

## **Suicidal splinters: breakup and recovery within the structure of experience in adolescent crises**

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### **Abstract**

This paper addresses problems related to the risk of suicide in adolescence which represents an extreme experience to recover psychological functions that precede emotional and experiential development. Therapeutic group work, the elective setting for these cases, fosters processes of identification and subsequent individual de-identification. Subjectivation is a painful pursuit for the adolescent, and it is often considered as an experience that bears the marks of shame and humiliation due to the difficulties the adolescent encounters, which he or she tends to experience as extreme guilt. These young patients' psychological vulnerability demands that the therapist use forms of modulating and of therapeutic latency that support the group-container.

**Key words:** shame, humiliation, vulnerability, therapeutic latency, the setting as a container, the development of subjectivation.

“I didn't want to die, I only wanted to kill myself”. With this aphorism, Xavier Pommereau defines one of the most dramatic aspects of suicidal behaviour in adolescence.

The gestures are extreme, and express omnipotent forms of hope that the quality of bonds will be modified so that their continuity may, simultaneously, be ensured.

Pommereau underlines an intention to reconcile two opposite realities: dying and not dying or, paradoxically, dying in order to survive (Pommereau, 1997).

Wanting to annihilate concerns suffering which the living body bears witness to “since it is mainly via the sensory channel that pain is perceived, embodied and interpreted, without an adequate way of being thought, understood and worked through” (Pandolfi, 1990-translated).

The suicidal adolescent rejects “present life”, which is burdened by suffering and feelings of loss he or she is unable to govern because their meaning is not fully understood. Then adolescence is characterized by oscillating between uncertainty and inadequacy: propulsive thrusts and the fear of not knowing how to govern them. Experiencing intense passions that are polarized between two extremes: going from the compulsive need to act, to complete indifference. Experience prevails over thought as an illusory measure of defence against vulnerability. As Jammet claims, adolescence is one of the most intense and dramatic moments of development, because it is a time when the mind is being organized (Jammet, 1992; Codignola, 2006).

The analysis that has been put forward by various lines of thought within child and adolescent psychoanalysis, is of the idea that the suicidal adolescent's aspiration is

one of being able to reach a “better life”, a life without difficulties or conflicts, “a kind of hopefulness in finding or finding once more long-lasting peace and quiet in some sort of rebirth from one’s ashes” (Pandolfi, 1990).

Another fantasy within many suicidal processes concerns the need to be saved by death. The need to finally be “seen” and recognized, since death is already a reality for these young people who are mentally unborn (Pommereau, 1997).

In a recent piece of work on suicidal adolescents, Pietropolli Charmet underlines that these behaviours must always be taken extremely seriously and not be stigmatized as ways of trying to manipulate, since they are an expression of extreme suffering caused by a developmental failure. A setback is caused, the author claims, by a specific form of precariousness of the Self, as it originates out of profound feelings of inadequacy that lead to shame and deep humiliation” (Pietropolli Charmet, 2009).

The suicidal adolescent, according to Pietropolli Charmet, throws a powerful challenge down to the adult, whatever his function or role may be in the adolescent’s life. He puts his ability to think of the event, to name it, to the test. The adult – the parent – in turn feels placed in check and, out of his or her own fear, deprived of being able to access personal and affective resources with which to help his or her own child.

The parent is thus called upon to reckon with extreme impotence and the enormous gap that separates him or her from the adolescent. Feelings of fear, desperation and consternation related to something unthinkable which violently breaks out, are all states of mind that require much effort in order to be understood. Although the act of suicide represents an extreme impossibility to think and to work through anger and disappointment and annihilation and humiliation, it is a violent act, the author states, as it is an attack by the adolescent on the meaning of the relationship with the parents and it imprisons everyone in a see-saw of guilt/atonement (Pietropolli Charmet, 2009).

Attempted suicide thus risks being impossible to work through, in the same way that the painful experiences – non-transformable anxieties to be rid of – were unable to be thought by the adolescent.

The adolescent continues to perturb the adult with his problems, bringing the collapse of the parents’ very own omnipotence on to their mental and affective scene. A sense of one’s limit comes through in its place, that of time, which is often denied through a lack of awareness that offspring are not children forever. Under the thrust of an emancipatory separation, their mental identity, affective identity and that of self-worth are kick-started via intense experiences of guilt (Codignola, 2006).

It is a crucial moment in the life of the individual, and in this case in that of the adolescent, since the feeling of guilt in turn becomes grafted onto that of vulnerability, thus constraining the process of subjectivation. The contribution that feelings and states of mind make to founding a sense of self diminishes with regard to their role in directing experience (Cahn, 2000; Fina, 2005).

