

# **The tattooed body and the injured body: expressions of the attempt to exercise omnipotent control over the body in adolescence**

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## **Abstract**

In the paper, tattoos and accidents are seen as two expressions of the omnipotent control that every adolescent feels he can exercise over his own body. The *tattooed body* expresses a form of control over the body that may even result in colonizing one's skin. The *injured body* instead expresses the total loss of control over one's body. I have tried to focus on some ways in which the attempt is made to exercise omnipotent control in adolescents.

One of the outcomes of the *loss of control* that the adolescent if exposed to is the *fall*, understood as the collapse of the *grandiose self* as intended by Kohut. In this regard, I have highlighted a reaction to the mental trauma, which follows the physical trauma, consisting in the attempt to restore the infantile grandiosity violated by the accident. In order to restore the *grandiose self*, the adolescent often refuses to deal with the traumatic area and to come to terms with the usually unpleasant reality which the accident exposes the body to.

According to the paper, the group with adolescents conducted by an adult therapist makes it possible to approach and work through the trauma, instead of becoming isolated from the traumatic area in an attempt to relive the infantile grandiosity lost. The group with an adult can also help to contain the anxiety produced by the fear of losing the reference group of peers (Carbone, 2009), that is the group that continues to exist after the accident, albeit in different places, in meeting points that may vary and that for some time are surely distant from the fixed places the injured adolescent is forced to frequent.

I have considered two different types of accidents, the *traditional* ones (including accidents during play, of which I provide an example) and *non-traditional* ones (including accidents induced by risk behaviour, like the ones illustrated in the clinical examples, associated with *unprotected sex*, which may cause temporary and in some cases enduring trauma resulting from the loss of control over one's body).

In both the *injured body* and the *body exposed to risk*, what is *inscribed in the body* is a trauma. What is inscribed upon the *tattooed body* is the opposite of a *traumatic, unforeseeable event*; it is a *planned event*, produced by a wish. The adolescent's eagerness to get a tattoo provides an outlet for this wish: *impressing upon and inside the skin* a distinctive sign of one's own.

The paper suggests that the expressions of omnipotent control over the body resulting in a *tattooed body*, which is also a *tamed body*, should be seen as a *preventive reaction* aimed to exorcise the *injured body*, which is always a *body out of control*, a body from which the adolescent who *dwells in it* never knows what to expect before, during and even after the accident.

**Key words:** accident, tattoo, trauma, group, body, wish, risk.

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In the title of this paper, I chose to associate two adjectives, *tattooed* and *injured*, to the noun *body* because over the years, in working with groups of adolescents, I have become convinced of the fact that tattoos and accidents can be seen as two sides of the same coin, namely the omnipotent control that every adolescent feels he can exercise over his own body. Tattoos express a form of control, even of colonization, of one's skin, which transform it into an emblem revealing a personal sign. As we will see in the clinical examples, a wish is always inscribed in such a sign. Accidents, instead, express the total loss of control over one's body. Such a loss is experienced as a fall, that of Chagall's Icarus which appears on the cover of this issue, a traumatic fall, with respect to what Kohut defines the *grandiose self* (Kohut, 1976). As is common knowledge, what Kohut calls the *grandiose self* is a primary state of the self which consists in attributing absolute perfection to oneself while ascribing disdainfully all imperfections to the outside world (Strozieff, 2005). The goals and purposes we pursue as adults are always marked to some degree by that original grandiosity, no matter how effectively it may have been integrated. Traumatic disruptions, instead, isolate this grandiosity, so that it is no longer subjected to realistic influences (Kohut, ibidem). The problem we are confronted with after every trauma, especially after a particularly '*traumatic trauma*' such as an accident, is the difficulty for the person who suffered it to expose his grandiosity to the realistic influences that would inevitably bring the trauma back to the surface. Such external influences include accepting to set *reasonable* objectives for oneself that may serve to curb one's infantile grandiosity. We see this difficulty not just in adolescents who are unable to resume their studies after failing their exams. It is present also in adolescents who after an accident are unable to reinvest in their injured body, accepting to do their utmost to regain some control over it, less omnipotent this time. So we come across adolescents who, after breaking a leg in a motorcycle accident, are unable to walk well again, also because they are incapable of reinvesting in their body as much as they should, submitting themselves to the tiring and boring rehabilitation exercises that older people instead are capable of enduring. They continue to limp more than they should because, although they are young, the *callus* between insufficiently stimulated broken bones does not form again. Without the callus the *synthesis plates*, introduced to support the bone after the accident, let up a few weeks after the injured leg begins to carry the weight of the body again. A few steps are made without crutches and more surgery becomes necessary. Parents and reference adults hardly realize just how depressing it is to be unable to come to terms with one's trauma by setting small realistic goals for the body's recovery, for this would challenge the *grandiose self* again. Such grandiosity, tarnished by the fall of the accident, can be protected only by convincing oneself that one must do little or nothing at all to restore the tone and strength needed to regain control over a body that has stopped responding as perfectly as it used to before the accident.

