the preconscious, and therefore areas of creativity, areas that today we have a particular need to draw on.

I learned a lot from these groups, which came to mind with deep intensity listening to the presentations at this conference. I was struck by the valorization Neri makes in his remarkable work of the *phases of emotional exchange and congratulation* present in small groups. In the 90s, my experience as a psychoanalyst was definitely less than it is today, and at the time I was astonished by the intensity and frequency of these phases in HIV-positive groups. Fundamental phases for these people that they had not adequately experienced in their original families.

Neri argues that: “the phases of emotional exchange and congratulation make a specific and substantial contribution to the analytic work. If these phases did not exist, the group would be different, and everything said during a session would seem and be different. Furthermore, these phases also help to put group thinking in motion once it has gone through the impact of very strong stories, images, and feelings.

“Their influence is also felt on the functions that are at work during phases of intense and deep silence. The warmth and friendliness that they promote, in fact, facilitates the processes of introjection of the elements present in the group.

“The phases of ‘affective exchange and congratulation,’ then, have a subtle yet essential influence on the overall functioning of the group and are an important ingredient in what I have called the ‘good sociality’ of the group” (Neri 2014).

This statement of Neri’s made me feel supported in my work method, which I had learned and elaborated also thanks to the groups of HIV-positive patients, which I had never so analyzed and understood so well. I have

always valued those aspects, but without a deep awareness of their significance, which fortunately I have now understood.

Another aspect that I particularly noticed and developed from supervising these groups is the value of history.

In the history of the groups of HIV patients, especially in the early years of our work, the memories were not of patients who had suspended or terminated therapy, but patients who had died.

Later I understood that in any group, history has the essential function of remembering the path taken by everyone who has participated in the group and keeps its memory alive. The presence of the historical/community dimension makes it possible to go beyond the fragmentation and episodic nature of the ego to the sharing of universal human experiences, and also to implement a positive synthesis between synchronic and diachronic perspectives, producing a movement that is contrary yet complementary to the movements towards individualization, providing a basis for overcoming the fear of separation and loneliness, as it connects the individual with the others.

For HIV patients, history took on even greater importance, as it reassured them that they were leaving behind “an affective legacy” in a context to which they belonged, where their right to quality of life had been recognized and shared, and therefore where they could also embrace the need and the right to quality of death, as a discussable and ineluctable event for all human beings, and not the result of a personal fault.

In any group, however, when a shared history is created, a strong repository of memories, not surprisingly, group members’ childhood memories begin to emerge, and with ever greater significance. Reassured by a common and positive sense of belonging, patients then distinguish themselves from the others, each recuperating their personal story that characterizes them and to which can finally give meaning.

In this regard, Marinelli states: “the ritual of sharing stories in therapeutic groups can be regressive and deadly, or regressive as long as regression is useful for experience and not only function as opposition to change.

Or this ritual, if the therapy is proceeding well, contains and transforms, increasing content, i.e. brings to life elements that the group puts in, intensifies them, and makes them more bearable, transforming the group into a container as a repository of resources.”

Marinelli also reminds us that “in this complex back-and-forth from the individual to his membership in a group or groups, we have ritual, ritual and rite, reassuring return to constancy, and the new and complex, perhaps turbulent adventure into the unknown.”

In a group, the experience of the adventure into the unknown can also materialize with the addition of a new patient. Here I refer to Mellier's work especially when he discusses the need for rituals for adapting to the alterity of the baby, forging the first bonds, initiating a mirror function.

Every group, as its history evolves, devises specific rituals for welcoming new patients, yet rituals that are not saturating but rather, while maintaining certain constants, change according on the phases the group is going through, and the officiant is often the "genius loci" (Neri- 1995) of the moment who can act as a mouthpiece for the affective needs of the group as a whole.

By entering, while on the one hand a new patient makes it possible to officiate a reassuring ritual shared by the whole group, on the other, just like a baby, brings a revolutionary shift and induces generational change. The participant who joined the group just before no longer feels like the latest arrival and often expresses this change with some pleasure. The changes brought about by the presence of the *new* unknowingly face all the patients with their personal narcissistic contract, with the fear that each has faced in life as an unwanted child.

The newcomer, announced by the analyst in advance, like the arrival of a baby in the family, raises expectations and desires in the participants.

The paradoxical constant is that while one would like neo-patients not to shift the status quo and fit in line with the group's vision of itself, somewhat idealized in some phases, they also bring a breath of fresh air that, as with a newborn baby, brings out the unresolved narcissistic needs of the different participants. Often a new patient is welcomed with the statement: you were very lucky to get into this group, we're the best! There is not only idealization in these words, but also a desire to overcome unfamiliarity and say, just like in a family: you have to be one of us, to emphasize a belonging which, as it unites, forges bonds that have value and give value.

Creating new bonds in that protected experiential workshop that is the group, makes it possible to continue conducting the rituals of human existence in an old and new way, letting life flow by giving value and meaning to its various seasons.

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Notes

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