The constraining existential conflict results in a narrowing of the adolescent’s experiential horizons and through a concretization process of his emotional world, it

drives him or her towards negative and annihilating intimate experiences. The self's maturational process comes to an abrupt stop, which generates acute forms of vulnerability, and the resulting disproportionate response to external events keeps the subject exposed throughout time to conditions of continuous traumatization (Zucca Alessandrelli, 1990; 2001; Stanghellini, 1997; Fina, 2003; 2007).

The adolescent's response to the widespread feeling of loss and fragility is that of a compensatory and grandiose Self, which risks becoming a False-self or an As-if self. The grandiose Self is unable to understand how to deal with real situations, that is, tasks which require effort and efficiency. The adolescent keeps on performing with his childish baggage, and consequently he expresses requests and needs that are just as childish. The grandiose Self, compensating for vulnerability, creates a particular defensive barrier that appeases and silences affect and emotion (Zucca Alessandrelli, 1990, 2005; Fina, 2005).

The cognition of affect instead gives meaning to experience; its modulation heightens explorational skills and its significant contribution to the construction of structural sensitivity mitigates trying experiences which are lived not as a life-guiding value but as a difficulty that can be recovered from (Stanghellini, 1997).

That area of experience which derives from the relationship between the action and the result of the action becomes "absolute" for the adolescent, and it keeps being identified with a sense of guilt-afflicted failure. Hence, the ability to keep a reflexive distance that can communicate adequately with the sense of self becomes compromised. So the real constraint that imprisons the adolescent, and out of necessity drives him to act, has to do with affect: or rather, that part which makes up the individual inner world, which precedes the organization of experience representations that, if understood in their complexity, can instead help the subject think about oneself perspectively. The uncertainties, fears and shame that characterize experiencing vulnerability can in this case become a paradigm of the process of individual development and of analysis (Stanghellini, 1997; Fina, 2008).

A young person with a wounded narcissistic tissue on which the sense of self depends, is an adolescent who constantly casts challenges. Actions and ideations are extreme and, just like splinters that have gone haywire, they find their way towards self-harm, which must also "be taken very seriously". The problem of ideation in adolescence is not to be underestimated, as it can take on a very concrete nature. Primarily, it attacks the body, which concretely bears witness to and interprets the psychological transformations that are under way. By definition, adolescence is the time of life when the extreme challenge is that of life/death. If in fact there is a meaningful boundary between suicidal ideation and the concrete act, in the therapeutic work the analyst must never forget that an avenue leading to the act can actually exist.

And it is to this type of adolescent patients that, in this paper, I will be referring to. I personally find the paradigm of vulnerability essential **for these situations**, even because it in turn is the driving force behind therapeutic latency and it is more fitting

in order to define the experience/psychic space that is needed so that one's trust may be built in the adolescent. The area of therapeutic latency, as intended by Zucca Alessandrelli, is a fluid and dynamic mental space. It can promote important transformational processes thanks to its contribution to the construction of a protected area, an area in which new experiences and new libidinal patterns are developed.

Therapeutic latency concerns not so much a neutralization area as a mental space that can activate the transformation of archaic and painful stimuli into a form of thinking. It favours the activation of new subjective capacities in terms of psychic vitality, that may be used to build that protective screen which is indispensable to the integration and development of the Self (Zucca Alessandrelli, 2001; Fina, 2003).

Cognitively knowing perturbing and destabilizing affects that re-emerge in a protected state gives meaning to experience and plays an important role in building up sensitivity that can provide structure, thus making lived experience less and less imbued with an ailment that must be got rid of.

The *ailment* in the case of the adolescent is totally identified with the experiential self, which is held prisoner by anxiety relative to this developmental age, and the adolescent therefore cannot feel him or herself as a full agent.

Suicide manifests itself at this developmental crossroads and the chosen method is a sign of the degree of vulnerability. At the same time, however, suicide may represent, even if completely omnipotently, the only form of self-assertion. It is an extreme and a dangerous attempt at having a fresh beginning with new representations of the bodily and psychological self, so as to kick-start the process of development from the point at which it came to a halt.

How can a traumatic event such as attempted suicide, which arouses disorientating states of mind and deadly phantasies, be worked with in the analytic field?