In relation to this difficulty, the group with adolescents led by an adult therapist can help to work through the trauma and to not isolate oneself, with respect to the traumatic area, by blindly restaging the infantile grandiosity lost. The group with an

adult can also contain some of the anxiety and fear of losing the reference group of peers (Carbone, 2009) (1), that is the group that continues to exist after the accident, albeit in different places, in meeting points that may vary and that for some time are surely distant from the fixed places the injured adolescent is forced to frequent. While after the accident the fear of losing the precious asset represented by one's group grows, the proposal of an adult therapist to join a group conducted at school or at a public service responds to the strong need felt by those who fear they may have been cast off by their peer group to be reassured that a group does indeed continue to exist.

In this paper I will deal with two different types of accidents. Traditional ones (in this case, an accident suffered while playing soccer by an adolescent who in the years that followed was terrified that undergoing surgery would re-expose him to the traumatic area) and non-traditional ones. I consider non-traditional accidents the ones induced by risky behaviours, which also lead to the trauma caused by the loss of omnipotent control over one's body. For young women, these accidents have always consisted in getting pregnant or in the possibility of getting pregnant. For young men instead, the new risky behaviours that may induce trauma involve the possibility, shared with girls, of engaging in promiscuous behaviours that may result in becoming HIV positive. Such a risk, which was higher at the time I conducted the group that I will be talking about, that is in 2000, is still present in 2010, although today HIV AIDS claims less victims than it used to.

In the group I conducted ten years ago at an art school in Rome, a sixteen-year-old, Mario, had *come out* the year before, his second year in a group, by declaring during a session that he felt attracted to men.

The group took place once a week for an hour and a half after school and was made up of 10 young people aged between 15 and 17 who belonged to different classes; 7 of them had been in the group for three years while 3 had joined that year. In the period following Mario's revelation, he told the group about the many encounters he had had with adult men in gay hangouts. The group sensed that Mario avoided hooking up with people his age, both male and female, because he was afraid of being turned down by them. I was extremely worried about his promiscuous behaviour with people twice his age. About a year after Mario's coming out, he told the group in an intentionally carefree manner about a high-risk sexual encounter he had had with a man who had later admitted to being HIV positive. He explained that he had to wait one month before he could take the HIV test. As he said this, he unloaded all of his anxieties on the group. I will focus on the month during which the risk was pending.

The group reacted by advising that Mario "get stoned but never by himself" and that he "not think about it." Miriam told him that she read in a magazine about the association between *Eros* and *Thanatos*.

Mario replied that he was angry with himself for not using a condom, not with the creepy thirty-year-old who had not even kissed him. Someone suggested that he tell his parents he went with a man. He replied that he did not trust them. He said they

were so oblivious about his sexual inclinations that they had gone out of their way to prevent him from spending the night with a girlfriend the previous weekend, which he had spent at their beach house. Marta suggested that he “get his mind off things” using the Italian term “*svagarsi*”, and, picking up on this, I said to him in Italian, “*fatti svagare dai tuoi*”, which literally means “let your parents distract you”, but in Roman slang can also mean “let your parents find you out”. Indeed, I thought that he had exposed himself to such a risky situation also as a way to seek help. Mario said he was willing to go to the public guidance council but could not bring himself to involve his overanxious parents.

