

## **The group: a privileged mirror for the person**

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### **Abstract**

Following a brief account of the psyche-soma relationship in the West, the relation between Love and Eros in the male/female relationship is analyzed, through to the moment of procreation. How seeking a child, pregnancy and childbirth have complex consequences today is underlined, there being problematic repercussions for the couple that are different from those of previous generations. Medically assisted procreation is considered, thanks to clinical examples, as are the negative consequences this experience often gives rise to in the parental couple. Homogeneous groups are desirable in cases of assisted procreation, so that the micro-traumas the parents-to-be will need to face can be shared, talked about and dealt with. Working with these couples allows problems to be well highlighted, problems that, less explicitly, every couple experiences when thinking of becoming and then planning to become parents. The group develops into that protected environment where men and women are stimulated and supported in their communication with each other. It is an environment that can accommodate emotional repercussions of bodily events in which the body and mind have been deprived of words. This may, however, occur in the opposite direction: not just from the body to the mind but from the mind to the body also. The group setting helps in understanding how "mental ill-being" can impact negatively on the body, given that a human being is the resultant of his or her being one, where psyche and soma influentially reciprocally interact. The analytic-group setting therefore profoundly stimulates integrating moments between somatic and psychic aspects, to the point of becoming a privileged mirror for the human being as a whole "person".

**Key words:** psyche and soma, group, integration

It was with great pleasure that I accepted the invitation to edit this issue of "Funzione Gamma" together with Stefania Marinelli and Paola Russo. The title, which focuses on corporeity, sexuality and the sensorial within the analytic group setting, directing attention implicitly towards the psyche-soma relationship, has taken me back in time.

"The psyche-soma relation considered in the light of modern theories of integration": this was the title of my thesis for my post-graduate specialist training in Psychology, many years ago by now. The passing of time has not lessened my interest in such topics, which I believe are as current as ever and have been widely developed, particularly with regard to group-analytic clinical practice and

theory. The sensorial, both as a proprium of living beings and as a subjective human experience of using our senses, is connected to the body and mind and is the basis of sexuality, pleasure and pain, and therefore of our being in the world. The perspective from which the psyche-soma relation is looked at today, it being clearly implicated in this context, is monist, or rather holistic. Since time immemorial, the question of the relationship between the psyche and the soma has existed, and the answer was mutually dependent on the way in which natural phenomena were conceived. Clearly, I do not intend to give an account of the related history of Western thought here; however, I would like to look at it briefly and mention some points taken from my thesis, as this subject matter takes us directly to the circular time of the group setting: the evolution of the individual and the species is returned to time and again, at a constant distance from the axis but with changing levels and capabilities.

Our oldest ancestors explained animistically and therefore in a certain sense "psychologically", not only phenomena that concerned their body but all physical phenomena, through the projection of their emotions on to the gods. Thunder and lightning expressed the rage of "supernatural beings", and illness was understood as being inflicted by evil spirits. The first attempt at using natural causes to explain natural events was by cosmological philosophers of the 7th and 6th centuries B.C. Their rationalistic thoughts were then systematically applied to Hippocrates' biological phenomena and to those of his school. So-called "mental" problems were considered not as psychosomatic but somato-psychic, implying an organic cause of psychic phenomena. "Mental" illness was seen as the result of the interplay of the four physical moods derived from Empedocles' four elements. Vice versa, psychology as a science of the soul was "expelled" from medicine and "relegated" to philosophy. The sophists, Pythagoras in particular, developed an interest in psychological phenomena, which was highlighted in the philosophy of Socrates, Plato and Aristotle. According to their thought, psychology (the magical and demonological components of which having been abandoned) had become a "rational" psychology based on "introspective" knowledge. The entity of "man" was explained via the principle of a central governing "soul", which was seen as being responsible for the coordination of all body processes and capable of organising them towards an end. This finalist concept (entelechia aristotelica) survived until modern times. However, a serious and sharp split between medicine and "psychology" came about that was related more to theory than to practice. A good doctor, throughout history, would have treated the patient as a whole human being, with a body and "feelings" that were inseparable. The psychological approach towards the patient was therefore explicitly related to medical practice and not to theory. It is strange, however, that the first words in which some kind of "psychosomatic medicine" seems to be foretold were written not by a doctor but by Cicero. In chapter III of "Tusculanae disputationes" (the Tusculan Disputations), he raises this question:

"How can it be that in order to cure and take care of the body an art has been devised, whereas an art that cures the soul has not been so deeply studied? (...) That which we call madness is also named melancholy, as if it were the case that the mind is influenced by black bile and not, in many cases, by rage, fear and pain..."

In this passage it seems as though Cicero doubts the exclusively organic origin of mental illness and his view is close to a modern-day view of psychological distress. I shall not go into detail about how the Church Fathers took Platonic dualism to the extreme until the rise of Scholasticism, in which the rediscovery of the philosophy of Aristotle enabled Thomas Aquinas to ease an exasperated dualism by shifting the focal point away from the soul and towards man as a body with a soul. Then, during the Renaissance, when the classics were rediscovered, the rationalistic tradition and the "scientific" spirit resurged. Nature was conclusively "de-animated" and the foundations were laid for the modern era that was characterized by the hope of solving "life's mysteries" by applying laws that operated at a physical and chemical level. Descartes, the scientist and philosopher, as we well remember, separated the body from the mind, reducing the former to a kind of "machine", and united both by courtesy of a just as ill-defined "pineal gland". Leibniz radicalized Descartes' view and explained the coexistence of the body and mind through the concept of psychophysical parallelism. It was only Spinoza who rejected the dualistic point of view and considered the mind and body as two different aspects of a reality that was one and the same. It is not by chance that today Damasio refers specifically to Spinoza. In the 18th century, mechanism was predominant at both a medical and a philosophical level, but at the beginning of the nineteenth century, the end of the French Revolution and the rise and fall of the Napoleonic Empire led to the Enlightenment illusion of the domain of the goddess of Reason being abandoned. Philosophy and scientific disciplines began once again to follow different paths, even if they continued to influence one another indirectly.

