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Gender violence and shame. The visible and the invisible, from the clinical to the social systems

The unconfessable is not what is not confessed, but what is such that there aren’t confessions, or secrets that can reveal it.
(M Blanchont, 1984)

Abstract

The traumatic experience of violence is, in its nature, unspeakable. It causes in the victim a deep wound in identity, changes in the dynamics of psychic investments producing a failure of the ability to symbolize, thus breaking the rules that characterize the usual development of thought. Some affections related to the body prevail, above all the shame which expresses itself in characteristics which reinforce the element of trauma. The loss of a capacity to represent and symbolize is not only a psychic dynamic, but it also reproduces itself in the social systems, shaping that zone of “silent concealment”, that drives the phenomenon of gender violence. The psychoanalytical reflection on the relationship between guilt and shame seems to be a priority in dealing with and at the same time highlighting the risk of victim blaming intended in terms of the unconscious defensive dynamics expressed by the social systems. We will consider the importance in the therapeutic intervention of the work of reconstruction and historicization, to be able to reactivate representation which allows the integration and the chance to distinguish the imaginary plane of the traumatic event from the real one. The psychoanalytical approach to the groups provides an interpretative model to articulate the psychic and the social space.

Keywords: gender, violence, shame, trauma, psychoanalytical approach to the individual and the group.

Considerations, from trauma to beyond

The statement according to which psychoanalysis began as theory of trauma is well-known. At the beginning Freud (1895-1920) links trauma to a seductive action by an external object, giving rise to the organization of the neurotic structure. This action is divided into two times: the time of the event and the time of memory (in après coup) that provokes an afflux of sexual excitement which sweeps away the defences of ego, leading to the value of trauma only later.

The event is, therefore, first considered real and only in a second phase does Freud face the issue of fantasy of seduction, opening himself to the concept of psychic reality
where the trauma is related to original ghosts that are part of the internal reality of the individual.

The economic point of view (1920 - 1939) opening to the analysis of the effective external reality marks the paralysis of the subject facing an increase of stimulus that is excessive for the *Ego* and its defences. The mental apparatus must accomplish the task of linking the excitement to the aim of its subsequent discharge. The clinical translation is the neurotic pathology driven by the compulsion to repeat.

Freud gives, therefore, a distinction between neurotic pathology of internal origin and of a sexual nature and the traumatic pathology born from an external event. The aspect that links the trauma to the narcissistic wound becomes more central, deepened by Ferenczi (1933), who inscribes the trauma into the internal aspect of the object’s relation. The reference is to precocious traumas in the adult-child relationship, where a “confusion of languages” occurs when a demand of tenderness by the child is answered as a sexual demand. To deny the anxiety of being at the mercy of the other, the assaulted comes to identify himself with the aggressor and to introject the sense of guilt and the idea of being responsible for the excitement of the seducer and of seduction itself. This is the “terrorism of suffering”: in order to preserve a relation to receive tenderness, one is willing to take on the guilt of the aggressor and to please him and his desires.

Khan (1974), continuing with Winnicott’s studies, believes that the lack of the auxiliary function of environment causes damages to the maternal function of *protective shield*. These damages considered separately are not traumatic, but they add up silently, invisibly and retrospectively in the course of time, giving birth to a “cumulative trauma”.

The *traumatic setting* also adds to the *trauma*. This involves not only the presence of the subject and an infraction in the antistimulus defensive barrier that, but also a vital situation in which the relational world is implicitly involved (Baranger, Baranger & Mom, 1988).

Beside this it is necessary to deepen the role of memory and of mnestic activities in the process of codification and elaboration of the real event and in its reconstruction and signification through the narration of the subject. One of the most open questions on trauma besides the one between internal and external reality seems to be: memory or reconstruction?

Both cognitive studies (Schacter, 2001; Pugh, 2002) and neurosciences (Tulving, 1972; Le Doux, 1998) agree in the overcoming of unique memory considering the existence of an implicit – *non declarative memory* where the implicit and procedural memories are stored. While in *declarative memory* autobiographic and episodic memories are stored. The implicit memory stores archaic, pre-verbal and pre – symbolic experiences, carrying structure of a precocious *unresolved unconscious*. Those aspects in analytical terms can be recovered in the therapeutic relations in transference – countertransference dynamics, as a relational scheme that acts implicitly (Stern et al., 1998) acquiring narrability and meaning.

Research has centered itself on the different modalities of recording mnestic traces and their consequences in the organization of the psychic area (Volbert, 2004) showing
how the memory of trauma stores memories differently to the autobiographical explicit memory (Van der Kolk et al. 1996).