During the following session Miriam said she found it difficult to understand how it must feel to be in Mario’s place, how he could keep his cool at school and continue to “show his underwear to the ladies on the metro” (at the time it was fashionable to let underwear show from low-waist jeans). Mario felt understood. He admitted that Miriam was right, but that “he just could not stand to be at home.” While Miriam spoke Mario read some pamphlets on AIDS. Corinne arrived in the meantime. She was late because she had gone to the guidance council to get the pill but had not told the gynaecologist about the fact that she was late getting her period because she did not want to confirm the reputation she had in school, where she was considered a slut. The following time, Mario told the group that he had gotten so drunk he had to be taken to the hospital and had to give his older brother’s number in order for the hospital staff to contact him. I commented that on that occasion he had behaved differently than when he had exposed himself to the risk of contracting AIDS. I said that I considered such a behavior - like Elvio’s when he communicated to the group that he wanted to shoot up - as an *s.o.s.* which he ultimately sent out to his parents, and to adults more in general. Elvio had motivated his wish to shoot up by quoting a sentence from the film *Trainspotting* (“Take the best orgasm you ever had, multiply it by a thousand and you’re still nowhere near it”). Miriam had volunteered to “prove him wrong”, although she realized that by offering herself she would hurt her boyfriend’s feelings.

Two sessions later, Mario’s worries shifted to the strong likelihood that he would flunk school.

I observed the inconsistency between his not wanting to flunk out, which I interpreted as a concern for his future, and the sexual risk behaviour that could indeed jeopardize that same future. My remark induced Mario to admit his true fear: he was afraid of aging, not of contracting a disease. Marta tried to comfort him, telling him that the month he had to wait to take the AIDS test would pass soon. At that point, Mario spoke about a plan he had for the future: he was considering undergoing sex change surgery. So far he had not actively pursued such a plan because he thought his body was too masculine.

At the next session, it was Miriam’s turn to talk about an accident. During sex with her boyfriend, the condom had gotten stuck inside her vagina. At the public guidance council she was advised to take the morning-after pill. She decided that if she was pregnant, she would get an abortion. Her boyfriend had told her that he was ready to

accept whatever decision she made. If she decided to keep the baby, he suggested they run away together abroad.

She then described a dream she had the night after the incident: she was on a freight train without a locomotive, like the ones you see in cartoons, pulled by 2 people. I was on it with some friends. She saw things both in colour and in black and white. In the dream I said to her that if she saw things in colour it meant she was not pregnant, while if she saw things in black and white she was. She saw what stood before her in colour and what was behind her in black and white. She told me this in the dream and I replied, "No problem then, it means you'll get an abortion!"

I said to Miriam that a world in colour is beautiful and observed that she was wearing a coloured garment that day. She answered that she saw herself entirely dressed in black but then noticed that her blue jacket and grey shoes broke with all that black. Her way of confirming my remark, which broke with the blackness of her dream and of the self-fulfilling prophecy which I had become the bearer of, helped the group to rediscover that a colourful future laid ahead more than any direct interpretation could have done.

At the following session, Miriam walked in announcing at once that she was not pregnant.

Mario told the group that he intended to go and take the test with his parents, since they had to go in for some tests themselves, and said it was not because he wanted to have them near but because this way they would cover all the expenses. Corinne suggested that he justify the need for him to take the AIDS test by telling his parents that it is required in order to register on the employment lists as an apprentice. She went on to add that she had to take the test too because the previous month she had had unprotected sex with a stripper who belonged to a group that was famous at the time in Rome, the "*Centocelle Nightmare*". She had taken this older guy over to her place where he showed her a tape of his performance. She said that after a while he got "heavy". He did not ask her if she had had unprotected sex, which indeed she had. The fact that he did not ask made Corinne realize that he did not take precautions.