The therapist, just like the parent, lives with the fear of the act being reiterated, and in some way feels exposed to potential and pervasive blackmail that can place the therapeutic mind in check. In these cases Ladame claims that what is important is *how* to understand. He believes that the adolescent expects to understand only that particular moment... not what actually happened, but how what happened can be understood. A way forward may be trying to find meaning together, in the *here and now* (Ladame, 2000).

Understanding means first of all recognising that there is a meaning which is contradictory: it is true that I want to die but it is true that I want to live again.

Understanding requires some form of validation/recognition of the suicidal act since its assumed meaning is to be found in its negativity. Understanding looks at the consequences themselves of the suicidal gesture, albeit with ambivalence and paradoxicality. There is a nullifying aspect in that everything had already lost its meaning in the unwell and confused condition that preceded the act.

At the same time, giving meaning to the suicidal gesture in itself expresses a start towards psychic maturation: it is where "taking responsibility begins". There is no longer anyone who thinks for me, acts for me, picks me up. My thoughts and actions

belong to and concern me, and at the same time they do not end in my personal sphere of feelings but have consequences that involve significant others just as much. And perhaps this is the beginning of being aware of one's subjectivity.

According to Cahn, subjectivation in the adolescent marks the end point of the development of that permanent interaction between inner and outer. The completeness or incompleteness of this process will greatly determine his or her destiny as an adult and their margin of freedom and creativity; or, on the contrary, one's fixing oneself within defensive structures that are more or less restrictive and crippling. This therefore implies that the *natural unit is not I but I with the other* (Cahn, 2007). A young female patient was able to make me deeply understand this problem when she described to me when and how she would constantly think of suicide. When her relations of affect and friendship were compromised, pain was brought on by the concrete feeling that confirmed her non-being-for the other in that she did-not-exist-for her self. Thinking

about suicide, desiring it and feeling acute fear, enabled her to experience herself as being alive, real, finally existing for herself and for the other. There was nothing flaunty in her way of thinking nor in the way she would speak to me about it. Instead there was an acute perception of the Self that otherwise would not be reached and for this reason it was extremely dangerous. The patient would speak of herself as being a dense but shapeless mass, easily moved along by others' movements that would just skim her surface but not help her to stay "in the space" between herself and the other. I shall return to this later.

Group therapy, in my experience, is preferable with this kind of patient – for a complex series of reasons.

The first concerns the fact that this therapeutic arrangement facilitates the connecting up of events in the search for meaning. Within the group space, personal boundaries are worked on in order to understand aspects of intersubjective experience.

This is certainly true in individual analysis too. However, in the analytic group-space, emphasis is on the process, on commitment and on creating a new type of relational experience, considering that the experience of multiple, inter-relational awareness heightens the awareness of that which in terms of emotional impact can come into play in the "here and now". That is, something very complex is established within the group setting in that all members directly experience that whatever happens within the contextual experience of multiple, inter-relational awareness, a heightened form of awareness comes through of that which can come into play in the "here and now" in terms of emotional impact (Nebbiosi, 2002).

At the same time, however, one is not just in the middle, in the between-space. Rather, each account is transformed into a constant flow of experience – which gradually reaches various levels of tangibility for each member, but at the same time becomes increasingly active on an experiential (implicit) level for everyone – thanks to which a safe context is established that allows the analytic work to take place.

What is extraordinary is that it is precisely this kind of patient who is genuinely surprised

to find that they have always been fearfully waiting to be “found”, and they now find themselves in a place where this waiting has turned into a real experience (Nebbiosi, 2002).

The patient fully experiences otherness inside him or herself and learns, even implicitly, to relate to the other with distinctness, gaining recognition for his existential value in a full sense. At the same time, he or she learns how a relationship with another can and should be established (Tagliagambe, 1993).

In this regard, Di Chiara’s words come to mind, when he points out that the meaning and value of human life – be it inner or outer – lies in the ability to communicate and get meaningful recognition for this communication. The inevitableness of relating with the other is something, he claims, which becomes dynamic within the group context: it continuously comes through out of relations and bonds that unfold, out of empathic modulations that are fuelled by the group culture or are even totally natural outputs, and out of a culture of care, which develops into a culture of responsibility.

And he **concludes by reasserting** that bonds, relationships and interactions that we initiate out of a principle of care and responsibility, are of a particular nature and originate out of psychological activity we call mental work (Di Chiara, 1999).

Out of the more primitive forms of mental and affective organisation – that is, forms generated by splitting, test and demand processes – which are governed by massive projections, manipulation and the tendency towards denial, the individual personality moves towards an awareness of responsibility which makes living together and sharing thinkable through principles of reparation and care (Yalom, 1995).