Owing to the extreme emotional stimulus caused by the event the memory is divided into images, affective states and somatic states, they are implicit memories, which share the objective experience but cannot be integrated into a narrative memory. And that is why the content appears non-modifiable, and the historical truth cannot be re-signified.

The debate therefore concerns the possibility of elaboration of those memories, which seem incapable of a narrative reconstruction.1

Despite the functionality of memories there are difficulties in finding appropriate ways of expressing representations. The traumatic memory closes the preconscious space, which gives birth to the transformative operations of thought; the fantasy born from trauma becomes an extraneous body, separated from the historization process.

The difficulty of mentally representing the impact of external events and the demand of the internal world appears as a common element at the basis of the clinical aspects of the traumatic experiences (McDougall, 1995). Broadly, it can be said that the vicissitudes not susceptible of representative psychic elaboration will be traumatic. That is to say those, which bring about the collapse of the process of the construction of meanings, destroying the trust in a world symbolically shared (Bohleber, 2007).

Social and private trauma

Amati Sas (1989, 1992) examined the psychic conditions of those who survived extreme forms of violence, torture, genocide and disappearances and observed a complex development of feelings, identifiable in the experience of numbing and in the invasion of ambiguity on the Ego. In situations of catastrophic anxiety, such as state violence, there is a regression of the subject to that agglutinated or ambiguous nucleus (Bleger, 1967), the undifferentiated space between internal and external worlds where indiscriminate affections without any organisation or hierarchy are found, where opposites coexist.

This regression towards ambiguity plays the role of defence mechanisms against the anxiety of disintegration; the push becomes “the ability to adapt to all things” to make the traumatic context familiar and reassuring, when naturally it isn’t at all (Amati Sas, 1989).

Situations of violence lead to a particular form of traumatic regression in which the persecutor forcibly takes the place of internal objects: the subject is bereft of the relation with himself, annihilated, paralysed.

The guilty party begins to destroy all of his victim’s usual references, those on which his narcissistic, objectual investments lean (…). The victim then accepts the systems of thought of his (her) persecutor even if contrary to his (her) previous ideals, as a condition of his (her) mental survival (Tisseron, 1992).

1 Although Lansky (1995) has shown that the post-traumatic nightmares and flashbacks are derivable from this dissociative state of consciousness, they are still subjected to the work of dreams. This proves that traumatic memories are not entirely separate from the flow of current psychic dynamics and transformations detectable within the therapeutic relationship in the processes of transference and counter-transference.
In extreme situations the victims are forced to go over their principles, to accept being released from their belonging to the human race. When all the internal and external references are lost, what rules is not only a simple inadequacy but a global sensation of confusion as if a catastrophe had razed to the ground the feeling of internal continuity of the subject and this lead to extreme shame which leads the subjects to cling to everything included the persecutor.

This is, for example, what happens to the prisoner submitted to extreme conditions, «who behaves in a way of which he himself disapproves» (Bettelheim, 1943).

The victim degraded to the level of partial object can be overwhelmed, therefore, also by affections of shame, compelled to renounce his own individuality, his (her) own choices, his (her) ideals, this thoughts and thereby becoming a receptacle for the projective identification of the aggressor and of his omnipotent manipulation (Cohen, 1992).

Gaburri (2009) on connecting the intrapsychic and the relational level, describes a model according to which shame and trauma are situated at conflictual crossroads between the instinctual drive to individuation and the exciting desire to remain in the parasitic relationship with the other.

In the specific case of violence against women, the relational world becomes damaging without a means of escape, humiliation occurs because the experiences of shame is often deliberately inflicted, more or less consciously, organized to produce the subjection and the annihilation of the other.

Violence as non-appellable trauma is accompanied by shame, which can be declined primarily in shame of the body: A body that is no more warrantor of the narcissistic identity, above all when it has been the object of ill-treatment.

Often the shame that comes out from traumatic conditions can give birth to trauma, because it attacks the identity immobilizing the evolved psychic functions, causing confusion and impotence. So the effect of shame reinforces the already invalidating and disarming effect of trauma (Pandolfi, 2002).

An ulterior form of violence seems to emerge, the export of guilt from the guilty party (incapable of feeling it) to the innocent, as described by Ferenczi (1933), in the process of identification with the aggressor.

Sexual violence, therefore realizes the fantasy that is on the basis of the affections of shame: to be naked at the mercy of the other, who, as in the primary impotence at the origin of the life, has the power of life and death over the subject.