At the following session, Miriam told of a panic attack she had experienced, which she felt could not be justified simply by the fact that she had gotten an F on an English test. The night before she had gone out with her boyfriend and after a while he had left her to go pick up a kitten at his ex girlfriend's house. He had also suggested that she wait for him to come back. He ended up not taking the kitten away because it was still too young. I associated her boyfriend's insensitive behaviour with the fact that she had just found out she was not pregnant. I remarked that it was very difficult for Miriam to live with her fragilities in plain sight. I advised that she talk about her fears with her boyfriend, who also must have gotten scared when he found out that her period was late. Marta told her that if her boyfriend cared for her, as he seemed to, he would surely understand her fear of being abandoned. My advice that she talk to her boyfriend seemed to reassure her, so much so that she started joking about the fact that the stripper from *Centocelle Nightmare* Corinne had gone out with had now hooked up with a friend of hers, whom she told to be very careful. I said that the same piece of advice applied to Corinne (whom I was afraid would continue to

have unprotected sex). I also asked Mario about his tests. He told us with relief that he had managed to discuss the matter with his mother but not with his father. At that point, someone suggested that everyone pitch in to pay for his tests but Mario became so embarrassed that he tried to have us end the session early.

The last session before the holidays began with Mario communicating that he did not want to spend money on the test that everyone recommended he take. Maria announced that her birthday was on August 10, the feast of St. Lawrence, when wishes are made. I suggested that everyone make a wish out loud in advance. Mario and another young man expressed the wish to have a lot of money because money buys everything. I had expected him to wish that the test results be negative. As I write I am also thinking that perhaps the group really helped him to work through his fear regarding the test results. While everyone kissed each other goodbye, Mario came over and told me that he would be in the neighborhood again the coming Saturday to finally take the test.

I would now like to show how a group with adolescents can work through the significant consequences (the end of the dream of becoming a soccer player) of an accident that occurred during play (a knee injury). The group work allowed the young man who suffered the injury, Silvio, to work through the trauma caused by an accident that had occurred three years before. By working through the trauma, it was possible for Silvio's dream, which had been interrupted by the accident, to evolve. Silvio belonged to a group conducted by me. The group was made up of 12 young people, between 14 and 15 years of age, belonging to different classes. It met once a week for an hour and a half during school hours at a technical school in the Southern suburbs of Rome with a high drop-out rate. Silvio was in his second year with the group. He had joined it because he wanted help in trying to curb his impulse to get involved in violent fights, which was uncontrollable during the first year and was gone by the second. Silvio had once dreamed of becoming a professional soccer player. He had been a promising athlete until 3 years before, when a common accident (a knee injury) had put an end to his soccer career and extinguished his dream.

The group would have never known about this unless Silvio, who still loved soccer, had not compared his condition with that of a soccer player. "If we wanna make money," he said, "we've gotta work hard, get up at 6 in the morning . Instead, they have fun playing soccer." When someone said, "That's not a job, it's a game," Silvio grasped the difference at once. "Like me," he said, "the day before yesterday I started going to the track to ride my bike." He immediately proceeded to explain why cycle racing could not become his dream. As he did so, he revealed to us his personal story as an adolescent, which was characterized by a dream that was broken by an accident. He said, "I cycle for fun. I couldn't do it seriously 'cause I have a problem with my left knee and right shoulder! I can't play soccer either, that's why I quit. If I'd kept on playing, I would've really gone far! My meniscus is ruined and my shoulder is dislocated!" It had happened for a banal foul against him. His grandfather, who was

the manager of a team associated with Roma, could have had the orthopaedic of the Roma team operate on him. "But I refused," Silvio surprised us, "because I was scared." Reasoning as a rational adult, I objected that perhaps Silvio had refused not just out of fear but because he did not really want to become a professional soccer player after all. When he added that the accident happened when he was 13, I commented that "when you're 13 you're too young to know that you want to become a soccer player in life so you don't undergo risky surgery." In replying, Silvio was not misled by my comment as an adult, an adult who had not lived his adolescence fully. "I can go ahead and have surgery now [that I'm 17, he meant to say], but when I was 13 they told me, 'you need surgery', and at first I said ok, but then a month before the operation I spoke with my father and said to him, 'Hey dad, I'll have surgery later on'. And then, when I finally made my mind up, my shoulder got dislocated at the gym and they told me I'd have to have both shoulder and knee surgery together."