And this is where my historical excursus ends. Not only has it given me an opportunity to briefly revisit part of my studies from my youth, but it is also a base from which a synergic integration between medical doctors and psychologists in treating Homo Persona may be put forward. Such integration seems to have found confirmation in contemporary breakthroughs in the field of neurophysiology; however, here I would like to give an account of something else. In "Storie e luoghi del gruppo" (Group Histories and places) (2003), I wrote: "Contemporary epistemological thought has shifted its attention from 'homo natura' to 'homo persona', where the human subject can no longer be dissolved into and generalized by the term 'man', or worse still 'mind' (Binswanger, 1955). The concept of person-a ' today serves to indicate the representative or holder of so-called psychic experience ... and the return of the Ego-person-a enhances what

I would like to call the irreducibly subjective dimension of experience (S. Moravia, 1994). Moravia (Ibid.) tends to highlight how homo persona is not, as other worldly entities are, only a being, but represents tension as well – the intentionality of Husserl's memory – towards a non-being, towards an other beyond the self. Homo persona is a being in the world who is undoubtedly not solipsistic but in a dialectic relation with the environment that is not so much and not only an external container but a constituent dimension of the Self."

Winnicott reminds us that the Self originates out of physical contact with another body, out of the experience of manipulation and the progressive acquisition of the other's existence. The Self is therefore a psychic dimension, linked primarily to physicalness, which underpins the establishment of a mental space that is the awareness of one's condition of dependence. And we find ourselves once again led back to the primitive unit of psyche-soma. Moreover, Freud himself sustained that from the beginning the Ego is a bodily Ego and that the development of a human being is accompanied by conscious and unconscious fantasies about one's own body and the sexed body of the parents. And he added:

"He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore". (Freud, 1905, p.364)

We therefore cannot ignore the inescapable interrelations between body movements and psychic and emotional states, or the close ties of the social animal man with the environment (in the beginning his primary group of belonging), with one's own and another's body and with sexuality.

This edition of "Funzione Gamma" raises and can stimulate our thoughts on countless issues, and I would specifically like to look at the group setting as the most suitable tool for supporting the individual participant and the group as a whole towards an increasingly integrated awareness of one's own and others' psyche-soma relation, leading to the awareness of the self as a whole "person", which is identifiable in one's corporeal being as well as in one's intentionality. It is not by chance that Yeats writes in A Prayer for Old Age:

God guard me from those thoughts men think

In the mind alone;

He that sings a lasting song

Thinks in a marrow bone;

I shall look briefly at several themes I considered in depth in my paper "Tra Amore ed Eros: una porta scorrevole?" (Between Love and Eros: a sliding door?) (Corbella, 2008), to which I would refer those who may like to read further on the subject. Once again I have lighted upon a problem that, similarly to the relation between psyche and soma, has interested many human beings since time immemorial, from both a phylogenetic and an ontogenetic viewpoint. The

relationship between Love and Eros takes us once again to the love relationship, and as children to the parental couple. The relationship between women and men is often a source of deep malaise and suffering that motivates people to come to us as patients. In many of my works I have pointed out that ongoing transformations with regard to traditional roles connected to gender identity, particularly in the West, have no doubt been perturbing since the struggle for equality well and truly erased the difference between men and women, to the extent of the specific nature of the male and the female and the form of their relationship being called into question. We are thus looking at a general restructuring of the social and the personal, and do not really know where it will lead. Today in Italy, marriage and common-law marriage are completely personal choices that are no longer enforced by social custom: expectations relating to a couple's life together with regard to both men and women are thus much more superior to those of previous generations. Among other things, women hope to receive as well as give sexual pleasure, and many have come to consider a gratifying sex life as one of the fundamental requisites for a satisfying life together: amor and eros, and therefore psyche and soma, should go arm in arm. Higher expectations, however, imply greater disappointment and for this very reason men and women ever more frequently feel disappointed, angry, inadequate and confused. It is therefore not surprising that the relation between men and women is currently one of the most frequent sources of trouble and confusion. This is so even because to a greater or lesser extent, there is in any case a gap between the world of socio-cultural relations and that of the affects involved in establishing personal identity. The individual unconscious does not in fact belong in its own right to the individual, but it is placed in the process of intergenerational transmission and so, besides certain models being abided to rationally, archaic stereotypes re-emerge during times of tension and integrate poorly with current expectations. Furthermore, dynamic tensions that are at work need a lot of time to become metabolized at a profound and authentic socio-cultural level. Moments of regression are therefore unavoidable and are perhaps even an inevitable prelude to a new and mature way of relating with oneself and with others, as long as there is an authentic willingness to be self-critical and a new awareness of one's own personal responsibilities. And it is in this regard that I have indicated on several occasions how the group setting, thanks to its specific group culture, which is co-constructed as sessions unfold, stimulates and supports the step from the archaic thought of assumed or projected "omnipotent" guilt, to the mature thought of one's own and others' possibilities. One particular subject matter where corporeity, sexuality and the sensorial are profoundly implicated with regard to the partners is the procreative project. Over recent years I have seen with my patients, both women and men, how seeking a child, pregnancy and giving birth have had complex consequences with problematic repercussions for the couple's relationship that are different from those of previous generations.

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Janine Chassesguet-Smirgel (2003) claims that for some years there has been a "perverse" attempt to rid oneself of the idea of origin by attacking both the paternal and the maternal figure. In the author's opinion, there is a kind of "re-invention of misogyny" today, and that in attempting to liberate women from the "biological" destiny of maternity, there is a risk of ending up denying that there be any "natural" feature to the desire to procreate. According to the author:

"This attack by far goes beyond the area of the 'familial'. It concerns the more disparate sectors: teaching, the media, and thought on a more general level. If there is no origin, then there is no clear outlook, no 'history', no cause and effect." (author's translation)

Even on this point, I have on many occasions highlighted how within the group analytic setting each participant synergistically learns from the beginning to optimize his or her own history as well as that of the group that has been co-constructed with the others.