The wish of sadistic control over the other has stopped any movement materializing an extreme form of occupation of the mind of the other up to the loss of self. This terror of annihilation could partially explain the acquiescence, the difficulty of getting out of the situation of dependence and of taking that step which leads to a report to the authorities.

The silence surrounding violence and its concealment is sometimes a defence mechanism of transformation of shame into guilt; to feel guilty is to find a cause to uneasiness and to justify the partner of his guilt in order to keep the connection to him. To transform shame into guilt is a defensive mechanism because shame can be considered a more archaic and more destructive affection than guilt (Lewis 1992, Pandolfi, 2002;
Giorgia Margherita, Gina Troisi

MATERIALS Tisseron, 1992), because it has no admittance to atonement and deals with a total failure of the identity of the individual forced to face his impotence.

Shame, guilt and victim blaming

Freud, with the advent of second topic and the clarifications of the different functions of the Super Ego (self-observation, moral conscience, ideal), made the first distinction between guilt and shame. Shame should be more linked to the ideal of Ego and to the narcissistic expansion and guilt to the Super Ego, to prohibition. In kleinian terms, fin regards to its distinctive features, shame can be considered close to the schizoparanoid position; the latter is a more archaic and destructive affection than guilt, which appears, instead, in depressive phase as possibility to go to the atonement.²

With Kohut (1971) and the psychoanalysis of Self, the shame enters overbearingly on the scene of psychoanalysis, where the tragic man is preferred over the guilty one.³

Shame thus involves the Self and identity, it is the affection that “reflects a sense of failure or a deficit of Self”, “the eye turned to the internal” (Morrison, 1994); it is also, an emotional system that rules the social link.

Guilt, instead, isn’t concerned with self but with what one does in real or fantasy terms, transgressions or omissions, which damage the other (Lansky, 1999).

According to Lewis (1992): “Shame literally alters the Self, felt as unarmed in the guilt the Self attempts the objects of the world, altering them”. Guilt is always linked to a moral transgression and shame to failure, accompanied above all to a suffering that passes through the body. Actually, blushing is the demonstration of how it is a visible affection. In shame the Self in a state of passivity, captured in the vacuum and in the negative perception that sent again to it, in the guilt the Self remains active and absorbed in the action.

Shame leads to hiding and to concealment and its antidote is either the desire for revenge, or the acceptance of the inadequate and faulty Self. The remedy for the guilty part is not searched for in the concealment but in the atonement, in the confession of the misdeed to the other, therefore, in the reparation. In a certain sense guilt is dischargeable, sharable but in shame the emotions appear to be blocked.⁴

If shame and guilt are intimately linked they differ in their object, in the origin of stimulus, in the result, outcome, and in the means of defence.

Guilt can be in some cases a defence from the primitive shame that has as a consequence forms of psychic disintegration and social exclusion. Shame excludes the sub-

² Regarding the subject of shame, Janin (2003), introducing the anthropological discourse of Benedict in The Chrysanthemum and the Sword (1946) believes that phylogenetic development has conducted the Western man from shame to guilt, considering the society of guilt linked to a major capacity of abstraction and the civilizations of shame, like the oriental ones, linked to the image and the unthinkable.

³ The consolidation and the cohesion of Self according to Kohut (1971, 1977) depends on the empathetic answers of sustaining of environment. The psychopathology is the consequence of a narcissistic wound, of a deficit significant caregiving. The vision of trauma goes from the territory of the intra-psychic to that of the relationship. The care will consist in the reactivation of the narcissistic needs (to be admired, valued, looked at, and joined with an another that is idealized), to whom the shame and the vulnerability had blocked the access.

⁴ The symptoms of shame would be more closely linked to pathologies like depression and hysteria, while the guilt is more closely linked to a paranoid mechanism and to the psychic process connected (Lewis, 1992).
ject from the community, breaks the connection with the group. A masking of shame through guilt can permit an easier path to forgiveness, through a reparative gesture, assuring the reintegration of the “guilty” part into the social group (Pandolfi, 2002).

Some studies show how women victims of violence tend to put the blame on themselves. Phillips (2000) interviewing young women notices how they take the responsibility of the rape on themselves by saying: “I decided to go out with that boy”, “I accepted to kiss him”. To take the responsibility of the event allows them to pass from a passive to an active position, which assures the reestablishment of control of situations.