"And you," I commented, "said no." "No way!" he replied. He said, "The doctors told me that I shouldn't play sports anymore! I should just walk." "But," I insisted, underestimating the sense of complete standstill that he wanted to convey, "It isn't a life sentence. It's just a sentence that prevents you from becoming a professional soccer player or a cyclist." He answered sadly, "I played soccer for many years. I started when I was six. You do the maths. How long is that?" "It's a long time." I counted for him, "From 6 to 14, that makes 8 years." "And," he went on reminiscing, "I wasn't even 6! One usually starts at 6, but since my grandpa's the manager of a soccer team, I think I started kicking a ball when I was 5! I was the youngest player on the team. When I was 12, I was already training at Trigoria (the Roma team's training field, *editor's note*). They'd call us for the game. Then I hurt my knee and I didn't feel up to it, not because I didn't wanna become ... but because I'm scared" (his shifting to the present tense reveals that he was still very scared and was asking the group to help him work through his fear). My need to ask him whether it was the surgery he was so afraid of helped him to work through his traumatic accident and the fears it had entailed. Indeed, it allowed Silvio to reveal what he was really afraid of. "No," he answered, "It's that I would've had to have general anaesthesia. When you're 12 you think, 'maybe I'll never wake up.' When they anesthetized even just my shoulder I screamed that I wanted to stay with my shoulder out of its socket for the rest of my life." After admitting this weakness, which was so contradictory compared to his flaunted adolescent omnipotence and to the propensity to risk of a boy who, for a whole year, could only tell us about the fights he got into, Silvio could also confess how his dream had started to evolve, thanks to the fact that he was working through his trauma. He did this by showing himself as a person who is capable of living dreams vicariously through those of a young cousin of his. "Then there's my cousin," he suddenly said. "He's 10. I was his coach for some time. I was assistant coach". He corrected himself at once and specified that he was not assistant coach but rather "head coach". This correction revealed Silvio's conviction that the first and most important person on a team is the coach and that at just 17, provided that the trauma is worked through, one can transform the dream of playing the game out in the field

into that of *training someone else*. Perhaps because I too wanted to hold on to that new dream I observed that, given his situation, he could "be a coach but not a player." My comment opened the floodgates of thoughts and emotions. He said, "Now my cousin's really good. He's great! He's amazing! He's 10 and is taller than me! Maybe he'll even hit the big time. Unless something hits him! That's what always happens! For one game, I ... and I wasn't even supposed to play in that game!" Talking about that boy had plunged him into the pre-adolescent trauma to the pre-adolescent trauma, which he had the chance to work through for the first time that day by narrating about himself and his emotions during the group session, when he proved himself capable of bringing out his adolescent *narrative self* (J. Palombo, 2002) and transforming the "*rough and unprocessed*" on account of which he often got into fights into *narratable emotions* which were indeed *narrated* to the group that he belonged to.