#### A love affair, expecting and the birth of a child

I would therefore like to forward several hypotheses I have been formulating over the past few years. They concern that generation of women who were among the first to be able to include work as an important project for self-realization, creating a significant differentiation with respect to previous female generations who for centuries handed down to one another the role of bride and mother. Today I find that among my female patients, not a small number decides after the age of thirty-five and at times even after forty (the latter being dedicated to work in the hope, which is not always easy to realize, of having a career) to try to have a child. Often there are past tormented sentimental relationships; marriage or cohabitation that has ended in separation, at times traumatically, and always, however, accompanied by a strong sense of disappointed anger. In several cases there have been one or more abortions decided upon in solitude or by the couple, which are always very painful and deeply-felt, but evaluated as having been the only possible choice at the moment in which they were made. When the decision to have a child has been made by patients who are undergoing either individual or group analysis, the motivation related to this choice and what it means to the person and the couple is sought to be understood together. Each individual has his or her story and reasons, but in most cases this decision seems to have sincerely arisen out of intentions related to personal development and the development of the couple. Getting pregnant today is often problematic for many couples, not only because of the late age in comparison to the past but also due to lifestyle and work-related stress. Trying to have a child is rightly experienced as a decision that is shared with one's partner, whom one is accustomed to having free and playful sexual intercourse with, the end point just needing to be that of reciprocal pleasure; except when, as often occurs, even that intercourse is not as pleasurable

as one thought it could have been, since desires do not always find synchrony. I can remember that when a young, sturdy Sicilian patient of mine who was questioned by the group about why he rarely made love with his wife, even if he was "seductively" approached, replied: "My dear, dear friends, screwing and worries don't go together and work is stressing me out at the moment".

But let us go back to the child project, one that should find a unity of purpose between psyche and soma, and examine the more straightforward situations when both partners share the desire to procreate. In this case, contraceptives that were used up until that time are stopped – the pill, the coil or the condom – and the partners make love freely, but up to a certain point... The disappointment following the arrival of the first, second, third period, signalling non-conception, means that making love exits from that enjoyable carefree area and it gradually ends up becoming a duty that must be carried out without exception during those allegedly fertile days, and perhaps, if possible, on other days too; but Eros no longer lives there. In the best of cases, there may be mutual and tender sharing, but the door of communication between Eros and Love seems to be hermetically closed. Even the psyche-soma relation seems conflict-laden, the body seemingly opposing the desire of the mind. Once again I notice that the triad I have highlighted on several occasions presents itself once again: impotence-omnipotence-guilt. The child that before was not sought and then gave rise to a shared project, needs to arrive as soon as possible otherwise the distress of time ticking away on the biological clock will bring on impotence, and the culprit will then be automatically sought. Whether the female takes the guilt upon herself, and the absence of conception is experienced as divine punishment for the previous pleasure that was freely enjoyed or because there has possibly been an abortion, or whether the guilt is projected onto the partner who was not always willing to have sex on all the potentially fertile days, the outcome does not change. Sooner or later, in the nuptial bed abandoned by Eros, feelings that are anything but erotic take root: anger, disappointment, recrimination and, of course, guilt. Often analytic work enables these subjects to be understood, and a close examination of the problems can encourage the process forward. Then, after having looked at and talked about matters at length, the partners decide to do all the relevant tests to see whose responsibility non-conception is. I shall not go into individual cases, each having its own specific story to tell. I increasingly find, however, in situations I analyze where there are problems that interfere with pregnancy, that they are due to the slow motility and/or the low number of spermatozoa, and so both the man and the woman have to undergo a series of treatments as they enter into the sphere of medically assisted cases of procreation.

Medically assisted procreation: the "holy family" syndrome.

I have neither the competence nor the interest to write about the complexity of the various forms of treatment. What I would like to underscore here is that the

conception of a child, which nature astutely crafted as the outcome of an act of pleasure, an erotic act, is subjected to hard and invasive medical treatment in such situations. With this I do not wish to deny the positive side of such treatment, which enables couples who would otherwise be sterile the joy of having a child, when things work out. But I would like to point out how many psychological problems this procedure entails and the harsh repercussions they may have for the couple. During recent years, I have been alongside approximately a dozen female and male patients who have undergone treatment for medically assisted procreation. Among the various variables and differences, I have come across several constant factors that bring to mind what could be sensed as a new specific syndrome, which I have begun to call the holy family syndrome. Perhaps it has been highlighted to a greater or lesser extent by these particular cases, but it appears to be present and at times even entrenched in situations that are of a more "physiological" nature.

It may represent the starting point – the family is the first social nucleus – of what Lopez defines as the baby Jesus society. In cases in which assisted procreation has been successful, non-erotic conception seems to naturalize itself for the woman, and the psyche and soma appear to communicate synergistically once more. For the man, however, there is often a strong splitting between the project of a child that is "mentally" conceived with his wife, and the real child. Assisted procreation undeniably removes pregnancy from the sphere of "normality" for both partners, and it places it in the sphere of Events, or rather, it becomes a perturbing event-Advent. Female patients of mine who have become pregnant following several unsuccessful attempts at assisted procreation, after an initial moment of incredulous happiness shared with the father to be, tell me of their partner's gradual but significant distancing with regard not only to the erotic scene but also to that of the family, which is marked by a disinterest in test results, reaching the point of forgetting the day and time of the first and subsequent ultrasound scans. Participation seems abstract and formal, there being a sort of splitting between what the mind knows and what the "heart" fears it feels. "He no longer treats me as his wife, he is cold, irritable, distant; I almost have to make him put his hand on my tummy and feel the baby moving ... With all the hard work I did, the bombardment of hormones I had to go through..." Giovanna says through her tears, in the astonished and sympathetic silence of the group. And in another group, Ernesto appears to be distant and irritated by his pregnant wife, and when he is reminded of how much he wanted a child, the harsh treatment his wife underwent, the shame, the distress and the difficulties he had to go through, in particular with regard to that which could be called forced masturbation (or, as it is defined in slang on the website [www.cercounbambino.net](http://www.cercounbambino.net) [trying for a baby], a hospital hand-job), the joy with which he announced to us that the fertility treatment had finally produced a positive result, he says: "I know, I know... I don't understand why I feel estranged, it's as if my wife didn't do it with me... and then



we haven't made love for ages, as soon as I get close to her she turns the other way". Joking, I say to him: "It is not as if it were the work of the Holy Spirit". "I'm aware of that on a conscious level, but who knows?!", he replies half jokingly. In fact, for the whole duration of the pregnancy, sexual intercourse is out of the question. Then, however, the baby girl is born and she looks like him, "it's love at first sight between the two of us" he says happily. But his wife continues to keep him at a distance: not only does she ignore him sexually, but, according to Ernesto, she does not even take him into consideration; and she never leaves him alone with the baby. He withdraws into an angry silence, and once again in his life he feels as if he is neither seen nor recognized. Within the group, however, he is presented with his part of the responsibility, with his jealousy, his envy of the relationship that is exclusively between mother and child, which has removed him from the symbiotic and exclusive relationship that he, and only he, had previously had with his wife. He is encouraged to speak to his wife about this, to tell her of his painful anger; in short, to provide words for his feelings and not to reason along the lines of everything or nothing. By this stage, Ernesto wants to leave home. But the group's words, despite his rejecting them at the time, resound within him, and so he tries to speak to his wife, who, after unsuccessfully trying to deny her responsibilities, is attentive and willing to listen. She recognizes her mistakes and apologizes, she begins to let him stay on his own with their/his daughter, and things seem to be improving, but for the time being Eros still does not live there, and Ernesto longs for erotic relationships elsewhere.