When, then, the reactions of the environments are negative, the victim tends to take the blame on herself more (Luo, 2000; So- KumTang et al. 2002), in a kind of anaesthesia of the conscience (Mathieu, 1991).

Besides the need to go from a passive to an active position, the other element that can induce a feeling of blame is the state of confusion, that can cause uncertainty about what really happened and its meaning, and the feelings of joint responsibility and shame (Romito, 2005; 2011).

The victims are not able to mentally represent the event. Even if they are able to describe the experiences suffered, they are incapable of naming and describing it as violence (Phillips, 2000).

As for the shame as archaic affection we have to say that it shapes the development of female gender identity.

Chodorow (1978) says that shame expresses feelings and fantasies of Self, onto the body of other people, because it involves gender and the relation with the mother, whose links is inscribed in the corporeal.

The primary narcissistic wound provoked by the necessary separation from the body of the mother is made more necessary in women by the risk of entering an undifferentiated space. This may provoke feelings of contempt and self-devaluation, embittered even further by the experiences of separations that follow, which are difficult to be transformed mentally.

Beside the invisibility of the female genital organ, transmitted as unnameable from mother to daughter as a vacuum of word and/or meaning, have around meanings of loss, bringing feelings of guilt and shame, that “sexualisation is unnameable”, has no representative equivalents (Nunziante Cesàro, 1996; 2007).

Shame can be linked to having a body without male organs, but also without female organs, doubly without anything, sexuality transmitted in a negative way as absence (Quinodoz, 2003).

The major predisposition of a woman to the affection of shame is maintained by empiric studies that link it to mechanisms of internalization and feelings of hostility and anxiety to defend the Self: taken from the women since childhood and linked to the cultural stereotypes (Lewis 1976; 1978; 1980).

To go deep into the unconscious dynamics that come together in terms of vulnerability, to expose women to violence, it is a delicate issue and we risk falling into the phenomenon of victim blaming which, as is well known, makes the tendency to blame the victim real at different social levels.
Psychoanalysis teaches us that even an interpretation can be violent (Aulagnier, 1975), if it is given an “abuse” and overload of meaning. So either in the clinical therapeutic relation in general, and in particular in patients in which the trauma has manifested, or in the interpretation of some theoretic constructs which contribute to understanding the phenomenon of violence against women, the choice of appropriate non-intrusive, language becomes delicate. No word can suitably represent the experience.

In emotional terms, victim blaming seems to be the social strategy to deny something unthinkable, the thought of the violence itself is stemmed, the horror is placed outside the victim, and the weak element feels guilty.

On the social level all the research shows a representation of abused women as provoker of the violence or masochists (Kristiansen & Giulietti, 1990) and at the same time men as ill and, therefore, lacking in free will (Garcia & Herrero 2006; So-KumTang, Wong & Cheung, 2002). As far as attribution of guilt is concerned, we notice significant gender differences; men would assign more probably the guilt to the victim of violence, more than the women (Bryant & Spence, 2003). Such ideas are deeply rooted in the beliefs of those who should protect and take care of women (Gonzo, 2000; Romito & Paci, 2000).

Is not surprising that women who have been denied and dominated for a long time deny the oppression’s violence (Romito, 2005).

“Symbolic wounds” social systems and gender violence

The strategies of collective hiding, for example, as in a legitimate crime (a ‘crime of honor’), the denial, the discredit of the victim are described by Romito in a text of the emblematic title: “The Deafening Silence”, where the silence dealt with is not only the one of the missing complaints by the subjects but also the helping silence of institutions. Last year in Italy the “If not now, when”? Network of women made a web appeal that collected millions of signatures in few hours. In the petition women asked men to mobilize to put an end to this horror and to the media to change the slant on stories of violence not to erase with words the responsibilities.

Although the law has gone some steps further, and public opinion nowadays more sensitive, the representation given by the media of violence against women is mainly altered by images so spectacular so that they shade faces, words and silence that is the stories of women. The choice of language, of words to deal with the violence against women, is an ethical theme to face on several social levels from information to prevention and to healing.

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5 The text has an evocative title The violence of Interpretation. The first reference is to a maternal word that leaves on the child a flow creator of the meaning; a sort of violence. But there is a primary violence that is structural and is linked to the indispensable maternal interpretation, important for the child’s mind; then, there is a secondary violence, that is practiced against the Ego, with the aim of preventing the autonomisation, as in psychosis.

6 In Italy, only in the 1996, sexual violence (rape) ceased to be a crime against the public morality and is identified as “crime against the human being”.