"I'll never forget that moment," he said, as if in a dream. To relieve that pain, which I felt was impending heavily over the entire group, I talked about the famous players who were so driven that they went back to playing after suffering an injury. Silvio threw me off with his remark. "But they were *already famous*," he said. I asked him if he meant that "when you're not *already famous* you're not that driven because someone like you might not necessarily become a Del Piero?" I deserved the answer Silvio gave me, which showed how much self-esteem he still had, in spite of the blow dealt by the trauma he suffered. "I don't wanna brag or anything. But for how I played when I was 12, today I would thrash Del Piero for sure!" I asked him whether someone had told him that when he was 12. He answered confidently "There was, there was" and I couldn't help responding that if he was really that good, they should have signed him up with an important team. He replied, "The managers of the Palermo team came to watch me." He went on to add that whenever talent scouts came to watch players, he was always among the ones to be evaluated. "Maybe," he said, "it's because I was the manager's grandson, but on our team it was always the same four guys. Then me and another guy had the same problem and one of the other two who's the same age as me plays with the youth league!" I observed that when an accident like that happens when you are 13, if your parents really want you to become a soccer player, they still have enough influence to convince you to face up to the fear of surgery." Enrico silenced me, saying, "Maybe there are parents who aren't a pain in the ass and don't want to force their decision on their son!" "My parents," Silvio added, "didn't tell me 'you must have surgery' or 'don't have surgery'. They said to me, 'if you want our advice, have surgery. But only if you're aware of what that means and of what they'll do to you.'" "Then," he added, "I considered whether or not to have surgery. I decided not to, and that was that!" Even though it seemed that with these words Silvio had wanted to end the discussion on the traumatic consequences of his trauma once and for all, I felt that I needed to ask him whether he had ever regretted the decision he made when he was 13. He admitted that he did. He said, "Now they tell me I have no choice, I have to have surgery. If only I'd known this back then!" I asked him whether after surgery he would go back to

training in order to play at the competitive level. "Maybe," he replied tersely, "but I'm also aware that there are fewer chances I'll ever become a professional player." "Because," I suggested, "you're too old now." "Yes," he admitted with a veil of sadness. "Those years are gone for you!" I whispered bitterly, almost to myself. I made this remark, which was meant to reflect Silvio's conviction that his years as a soccer player were gone, not because I identified with Silvio through the empathic sharing of his experience, but rather for the need to empathically give voice and support to the *selfobject* function (in this case, a *mirroring selfobject*) that the group was performing at that moment for Silvio and that, generally speaking, every group with an adult therapist, I believe, performs for its adolescent members. By *selfobject* function I mean the function inside the individual which is activated by an object that is hardly or scarcely distinguished from one's self and which can be performed by a person or by a group (C. Neri, 1995). By activating this function, I was not trying to deprive Silvio of his dream, suggesting that it was no longer dreamable at the age of 17. Rather, I was empathically sustaining, together with the group which was functioning as *selfobject for the member that had experienced a trauma*, the ability of his *narrative self* to transit, which allowed him to evolve from the dream of an age (13) to that of another age (17) in which he could represent himself, with his dream, in that boy-cousin.

I believe that the possibility which being in a group offers to work through the trauma caused by an accident by nurturing this type of dream can help adolescents who tend to act out, like Silvio, to overcome the irreflexiveness of compulsive *enactments* (*getting into fights* with peers) and the impossibility of being in touch with one's emotions, which are "*ignored*" by him and by his life context, and become capable of playing with them, even the most traumatic and/or trauma induced ones, and filtering them, thus succeeding to convey them in a narration shared with the rest of the group.

The last clinical example I would like to make relates to another area in which adolescent omnipotence is expressed, namely the *tattooed body*. In my experience conducting groups with adolescents I have observed that while the *injured body* or the *body exposed to risk* contains a trauma that can then be worked through in the group and thanks to the group, the *tattooed body* instead contains the opposite of trauma, a *wish*, the adolescent wish - so strong that one wants to impress it in one's skin - to have a personal distinguishing mark that separates one especially from the previous generation, that of one's parents. When, as we will see, such a wish involves a parent or a relative whose image one wants to tattoo on one's skin, irrespective of whether this person has passed away or is still alive, what happens in the group where this intention is expressed no longer involves working through an accident but rather working through grief. This grief, which one can begin to work through by expressing the wish to have an image tattooed on one's skin, can be an actual loss, such as the one that is experienced by someone who has lost a parent or relative, or the sense of loss caused by a separation that is hard to accept, such as the one that is experienced by the boy who wants to tattoo the image of his mother who is still alive and represents a cumbersome presence in his life.