Tolerance and commitment that emerge within the group are an expression of healthy curiosity which moves the individual towards knowing another within an appropriate time frame, as well as being an expression of being able to create a “setting” in which the group space is itself a means and a place of therapeutic action.

Intersubjective experience that originates from this, **as Nebbiosi reminds us**, *is the real insight* that the group acquires which is instead different from insight that opens up further spaces relative to association and collaboration. Everyone’s associations, memories and fantasies acquire more freedom (Nebbiosi, 2002).

The group is an extremely evocative space, that of a primary environment container as it should have been: it is metabolizing when subjective thought becomes particularly confused, contradictory, chaotic or frightened. Various kinds of existential project-making, levels of sensitivity, of awareness and reflexive abilities are present within the group and the fact that they are shared transforms them into a common culture. These elements educate group members to go from one level of experience to another without creating rejection, internal breaks or encystments. Emotions and affects that circulate within the group’s communications retrieve their characteristic of providing “direction *in* reality because they are aimed at gathering information *about* reality” (Jung, 1916-translated).

It is an unconscious that provides support because within it lies a developmental function of the sense of Self, of “being one’s self in a continuous experiential flow”. The group experience places the subject before and among the others, within a

context, however, which in itself is a form of therapeutic latency, one which moreover allows the approach based on the interpretation of defences to be substantially modified. This does not mean that defences are inactive, but that the young patient's Self needs something for its development that will not run itself out while awareness of its very way of functioning is being acquired (Zucca Alessandrelli, 1990).

Group work facilitates the building of that relational area, thanks to which the expression of states of mind and constrained experiences can be aided and *shared*. Sharing is a very particular form of understanding since, through close and emotional experiences, an intermediate area is created where meaningful communications rekindle affects as well as bridges of association between verbal and non-verbal codes. In such cases, the therapeutic group, which has been carefully built according to the non-homogeneous nature of symptomatic issues, becomes a transitional space that prepares for

that essential "optimal moment" when decisive elements of the therapy, such as those of insight and interpretation, can be received by the patient without his or her vulnerability bruising too much. A real risk is the patient fleeing from the therapeutic project.

The group's non-homogeneous symptomatology enables the suicidal patient to understand that similar fantasies in adolescence are anything but wandering, and they are not necessarily acted upon. Understanding the sidestep that contributed to the prevention of moving on to the act, makes room for symbolic space that the development of a reflexive function requires. As I write, the value of therapeutic latency comes to mind for another reason: it disempowers in terms of experience the destructive action that several phantasies possess, particularly in adolescence. Thanks to an affectrich environment, a multiple body made up of sensitivity, care, perceptiveness and expectations, development can move forward from an inter-relational context towards a new intrapsychic space.

The group helps to get back those functions of the Self that have been overshadowed and deprived of emotional and psychological development. The therapeutic project is enriched, as what is sought is a truer, more authentic modulation of the timing required so as to regulate the Self's sensitivity and levels of strength. Such must occur in order to aid the mind's digestive capacity as regards its most painful memories and experiences (Zucca Alessandrelli, 2001).

The group experience among peers and with a therapist can help retrieve a relational experience which in a certain sense involves life projects. Its distinct transformational and transitional potentiality no longer directs thought and interpretation towards disclosing the contents of an internal world that is held as being prevalently monadic and constantly pathogenetic. Rather, a new form of experience is sought and takes shape together, which favours the widening of reflexive awareness.

In the group, phenomena are understood within the context in which they came about. This is extremely important if we consider for instance that these patients, in their

lives, found themselves or may continue to find themselves grappling with an environment of reference that is unable to give meaningful answers to fears, to expressed wishes and to the vital need of a bond. The rethinking of internal processes through internalized relational group forms, the family being the first meaningful founding example of such, in turn makes the group matrix an organized experience of a new form of intimacy, sharing and communication. These are completely authentic expressions that need to occur so that *a new story*, a new narration of the self can be constructed. Thanks to reciprocal identification that acts upon the patient's inner world through mirroring, the group therapeutic journey enables a more direct encounter, one that is shared.

In an extremely interesting piece of work on the therapeutic group in adolescence, Jovon and Querini assert the following: "Although the frequency of acting out during adolescence can seem counterproductive in psychotherapeutic group work, it should be noted that acting out in adolescence is to a degree different in nature to acting out in adulthood. It is physiological, given that psychophysical maturation is incomplete. It has the same defence function as it does in the adult, that of defending against too close a contact with the inner world, but it must deal with more intense drive and emotional turmoil, with fewer tools" (Jovon and Querini, 2008, p.46-translated).