7 Let us think for example, how the large communicative campaigns against the female genital mutilation on the young African immigrants have reached the opposite effect of closure, and concealment by existing as an underground phenomenon.
Gender violence and shame. The visible and the invisible, from the clinical to the social systems

Hidden and omitted aspects have always accompanied the violence against women; the traumatic element characterizing the psychic dynamics in family or couple relationships seem to come back even at a wider level in terms of social links proposing a culture that to become free of the “guilt”, in a certain sense masks the phenomenon.

Psychoanalysis of groups and institutions has shown how much the social systems confuse different levels of reality by mixing up social, cultural and not least psychic processes at the same time.

Institutions are warrantors of the individual’s safety and security needs through the creation of defence systems which protect from the primitive – basic anxieties (Jaques, 1955) and, at the same time, are storage and receptacle for the primitive nucleus, of undifferentiated and hardly integrated of subjectivities and identity areas (Bleger, 1967).

Individual and social violence can be considered a consequence of a form of “civilization and its discontent” (Freud, 1930) that are particular to postmodern society that is characterized by what Kaës (2005; 2007; 2009) reworking the sociologist Toureine’s studies calls “the loss of meta-social warranties” (authority, myths, beliefs and ideologies) to which correspond a mourning of meta-psychic warranties, specific mechanisms that articulate the meeting space between the subject and the inter-subjective wholes.

In this way some psychic formations, unconscious pacts, agreements and alliances, which preserve social links, are based on the collective removal. From generations to generations, what has not been elaborated psychically is transmitted even if it reappears on the scene of life of the individual and collective subjects in a confused dimension.

Thus according to Kaës (1993) the theory of trauma as “psychic catastrophe” the space of the individual is inscribed in relation to the trans-objective wholes. It is as if the traumatized subject found it impossible to keep the burden and the representation of trauma in his subconscious or in the one of someone else.

The lack of signification is inscribed in the lack of transformation of the traumatic event connected to the violence in psychic representable material.

The same violence seems to be a consequence of the psychic apparatuses and the social containers fails to represent, interpret, and build meanings to the advantage of an overload of perception. Languages change from between media in which pompous images prevail and the relation with reality becomes distorted.

The risk is described by Baudrillard (2004) as the loss of meaning, of symbolization and disappearance of imaginary.

The possibility of treating and transforming violence comes when the social system represents the emotions without emptying them. It is possible then to bear different levels and logics, integrate and differentiate the real plane to the fantasy, it’s possible a space of developmental transformation where connections, meanings are created, and where it is possible to think.

Cinema represents a powerful instrument of this kind, because it is a description of the unconscious movement of human society and reflection, denunciation, elaboration, all at the same time.
Through structure, plot and the evocative power of images, the iconic becomes a step for symbolizations, a level of transformation of emotions placed in a new dimension in which they can acquire psychic and relational sense.

**To elaborate social guilt: the Magdalene case**

The movie “The Magdalene Sisters” by Peter Mullan (2002) which won the Golden Lion in Venice for its great expressive power and uncountable value as witness seems to be very important because of its depiction of social and family violence against women.

The movie, set in Ireland in 1960’s, shows extreme violence, abuse and humiliation in the Magdalene Asylum, founded by the Nuns of Mercy in the XIX century.

The Asylum housed “fallen girls” sent from their families and orphanages to “wash away” their presumed sins of lust through prayer and the hard labor of laundresses. Considered social waste, the Maggies, secluded, from the external world and forced to silence were forever separated from their children.

During their days they would be mistreated, beaten, physically and morally abused and deprived of every human right. The violent actions were legitimated by cultural assumptions, that adolescents embodied immoral desire; therefore it was possible to annihilate their bodies, their maternity, their dignity, and their female identity. All this absolved to prove guilt or shame.

The movie starting from four real stories⁸, and tells the lives of the following young girls: Rose, an unmarried mother from whom the father pulls away her son to give him up for adoption, Margaret, raped by her cousin, considered by her family as the instigator and responsible for the misdeed, Bernadette, orphan secluded because she spoke some words with boys of her age, just outside the orphanage.

Two of them will escape and will find the freedom, one lets herself die.

The movie opens with the rape of Margaret by her cousin during a wedding party. The director contrasts the scene of rape to traditional Irish folklore ballad of sung by the officiating priest, the lyrics tell the story of a girl raped repeatedly and made pregnant by the men of her family. In this way the abuse and the infanticide appear legitimate by history.