Loredana begins individual analysis with me because of a severe form of depression. She is unable to stay on her own when her husband, with whom she has a symbiotic relationship, is away on business, and she goes back to her bedroom from her teenage days at her parents' house. The analytic work on a three-session-per-week basis lasting two years bears good results. Loredana is committed to and is successful at work but she feels the need to leave the isolation of work-home. I suggest that she change over to an analytic-group setting, which she accepts with some perplexity at first but then out of curiosity and interest. During the work within the group, her relationship with her husband is very much called into question. Erotically speaking, her husband is very absent and unsatisfying. In the meanwhile, she becomes more aware of herself and her worth, and she begins to feel that not only does she have but that she also is a body. She takes a lot of care of herself, she loses some weight and goes back to being an attractive and interesting woman. Her new sensual femininity is recognized by both the men and women of the group, and Loredana becomes more independent and learns to stay on her own with pleasure. She discovers that her husband has been telling her a pack of lies, making up engagements in other cities at institutions she discovers are inexistent, and that he is having an affair with another woman. Loredana openly confronts her husband about the facts, and

after several attempts at denying them, he has no choice but to own up to them. She considers splitting up and conveys this to her husband. He changes his attitude completely and says that she is the only love of his life. They see a couple therapist for a while, they plan to have a child together and they go back to having an erotic relationship. The child, however, does not arrive; medicalization begins and it is discovered that the sterility is due to spermatozoa-related problems. They supportively cope with the procedure of infertility treatment together and at the same time they try to adopt and are considered eligible. At the third attempt of IVF, Loredana gets pregnant. She and her husband abandon the adoption project and await the arrival of the heir, even if a slight shadow is cast over the initial happiness since Loredana's husband goes back to being distant and is often absent. He says that intercourse is out of the question as he is afraid of breaking the "spell". Around this time, Loredana ends her analytic journey successfully. She tells me happily of the birth of her son, but several months later she asks if she can have an appointment. With sadness she tells me that her husband continues to ignore her sexually: he has been distant from and has taken little to do with his/their son, and she says he is annoyed by all the care and attention that the baby needs, care that bothers him in his research work and studies. She tells me of her joy at being a mother, but also of her anxieties and the slightly-too-exclusive relationship she is tempted at having with the baby, a relationship that is exasperated by her suffering and disappointment as a wife and lover. I can remember how many people in the group had advised her to separate and had made her see to an extent that she could have other love stories, another relationship and another man who would be able to give her a child without so many problems. She suspects that her husband has begun to betray her again and after a while she discovers that in actual fact he does have a lover. Once again her husband denies it and makes love declarations to her; having greater awareness of her own self and her desires, she decides to give him another chance within the context of having the freedom to decide upon separation, which in the end was to occur.

I could go on telling you of cases that are quite similar to those I have just mentioned. I would prefer, however, to stop here and share some thoughts with you, after citing two cases in which assisted procreation ended negatively. With regard to both couples, after painfully giving up on the idea of having their own child and being in the process of preparing to apply for adoption, the women got pregnant. There was incredulous amazement followed by happiness. But the "and they lived happily ever after" comes true only in fairy tales. In actual fact, for these couples too (the women were in group analysis with me) the previous medicalized procedure that was so estranging and invasive, had created micro-traumas that the group had enabled the women to overcome, but which the women's partners had not worked through; and in these cases, too, the behaviour of the two men became very similar over time to that of the previously described

cases. The sense of extraneousness expressed in accounts given by men, and having been able to speak directly to those men who were in group-analysis with me, made me think of there being non-integrated states of the self, which involved a kind of affective anaesthetic. The extent was certainly not that of the reaction to violently traumatic events. This situation did, however, in a milder way, bring to mind that which W. Bohleber (2007) wrote regarding traumas:

"These non-integrated states of the self are unleashed by stimuli connected to a primitive trauma or to the sudden appearance of conflicting thoughts associated with the traumatic event. Their sudden intrusion into consciousness is very powerful and often a shock, and is capable of reducing the ego to a state of passive impotence. The ego is unable to gain control of the situation by means of self-reflexiveness and neither can it dissolve the situation". (author's translation)

The situations I have given a broad account of were told to me by people who were at various different stages of their analytic trajectory. Giovanna is at the beginning of her work in the group; Ernesto has been in the group for a year, having begun therapy because of psychosomatic problems, and he is beginning to translate into words what he feels instead of short-circuiting somatically; Loredana has successfully ended both her individual and her subsequent group analytic journey. In the cases in question, the patients were able to have children thanks to the chance of getting on to assisted fertility programmes. What I would like to highlight is that, regardless of their level of personal maturity, the patients found themselves having to come to terms with a bond-related pathology with their partners and their children. The couples that have been considered were characterized by a relationship that was initially symbiotically imbalanced, but in Loredana's case this aspect was modified during the analytic work, and she was and is capable of experiencing a mature relationship with a partner, in which the pathos of distance can be constructively enhanced.

The desire for parenthood was originally shared by both partners in the couples I have referred to, and I wonder what would have happened to these couples if conception and pregnancy had immediately followed a normal physiological process. Without a doubt, the process of estrangement by both partners in the (in vitro) conception then continued for the father during pregnancy, which he did not feel an active part of, thus heightening the feeling of inadequacy and the "shame" of passivization involving feelings of impotence.