Through new meanings that are discovered together, the group therefore opens up subjective opportunities for an understanding of complex emotions related to the young adolescent's developmental reality, and at the same time it outlines how such emotions can be managed.

Elasticity, tolerance, project-making and the ability to concentrate on the immediate experience of affects, underpin this understanding. These are all indispensable in order to give meaning to one's life and to concentrate on consequential facts related to that immediate experience. It is a complex whole that is needed so that a stable sense of subjective continuity may be acquired and strengthened, as it serves the purpose of giving meaningfulness to one's life and of organizing lived experience – experience that is always shared "with" (Stanghellini, 1997).

The group matrix *in its being* a shared experience, develops the process of empathy, widening its spectrum of attunement. Within the group, being able to feel and think oneself as a real entity that can live in the mind of the other where it acquires full meaning, leads to the perceptive experience of the self as a completely real, solid bodily subject. Conversely, the experience of not having a body is closely connected to a feeling of a restricted and mutilated Self which results in the young person perceiving him or herself as being without a meaningful inner life. The importance for the adolescent is clear since reactivating developmental tension means coming out of psychic and affective isolation and standstill.

Within the group, on the other hand, one can feel part of something that transcends the individual and which at the same time forms the subject and is formed by him or her in relation with others.

Awareness of difference is heightened without it fuelling distressing states of mind within the private space of the Self.

Rather, the therapeutic group pays particular attention to the quality of relationships and to the ability to look after the Self within its attentively developed discourse.

Zucca Alessandrelli highlights in this regard how communications and exchanges between all group members including the therapist “are roused so that perceptions and criticisms of core traits in our way of being and of functioning can come to the fore” (Zucca Alessandrelli, 2005-translated).

Thanks to the twofold nature of being able to see the other who sees us, in the circular dynamics of discourse that emerges, one can learn of the self and about the self. There is a new opportunity for exchange, enriched by affective closeness and tension. The climate and culture of the group create recognition and “every manifestation of authentic emotional expression, attention and cure no longer obliges the individual to narcissistically take refuge behind hard shells and grandiose magical positions of flight” (Zucca Alessandrelli, 2005-translated). Splitting between the psychic Self and the bodily Self can begin to rearrange itself and within the context of the therapeutic group, this process manifests itself completely dynamically.

During a session, Sara, a 17-year-old patient from a group I take said that she felt “shared” within this experience with the others: in a situation of “*almost* absolute belonging and protection”. The group worked on that *almost*.

Some were surprised that this assertion was not more resolute. Others were instead surprised at never having thought of the group in this way. Sara made the others reflect on the fact that, as Giuseppe said, the group was considered as “an entity that contains everything and which is therefore something extra for everyone”. *“I think I’m almost safe here. I don’t have that painful nostalgic feeling for what I tried to do. In the beginning I felt distressed at not being able to think of myself as a person who was able to bring her own life to an end. Now, I’m not exactly sure why, but I feel like someone who has an inner life that doesn’t exactly match with that which is outside. For me this means starting to accept that there is an inside and an outside. I still haven’t understood how my inside can help me live outside and this is what still frightens me.”*

The group had been working on differentiation for some time, after a period in which the single differences had been toned down due to the physiological need of being in an environment that could guarantee a feeling of belonging which was as a-conflictual as possible, for the purpose of creating a space of reciprocal confirmation and recognition. In a certain sense, the extent to which the group was still not understood as a place where one could experience a separate, solid Self without any risk to one’s own individual legitimation, was signalled by Sara’s thoughts. I, however, at the same time, made the group observe that Sara’s claims made me think of group work as an experience that could bring out a very important and necessary bond, the meaningfulness of which

would penetrate each one of them: a particular entity “contained” in gestures, in words of

understanding and in words of differentiation. And it was because of these important aspects that it was an experience rich in meaning which involved the whole group –

an exchange of words and affects that is similar to that very close exchange with the mother, because of those most particular features such as allusions, turn-taking, or codes of affect that underpin normal everyday actions, but which make them special and necessary for personal growth.