The intense images depict the young girl who, in spite of the torture undergone, fights to not break down and preserve her integrity to not go backwards to that agglutinated nucleus, (Bleger, 1967), that psychic space of confusion and loss references: Margaret who recited the Lord’s Prayer with strength in front of her slave driver, the Mother Superior; Crispina, possibly slightly mentally retarded, who accused the priest who abused her of not being a man of Christ, both distinguishing between the traumatic context and their more internal experience of faith. Not everyone will succeed in repairing the harm their bodies have undergone, Crispina, actually, dies from anorexia.

With the description of the reality of Magdalene the director Mullan brought to light an unspoken but well-known secret of Irish society that is a party to a traumatic reality of violence delegated to religious institutions.

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⁸ The movie is inspired by the documentary Witness: Sex in a cold climate (1998), in which the real witnesses of the secluded women, in the Magdalene Asylum, appear.
Through the power of cruel images the movie has the power to be both a witness and to denounce the events (Smith, 2007), and it is perhaps a way of forcing society to take its own guilt into consideration assuming the shame and ethical conflict.

To Recover shame: reactivating representation

Recovering shame both clinically and socially means to give this affect its full value as a signal to the Ego that warns of the risk of becoming ambiguous about one’s ideals and vulnerability towards external manipulation (Amati Sas, 1989).

This affect must emerge to be recognized and elaborated to proceed from toxic shame to humanizing shame, with its depressive function leading to the recovery of connections. While the former is associated to punitive isolation, anger and ‘attacks on linking’ (Bion, 1959), the latter, recognized but the other and the self is the sign of a desire for incorruptibility and coherence which offers structural value (Kilborne, 2002).

To elaborate the traumatic experience through shame and to reduce its totaling and toxic effects, secondary processes must be emphasized to limit disruptive effects and to reconstruct events, gradually collocating them in temporal-space coordinates, which seemed to have collapsed. Memories may appear as discordant fragments, as pieces of elements, which, without a coherent story may prove difficult to talk about.

In treatment, thanks to the affective-cognitive patient/therapist relationship, the traumatic event has a chance to be resignified and rewritten in the subject’s story. In counter-transference terms, the therapist is often surprised to feel shame in the patient’s place, through a sense of impotence and unspeakability (Janin 2003; Ferrant, 2004; Tisseron, 1992). Passing through primitive elements, and the interpretative clarity of the distinction between the agent of violence and fundamental internal objects (Amati Sas, 1992), will allow the therapist to assume a role as witness to conserve memories, thought, affects, all so necessary in terms of ethics and conscience.

Tisseron (1992) proposes a therapeutic approach, which utilizes the verbal image, metaphorically, as a mediator between unspeakable affects and representations, because the metaphor is often associated with a shared collective symbolization. Furthermore, the use of images is particularly present in the description of shame, illustrated by expression such as ‘hitting rock bottom’, ‘wishing the ground would swallow me up’, ‘wanting to disappear off the face of the earth’. The use of verbal images allows the metaphor to take root into the body, and to translate into somatic feelings, while keeping its semiotic identity, which precedes its symbolic acquisition (Kristeva, 1974).

In addition, this is an operation which lies at the preconscious level, and promotes association and relations, forming a transitional ‘intermediate area’ meeting point (Winnicott, 1971), whilst allowing a protective distance.

The group, constructed in our case as a homogenous setting (violent traumas experienced by all members), appears to be a privileged system for the elaboration of traumatic aspects. It functions as a transformative tool (Bion, 1961), through intersubjectivity, offering each participants mind that which seems unavailable to that of the other (Kaës, 1993).

The expansion of the thinkability of the event allows for a new narrative and repairs, through its containment qualities, the laceration within the subject. The narrative (Brun-
er, 1991; Ricoeur, 1984), in particular, transforms the trauma of a foreign body into a new, more fluid representation, to reintegrate into the subject’s own experience of the group and of the individual. The physical implications (alternating between listening and watching), mirroring, (Lacan, 1949; Winnicott, 1971; Kohut, 1971; Foulkes, 1964), the sharing of painful experiences, possibly also the use of instruments to favor the contact with deeply emotional elements, such as psychodrama (Margherita, 2009), are all aspects specific to the group that can lead to the elaboration of affects that do not have to necessarily pass through a secondary process. In conclusion, we can consider that work on the representation of shame following traumatic experiences can act in the reconstruction of relations between the psyche and the body, and in the renewal of previously broken relations between the individual and social group.

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Gender violence and shame. The visible and the invisible, from the clinical to the social systems


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