This led to the mothers hyper-investing in their child, who in a certain sense was experienced as the fruit of a miracle; and the fathers experienced the child quite similarly, making them feel "shamefully" and "angrily" out in the cold. Shame and anger are the reaction to a particular sense of inadequacy, inferiority and devaluation of one's generative power, with a negative impact on one's erotic ability, in relation to the wife in particular, who is seen as a witness – an accusing witness in the males' fantasies – to the generative deficit. Thanks to the group work, Ernesto came out of narcissistic disappointment and his slightly stupefied

and depressed distancing, and he began to integrate medically assisted procreation into his history. He thus recovered the desire to have a paternal relationship with his daughter and retrieve the erotic relationship with his wife. The latter, however, narcissistically closed within her miraculously maternal role and initially unwilling to call herself into question, maintained an omnipotent and autarkic couple for quite some time, with the foetus at first and then with the baby, at the best of times bestowing the role of St. Joseph upon her husband. Loredana's and Giovanna's husbands instead took this role on spontaneously. In fact, both men consider their own child as being baby Jesus, born to a woman whom, in their fantasies and even in the relational reality of the couple in a certain sense, they had given a virginal statute to, during pregnancy as well as during and perhaps extending the child's first year of life. I do, however, believe that the cases in question exacerbate problems that even couples who conceive their children naturally are not entirely free of. For reasons that I have already referred to, it is currently somewhat rare that children in the West are born during the initial stage of being in love. This did instead happen before the development of the pill and the more modern contraceptives, and when women were exclusively "relegated" to the role of wives and mothers. I have already mentioned Janine Chasseguet-Smirgel's thoughts (2003). She reaches the point of identifying a kind of "de-maternalization" with regard to exasperated feminist positions that, with the intention of bestowing supposed freedom upon women, have instead rigidly undertaken to see that women are not reduced to their biological "destiny": maternity. When taken to the extreme, this risks denying the desire for procreation any "natural" quality. What does not alter, however, is the fact that the fantasized child – that which Silvia Vegetti Finzi defines as the night child, a vague and changing mental representation that each female outlines in her fantasies since childhood – is imagined during pregnancy as the happy synthesis of the better side of the couple. This enables the woman to experience and keep in the reality of her body the feeling that love is life and life is love, and to project the couple's narcissistic ideal on to the baby that is to be born. When the child is the result of a joint decision, the woman shares this ideal of perfection with the man she loves. As Plato had written, "love is the desire to generate within beauty – tiktein en to kalò. In assisted procreation, however, this experience is not so rich and serene, not even in the mother, who therefore does not communicate it to the father with the same joy and enthusiasm. One particular patient of mine made me understand that with every attempt that ended in disappointment, the night child took on different features, and something similar occurred even when fantasizing about a possible adoption, but disappointment after disappointment seemed to atrophy or penalize even the faculty of fantasizing. Thus a feeling of blurred impotence that is shared without awareness becomes entrenched in the couple: it is never verbally communicated, nor does it turn into awareness within the couple. Having to resort to medically assisted procreation provokes a kind of

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trauma that remains so until it becomes speakable. Often people in therapy try to share with their partner what has been understood and worked through in the group setting, but they find themselves facing resentful silence or denial of the problem; the trauma may become a shared experience and thus part of the couple's history but only when thoughts and emotions are actually shared. We know that impotence is reacted to with fantasies of omnipotence. So, the unborn child (sought after and awaited, perhaps for many years) that is charged with expectations, must be no less than baby Jesus; and no longer the best of but even better than the couple, in order to comfort its narcissistic wound of conception that takes place outside an encounter between two erotic bodies. The real child, with his or her demands, his or her limiting needs, thus risks being received from birth, especially by the father, with intense ambivalence together with feelings of disappointment. At the beginning of physiological gestation, when the child has been desired by both partners, the woman usually does not have conflicts between her identity as a lover and that as a potential future mother. The man, for his part, continues to turn to his pregnant partner, who is rightly felt as having been fertilized during an act of love, as a lover more than a mother; erotic intercourse within the couple is therefore characterized by continuity. Instead, in cases of assisted procreation, eroticism, which is accused of sterility, loses that area of play and attraction and one's body is connected to an experience of inadequacy, especially but not exclusively with regard to the male. During and after pregnancy, going back to making love could reawaken disappointed memories, and what is the road that takes duty back to play, to intimate mutual understanding? How can "inadequate" bodies be trusted again?

Even in the case of natural conception, as gestation proceeds, unsolved problems related to one's parents may present themselves in both partners, unconsciously making the management of the parent-lover roles conflictual: the place that has been left vacant by Eros then becomes occupied by ambivalence and fear. The fantasy of the perfect child, that is, the couple's narcissistic projection, becomes increasingly hard to sustain. The real child begins to take up space, to make himself or herself be felt and to condition the couple's life.

I have written:

"Until the child remained an idea, such could be "conceived" according to one's wishes, but when he or she becomes concrete and real, the creature increasingly lays claim to his or her autonomy with regard to the creators. The woman in particular finds that her body and feelings present new and different aspects which she is unable to keep under control; the new life demands its own space" (Lopez-Corbella, 1986, p. 142).

Frequently, during this stage, I have analyzed with my female patients an emergence of ambivalent natural feelings that have been aroused mainly by a fear of what is different and new, as well as physical transformations that have been experienced more as something that is suffered rather than chosen – and such bear

no relation to reason and will. But ambivalence and a sense of impotence derived from not being able to control events stimulate once more a sense of guilt, and again the law of archaic thought returns: all or nothing, aut-aut – either mother or lover. This splitting often returns at an unconscious level, but at times it is even conscious in women's and men's thoughts and fantasies, but with diversified repercussions in real terms. Men in particular, as we have seen in the previously mentioned examples, assume the role of St Joseph with their wife and look for erotic satisfaction elsewhere. Unconscious childhood fantasies, exclusion and abandonment anxieties, and unresolved Oedipal problems often lead to a clear splitting between the role as lovers and that as parents, a splitting that is heightened even further, as we have seen, by situations in which the step from one to the other has occurred not via physiological but medicalized means.

At times even the woman, who can look for compensation for her own anxieties of impotence and castration in the love relationship, can realize a kind of phallic-narcissistic saturation during pregnancy and, similarly to the queen bee, she denies the male. In several cases, he conforms to and sustains this manner through a dramatic collusion of narcissism-masochism.

Thus the omnipotent child that lodges within each of us, and which during childhood, stricken with exclusion anxiety, wished to deny the parental coupling, finally gets a chance to have a moment of triumph. The little being that has not yet been born, and is therefore still not present in his or her unique personal reality, enables fantasies of omnipotence to be retrieved thanks to the double narcissistic identification with the omnipotent infant and the hyper-altruistic parent. In addition, ambivalent fantasies and destructive wishes towards this new, and as such, mysterious entity, are reactively transformed into a fear of harming the unborn child. Those rules that would seem obvious to abide by out of a natural sense of responsibility, are laid down in an enlarged and gigantic form in the service of the Super-ego and a sense of guilt, resulting in an increase in narcissistic expectations towards the child, for whom, even before he or she is born, much has been sacrificed and much has been given up. A vicious circle of ambivalence, guilt and narcissistic expectations is thus established that, in a shift from the family to the social, produces that which Lopez defines as "the society of baby Jesus, dominated by the narcissism-masochism collusion" (Lopez, 2007, p. 92)

The exemplifying cases looked at here therefore seem to "heighten" problems shared by many couples, making them more visible.