The group here and now *brings out* the internal phantasy of the object relations according to the arrangement they have taken on in the subject's unconscious world, as well as the chance to modify them, at the same time. Thanks to the fact that the group is a psychic space which learns to contain thoughts and transform them into new bond meanings, the link that keeps the subject connected to his internal objects takes on a totally new emergent form: healthy dependence that is beneficial to development is experienced, which is a precondition for the construction of autonomous individuality. A psychic apparatus that works as a filter between the inside and outside takes on strength, thanks to the fact that diversity and uniqueness of experiences, for instance, are no longer

interpreted as feeling misunderstood and alien in relation to the other. Each member can perceive the group's creative space as an experiential place where everyone is recognized and simultaneously where complexity and heterogeneity are created. Fears and ambivalences that accompany this process, just as they do every other growth process, and just as Sara had clearly illustrated through her reflections, can be identified as signs of the apparition of a new form of self awareness. Feelings that characterize the diversity of the subjects that are coming to be, that is to say, needs that go from uncertain boundaries, to fears, to projects that at times are just at the sketching stage, do not get judged or considered as worthy of guilt. The group understands and knows how to wait for each person's right time, in the same way it knows that personal growth is never linear nor free of contradictions. This ability to tolerate is a cornerstone of a sense of self and identity, and it implicitly transmits the value of flexibility as a plastic condition of the mind.

Difficulties that the primary environment put in the way of development at one time were instrumental in bringing about the surrendering of vital parts of one's Self, in these young patients.

The act of suicide is a realization of this abdication. Another value intrinsic to the group space in its quality as a healing process, and which makes it elective in cases that are analogous to those described is, as I have already mentioned, the recognition of the plurality the individual Self is made up of. This multiplicity plays a role in representing all those cohesive elements that the development of subjectivation and the experience of a Self with full agency and responsiveness require.

Going back to the *almost* absolute sense of belonging and protection declared by Sara, and in the light of the brief departure that was introduced, I may underline a further and essential function that emerges from the therapeutic group as a latency space: that is, the introjection for each of its members of a psychic protective screen – a filter between the Self and the experience of the self in relation to the other and to reality. One learns to take and keep what is good for oneself and let go, without placing fault, of that which is not workable for one's growth. This intermediate area

which generates a protected intrapsychic area, gives shape to a mental state that impacts on the experience of vulnerability and in so doing changes it. Thanks to the new patterns of the relation, both the therapeutic relation and that involving the encounter among the group members, a state of mind is modelled that can activate the transformations of pathological experiences into a form in which pain and distress can be shared and therefore thought. This latency area for the internal conflict, which would otherwise be too burdensome for the patient, produces optimal affective regulation and represents an indispensable goal for the very way forward of therapy. Reaching cohesiveness of the self by crossing through vulnerability is never a painless experience. Rather, it is considered a highly traumatic experience which, despite being beneficial to development, continually opens up cracks of regression. The relational modulation that the group is able to articulate functions as a good enough *caregiver*, and the mental space the group setting aims to create is in essence the metabolization of experience. It is a transitional space within which the subject tries out a new form of implicit procedural awareness with significant objects who are able to give new meaning back to the bond (Fina, 2005).

It often occurs that several transformational themes are understood and interpreted by someone in the group before the process is fully aware to all. This characteristic is in fact an extraordinary force of the group setting, because the 'illusory' area that emerges where all the various proposals are made is maieutic in relation to the perspective and project function (Jovon and Querini, 2009). The very fact that the group exists as a network of bonds articulated by the multi-faceted emotional and affective shared experience, moves each patient towards the indispensable need to carry out psychic work. Whoever interprets before the others has penetrated that part of their personal and intimate history and in so doing brings about new forms of expression. The conflict between intimate truth and "social truth" is no longer defensively confined. Consideration of the resources the patient and group can draw on in order to give meaning to what is happening, strengthens the group's cohesive experience as a Self and attenuates vulnerability (Nebbiosi, 2002). The sense of self develops, and

self care is enhanced – care of one's body, care of spaces, of affects, and of relations. Taking care is an image which little by little encourages an inner dialogue between contrasting feelings. It contributes to valuing awareness more and puts into perspective the perception of being influenced by impulses that are difficult to control. It is a process that encompasses the beginning of differentiation, which needs to be reached in order to regulate affects: from the easing of suffering through the recognition of one's own dependence, to then putting into perspective omnipotent narcissistic fantasies, and then on to recognising the need of the bond for emotional life. The work of modulation carried out by the therapeutic group occurs around the dynamics of autonomydependence.

The construction of a personal psychic space I have previously defined as a protective screen or filter, comes out of this modulation. Consequently, the adolescent can take possession of his or her own sexed body, and can use new creative skills in an

emancipating process that disalienates him or her, thus aiding the process of subjectivation.

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