One might think that getting a tattoo of a woman's face is a trait that tends to characterize the male subgroup. Instead, I discovered that the boys and girls in the group shared the idea of having their mother's or a relative's face tattooed on their body, though for different reasons. Alba in order to remember her mother, who had died recently. Alì, a well-build youth of Maghrebi origin, in order impress even on his skin the face of a strong woman without a man that he was proud to have by his side but whom he was also trying to break away from, leading a more autonomous life than most of his peers.

Sara introduced the topic after Alì spoke about a girl he had met at a disco who had dropped out of school in order to attend a course for beauticians and open a tattoo parlour.

Sara said she had a tattoo, a star with an S inside.

Alì communicated that he too was going to get a tattoo; he wanted a friend of his to tattoo on him a picture of his mother, "all shaded".

When, somewhat in disbelief, I asked him why he wanted the tattoo to be of his mother, Alì gave an answer which seemed rather obvious to him, "Because I love my mother!" Sara specified that she had to choose between body piercing or a tattoo covering her entire calf (suggesting that her parents would never allow her to get away with both). Alba announced that she wanted to get a tattoo of a star with her mother's face inside it, but she also said that her father was against this idea because she was still too little (little in the sense that as she continued to grow the tattoo was bound to shrink). Alba's personal situation set her apart from the rest of the group; her mother had died of cancer just a year before and her father had quickly found another woman. Elio broke in and said that if he were to get a tattoo it would have to be significant; he had in mind a tombstone bearing the name of his uncle, who had died at the age of 73 when a vein burst inside his head, and who had been like a father to him. At that point I asked if there was anyone else who was not getting a tattoo in order not to upset his or her parents. Alba said that she was not holding back because of her father's disapproval and went on to add that her father and brother had the same tattoo, a scorpion. Sara observed that her father did not allow her to get a tattoo, and yet on his arm he had one of a naked woman with a veil bearing the names of Sara and her sister. I made a comment regarding aesthetics and said that I was somewhat put off by tattoos on the neck. Aldo contradicted me saying that a neck tattoo was actually "great, really beautiful." Alì responded that getting a tattoo on the neck is just a way of drawing attention, but will make it hard for you to find a job. I asked whether Tamara, a Romanian girl, would ever get a tattoo on her neck and she said no because she was afraid it would hurt. Lara said she would get one on her ankle. Tamara added that after she got it, her mother would kill her. Alì was less scared than anyone else and reflected that "the pain goes away, it's like getting your ears pierced." I asked him, "So you would be willing to endure the pain in order to get a good tattoo?" Alì answered yes. Sole said she would get a tattoo on a hidden part of the body because it should belong to her alone. Alba would not want to display it either. I asked Alì if he did not expect people to ask him who the woman in the tattooed picture was. He answered that he could not care less. "That woman," he

repeated, “is my mother!!!” Alba was finally able to talk about her father’s woman and mentioned the argument with which she had debunked her idea of getting a tattoo, showing very little empathy indeed: “You don’t put dead people in tattoos.”

Sara ended the session placing her mother next to her father in the world of tattoos that was still forbidden to her: her mother also had a tattoo, a tiny fish.

I chose to conclude with this sequence of young people who get a tattoo or dream of getting one because I wanted to arrive at a situation in which there is once again a sense of complete control over one’s body. The tattooed body is *a tamed body*, while the injured body is *a body that is out of control*, from which you do not know what to expect: unwanted pregnancies, diseases, lack of recovery from a broken bone or a torn ligament, not to speak of the outcomes of more serious events, like a concussion. It is striking that the tattooed body can become the means whereby an adolescent expresses a wish he may have for himself, which instead the injured body constantly delays and denies. Getting tattooed is perhaps also a way of telling oneself that the *redesigned body* has become the object of an exorcism, almost as if it were made unassailable, thanks to the charm one has chosen to inscribe upon one’s skin, which is so frequently affected by what is *accidental*, and therefore unforeseeable, in life.

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## Notes

- 1) According to Paola Carbone, “The greatest risk [for adolescents] is not losing a school year, their health, their parents’ love ...; what adolescents fear most is losing the group and in order to avoid such a risk it is worthwhile exposing oneself to all other risks” (P. Carbone 2009).

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