The situation that in its concreteness should best represent a happy synthesis between Eros and Love – since on an ideal level, Eros between a man and a woman produces a new creature to love and to be loved by, further consolidating the love between parents – instead risks bringing out conflictual splitting in the individual component within the couple, within the couple itself, and with repercussions for the social.

Longitudinal research<sup>1</sup> over a four-year period, described in the book *When partners become parents: the big life change for couples* by Cowan and Cowan (1992), gives support to the notion that the transition towards parenthood is the period in which husbands and wives are most unhappy in their relationship.

"How parents approach the rough spots and how satisfied they are with the outcome of their efforts can have profound effects on how they feel about themselves, what happens to their marriage and how well their children do as they meet the challenges of elementary school (p. xiii).

Today, becoming a family seems to constitute a particularly complex challenge. Both members of the couple more than ever need to have reached a good level of integration between psyche and soma, and to be altogether satisfied with themselves so that they may be so both as a couple and as parents. In this specific context, it seems clear, in my opinion, given the close connection that runs between narcissism and love, that what Lopez (2007, p. 86) defines as healthy egotism is genuine altruism. Being able to reach healthy egotism is, however, a difficult point of arrival because healthy egotism does not mean self-love as "an episodic and transeunt individual ... but as an individual who has achieved self-awareness, a unique individual but one who represents the universality of his or her genus, who represents deeper meanings of being"; an individual who, according to Lopez, ascends to the level of Persona. A Persona person will certainly be capable of that lasting love even during the transition from lover to parent. Why then is this step so difficult for the majority of human beings?

How to become a family?

We are aware that during times of transformation fear of what is new often reactivates old defence mechanisms such as archaic thinking according to the law of all or nothing, aut-aut. In the above-mentioned research, the majority of couples seems to understand one single way of experiencing sexuality during pregnancy: either making love as before or not at all, in an attempt to deny body changes and keep them under control. In our examples, we have seen the difficulty involved in going back to an erotic relationship even after the birth of children, and Cowan & Cowan's research confirms our hypotheses. Men and women who have greater self-esteem seem better able to integrate the role of parent with that of lover (Ibid-p.121).

Another variable, however, complicates matters, which is that today self-esteem is connected to work for the woman too, making the integration that is required

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<sup>1</sup> This research, "Becoming a Family Project" is in three parts. The first is an analysis of the problematic nature of the transition to parenthood in society today. The second part examines the couple after the birth of a child until school age, and shows how the child's family environment at a pre-school age influences his or her adjustment to the social and learning demands of elementary school. The third part analyzes the reactions of a group of parents who were randomly chosen from the participants of the study; they met up once a week for six months, three of which were the last months of pregnancy, the remaining three being the first three months after childbirth.

by her even more difficult than it is for the man. The question that arises is: how can being a mother, a lover and a worker outside and inside the home be integrated into everyday life? How can the needs of the mind and the body be integrated? Society supports and values this integration in words, but when it comes to facts the female who treats herself to the luxury of pregnancy during the years that are considered biologically most suitable, is often penalized in the work environment and is helped to the same slim extent by what should be efficient social services. Every year at the end of August, Italian newspapers report on the lack of childcare and nursery schools, and at times even on their poor quality. But even women who decide to have children after guaranteeing themselves a certain career, are no better supported. Grandmothers and grandfathers, who for previous generations were often a valid help, today not infrequently are still deeply involved in their own working lives and are therefore not as free and available as they would like to be; or they are physically or metaphorically distant. Therefore, not only new parents but all of society collectively in this fast and continuously evolving world, needs to venture into unexplored territory, to look for new solutions and push boundaries that may one day signal milestones in the coming to be of the individual, of the family and of society. Bringing about change in intentions but also and above all in facts is needed so that the first social nucleus can become an integrating model that impacts positively on society: converging and synergic action needs to recapture hope and invest in the future of this nucleus. In our role as group-analysts, what can we do?

What can be done?

In the most recent bills supporting maternity, psychological help<sup>2</sup> is provided for, but nothing is explicitly stated about an expert taking groups. Moreover, from what I know, even the role of the psychologist has been medicalized, in the sense that he or she deals with the direct emotional effects that fertility treatment may have on the individual patient, but not with the emotional repercussions that the medicalization of a physiological event may have for the individual, for the couple and for their bond.

I believe that it is necessary to highlight the need for projects that support parenthood, and to stop colluding with the fantasy that family problems must be dealt with omnipotently by mothers. This attitude can only lead to women experiencing a sense of impotence and inadequacy, resulting in a negative

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<sup>2</sup> The new guidelines containing indications of the procedures and techniques of medically assisted procreation, provided for in art. 7 under the law 40 of 2004, which are an update of guidelines of 21<sup>st</sup> July, 2004, were signed by the Minister of Health, Livia Turco, on 11<sup>th</sup> April 2010 following the declaration made by the Presidential Committee of the High Council of Health on 9<sup>th</sup> April, 2010. The decree is published in the Official Journal of Italy of 30<sup>th</sup> April, 2008. The main changes are as follows: - each Medically Assisted Procreation centre must ensure adequate psychological support for the couple, and make arrangements for a consultation with *a psychologist who is suitably trained in this area*.



influence on their self esteem and consequently on the couple and the family. That there is a need for exchange and communication regarding these topics can be seen from the growth in virtual groups that are almost always managed by people with fertility problems. The site quoted above, [www.cercounbambino.net](http://www.cercounbambino.net) (trying for a baby) is one of the most important and reputable, and it has reached a total of 25,000 registered users. I accessed the site at 11.00 p.m. on a weekday and there was a total of 658 users online. Information and experiences are exchanged in these areas, but above all support and solidarity is sought and found. Let us take the more complex situations, that is, couples who need to go to centres for medically assisted procreation. We can group them together homogeneously as regards the subject of assisted procreation, and make the micro-traumas they will have to face as well as their mourning of omnipotence – since wanting is not always being able to – things that are shared, speakable and confrontable. We need to courageously sustain the nocebo effect of excessive passivizing medicalization that violates the couple's intimacy, as well as the invasive aspect of too many prenatal medical appointments. It will be preventatively useful to know that often the partners will feel seen but not looked at or recognized in their uniqueness. Perhaps it is for this reason that in the aforementioned clinical cases, the "St Joseph" males, who were unconsciously allied with the aggressor, made their partners feel transparent at an erotic level. We should prepare them for the possible failure as well as the possible success of their project. We can assign an individualization function to limits as opposed to their being assigned blame. Working with these couples will enable us to cast further light on those problems that, less explicitly, are present in every couple when thinking of becoming parents and then engaging in the project. The group could be that protected area in which men and women will be stimulated and helped to communicate with each other and feel unashamed about feeling shame; to explore together and deal with their anxieties and expectations, and the differences and similarities between feeling male and a female way of feeling; and to give value to as opposed to deny the gender differences and the different body responses. In particular, it could be understood that with regard to males, the "shame" that is felt following passivization and that which I called forced masturbation, can take on destructive attributes towards both the subject himself and the bond with his partner. Speaking together about humiliating but shared experiences will enable their gradual integration and the transition from a destructive toxic shame to that which Kilborne defines as humanizing shame. The author writes:

"The former is associated with a sense of constraint, anger, withdrawal, and that which Bion calls an attack on the bond and unbearable punitive isolation, abandonment and desperation (...). Humanizing shame, on the other hand, increases flexibility and humility when responding to anxiety and feelings of impotence and limitation; it heightens attention towards others' feelings

(contributing therefore to having concern, empathy and feelings); and it operates as a source of life and "joie de vivre" thanks to trust in one's own responsiveness and the pleasure of being able to respond to others. Moreover, humanizing shame goes hand in hand with acceptance ... ..

Humanizing shame is one that receives recognition from others, from oneself or both. It is associated with human sensitivity, a sense of incompleteness, vulnerability, pain, humility and openness, and it makes human bonds and empathy possible" (Kilborne, 2007). [author's translation]

Through sharing, exchange and mirroring, the group can stimulate the transition towards humanizing shame. This will enable participants to feel that they are being looked at and seen in their uniqueness, and recognized and understood in their troubles, in such a way that the look of the other can clothe with compassion (in the best of senses) those bodies that were made to feel nude and transparent by medicalization – bodies that have been narcissistically attacked. It could be hypothesized that this very attack on genital narcissism provoked the splitting in males between parental and phallic narcissism, and the adoption of a double role, that is, the role of St. Joseph with the mother of children and that of Don Giovanni with other women.

The group can empathically clothe not only physical but psychic nudity as well: positive values can be retrieved by laying oneself bare. Sharing and differentiation can therefore be experienced and managed without lapsing into stereotypes that are current or inherited, and/or intergenerational or social; and deadly symbiosis may be come out of and the pleasure of chosen moments of solitude be experienced.

"Being able to stay alone will indicate an organization of otherness that contains the representation of an inalienable intimacy within the self and the other, who is considered as both similar and different at the same time" (Ferrant, 2004, p. 157). [author's translation]

Conflicts could be dealt with creatively as opposed to destructively, new solutions being fostered. All of this cannot come about triumphalistically; it needs hard work and suffering, but the hard work and suffering would not be just for their own sake, they would not be sterile. It could be directly experienced that creativity, like motherhood and fatherhood, is a prerogative of human beings that goes well beyond the concrete aspect of procreation.

And Love and Eros could at last be united again, and psyche and soma could communicate without being rigidly conditioned by what is and is not strictly physiological. We should not, however, lose sight of the fact that:

"streams of dopamine, serotonin, oxytocin, testosterone and other hormonal neurotransmitters regulate thoughts and emotions, feelings and arousal (Angela, 2005, p. 199). (author's translation)

I found it very interesting to discover that "Today, science has shown that various ways of loving are actually holistic, in that they involve all the same hormones"

(Odent, 1999, p.xxiv). "Oxytocin, the hormone secreted from the posterior pituitary gland, is essential during childbirth and breastfeeding (...) It has been discovered that when oxytocin is injected into the cerebral ventricles of mammals it can induce maternal behaviour (...) Oxytocin is released by both partners, the male and the female, during sexual intercourse (...) No matter which form of love is being considered, we have found that oxytocin always plays a role (Ibid, p. 10) (...) the function it performs during sexual arousal and orgasm having been discovered only recently" (Ibid, p. 37). [author's translation]

If the partners are informed and made aware of the latest scientific discoveries, it could improve their understanding of the contiguity and continuity that there is between eroticism and love at various levels, thus enabling them to better comprehend certain moments of difficulty. A caesarean birth, for example, that is very medicalized, could reduce oxytocin and make the initial mother-infant relationship more ambivalent; or the production of prolactin during breastfeeding could reduce sexual desire in the mother. Such knowledge could help move beyond physical conditioning in order to recover a personal area of creative freedom and avoid the useless reception or projection of blame. A climate of collaboration and awareness of the differences between men and women within the family unit during everyday communication and exchange, could have a positive impact on the family and its offspring, and over time on the wider social sphere. I believe that it is absolutely necessary in our era to redefine what the obvious, or so-called normality, is. It is no longer so obvious that it is the female who always takes care of bringing up children and doing housework, and that it is up to the mother to take care of internal space and the father external space. Only through mutual understanding, solidarity, exchange and play on a daily basis can Eros return to the love-nest, to a dwelling that has been gladdened by the presence of a new little-big person, without him or her being and being treated like baby Jesus. Being free of feelings of impotence and reparative fantasies of grandiose omnipotence, men and women, allied, can go back to enjoying real reciprocal and even erotic vigour.

Listening to the person as an integrated whole

From the examples that have been considered, we have seen how important it is to listen to the person as a psychophysical whole, and how the group setting is the elective setting in which emotional repercussions related to the body can be received, when body and mind have been deprived of words; and this applies to dynamics in the opposite direction as well. In fact, the group setting also enables an understanding of how "mental ill-being" can impact negatively on the body, given that a human being is the resultant of his or her being one, where psyche and soma influentially reciprocally interact:

Ogden (2001) writes:

"I believe that few aspects of psychoanalytical practice are more complex (or more fascinating) than the question of how experiences in analysis can facilitate the healthy development of the patient's sense of being seen in his or her own body. In healthy conditions, the experience of being a body and the experience of having a mind are inseparable aspects of the unitary experience of being alive". (author's translation)

And Stern in "La Repubblica" newspaper (9th August, 2010), in an interview with Massimo Ammaniti, during which he speaks of his new book "Forms of vitality", highlights the centrality of movement<sup>3</sup> in the vitality of the individual, and the importance therefore of paying attention to body movements as well.

And he sustains that:

"Whereas psychoanalysis has traditionally privileged words and narrating, or rather the area of explicit awareness that can be verbally communicated, infant research has brought to light that there is an implicit consciousness that is more automatic and not reflexive which is expressed through our body without us realizing it. [...] It is a field that is mentioned more and more frequently, that of incarnated cognition, i.e., cognition that is rooted inside the body. Whereas an abstract model of the mind's life was previously conceived, it has gradually come to be considered as "embodied" or rather, rooted in the body, as was theorized by the epistemologist Varela". (author's translation)

Drawing and elaborating on W. Reich's thoughts, the group setting has from the very beginning, because of its specific nature, paid great attention to the body and its movements. On this subject, in one of my articles from 1998, "Essere nel gruppo: dalla dimensione corporea a quella personale" (Being in the group: from a corporeal to a personal dimension) – to which I would refer those who may want to read further on the subjects examined therein – I sustained that group therapy in comparison to individual therapy brings out the body dimension to a greater degree. In the group setting, communication does not come through words and listening alone: sight is privileged in comparison to hearing, since the therapist and the group members look at one other.

Being in the group, as Rouchy reminds us, is a kind of going back to one's beginnings since: "in the beginning it was the group". And this is true with regard to every individual's history since we are all born within a family-group, and to the history of psychoanalysis, too. In fact, when Freud was with Charcot at Salpêtrière, he felt the need to question himself differently about the working of the psyche specifically within the group. Subsequently, however, by replacing the spectacular group space of hysteria with the dual psychoanalytic space, he

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<sup>3</sup> This is a concept expressed in the interesting book by Katya Bloom, *The Embodied Self*, the subheading of which happens to be "*movement and psychoanalysis*". I owe the quotations herein by Freud, Yeats and Ogden to her.

discovered the words and language of hysteria and chose to privilege hearing and the word over sight. Kaes underlines that Freud "invents" psychoanalysis in order to counteract the hysterogenic effect of the group and its dramatic seductive space, thus privileging the psychic dimension of the representation and the word. But today the dynamics that develop in our therapeutic groups are not the same as those which characterized groups made up of spectators of hysteric dramatization; and the pathologies we have to deal with are not in most cases reducible to those of Freud and Charcot's time. In our consulting room, we frequently encounter people whose pathology originated at very archaic levels, as far back as that in which there was not even a distinction between psyche and soma, and it is that very level that can, during certain moments, be revived by group dynamics. Moreover, the relationship between group and body is mutual. The representation of the group as a body is present in the oldest of metaphors of philosophical, religious and political thought: it is sufficient to think back to Menenio Agrippa's apologue. And Kaes reminds us precisely that:

"The image of the body as a group directs us to the image of a group as a body. The group is double the body. Their common trait is that of providing the narcissistic foundations of identification, and the interplay of equivalence and equation in the group is fundamental to the transference of narcissism and identifications that sustain it". (author's translation)

Narcissism is therefore at the heart of problems related to the body and the group, and narcissistic deficits frequently characterize pathologies that we have to deal with today. We also know that our initial awareness of being in the world goes from awareness of being as a body, understood both as a *korper* (the body I have) and a *leib* (the body I am), with all the numerous stratifications that existence implies, to awareness of being in the world as a person with one's unique complexity. In my opinion, being in a small therapeutic group enables these steps to be revisited and dealt with at their best, even with regard to those pathologies that originated at very archaic levels. The mirroring function of the group supports the transition from seeing and being seen in a "superficial" body dimension, to seeing oneself and seeing the other as a person in his or her entirety as well as in his or her characterizing makeup that necessarily comprises corporeity, sexuality and the sensorial. The analytic-group setting, thanks to its inherent mirroring culture and mutual listening, thus takes psychoanalytic therapy as a listening cure to its highest form of expression, along the path indicated by Groddeck and Ferenczi.

"The listening cure opens out towards the very nature of being, through words as well as without. A part of being without words is the body that perceives and is perceived" (Langan, 2007). [author's translation]

We often find among the older pathologies those that directly involve the body, such as psychosomatic disorders, which we know are effectively treated via group therapy. And if it is true, as McDougall (1989) writes, that:

"each patient reveals a unique and personal drama through their individual use of the complex and involuntary translation that his or her soma has found in response to the psyche's primitive messages",

then it is also true that through interaction and listening to others when placed in groups in which different problems are dealt with, patients who tend to react somatically can begin to enter into contact with their emotions and build a bridge towards one's own inner world so as to learn the body's language too. This language, which has become communication, can be understood; the symptoms can be "spoken", that is to say, they can be thought and translated into words and therefore dealt with and modified over time much more quickly than in individual analysis. I do not hide the fact that, while reading the above-mentioned interesting book by Joyce McDougall (1989) "Theatres of the Body", I thought that several patients she very masterfully treated in individual analysis could have reached similar results sooner thanks to group analysis.

I think in particular that a group-analytic setting that is enriched by one monthly session conducted by a classic psychodramatist<sup>4</sup> can greatly speed up the opportunity to highlight how "the 'physical' moment of the unconscious process shows itself" (Langan, 2007) in the somatic symptom.

An important difference between the two settings is that in the psychodramatic context, there is a global use of the body, which then becomes an element of communication in the natural course of events. The psychodramatist Giovanni Boria, whom I collaborate with, sustains that integration between psyche and soma occurs at a level of being. Speaking to me personally, he said, "I find it difficult to make a distinction between corporeal and non-corporeal: I am, I think, I vibrate, I have a heartbeat, I experience my entirety and I define who I am. Words can then provide a frame for and awareness of what I am".

I feel that the contents of this paper indicate well how the group-analytic setting can profoundly stimulate movements of integration between somatic and psychic aspects, to the point of it providing a privileged mirror for the human being as a "person" in his or her entirety.

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<sup>4</sup> For a more in-depth reading of this subject see "*Storie e luoghi del gruppo*". *Una convergenza operativa tra analisi di gruppo e psicodramma*, pp. 266-280.

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