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UNDERSTANDING VIOLENCE AND MOVING PAST THE TRAUMA - REFLECTION OF VIOLENCE*

COMPRENDRE LA VIOLENCE ET SURMONTER LE TRAUMATISME - RÉFLEXION SUR LA VIOLENCE

Chiara Salandin**

ABSTRACT

The choice of this job theme resides in the afterthought of what continuously happens to us as professionals within our normal daily experiences. What are the effects of many violent actions in which we see and of which we are the spectators or protagonists? What are the means through which we filter fear, distress and the mental projections recounted from our patients? How much does this break us down? What about in the long term?

Entirely, we are reminded how to maintain our love for our work and the best intentions to help our patients

When we speak of our work, one can see that we express pleasure in helping, seeing the fruits of our labor, the bitterness and delusion, which is experienced both verbally and physically. So let's begin with the word 'violence'. A word having multiple meanings, for example, destroying another because they are inferring with ones' desires, destroying another psychologically because they are disturbing the person or groups well-being, the very last attempt to recuperate a relationship, strenuous fight to defend oneself.

Key words: Trauma, Reconciliation, Violence

According to the World Health Organization (WHO), violence is defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."

Violence is a polysemic word that can be described as a demonstration of a submerged aggressive nature with negative consequences for oneself and others. Aggressiveness is the word that describes the negative effects: Anger, Anxiety, Disgust, Fear.

Between the destructive actions, that are unacceptable there are violent threatening actions, actions that destroy the furnishings, glasses, and those actions that we lead us to contracting the authorities. They are nonintentional aggressive actions because they are revolting against the health clinic and the patients. The patients that chose to navigate this steep, but fulfilling, path of helping each other. Maybe it really within the meetings of the patient and the institution. When this occurs the patient with their own idea of recovery then the actual proposed recovery

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program when progress is eventually made.

One would say that the world is swarming with violence as a result of an inner attitude of omnipotence, the omnipotence of the child. Let's think about displays as bullying, cyber bullying, femicide (a sad map shows how in North East Italy there's the peak of women homicides committed by the partner or by a close relative). Let's think about modern genocides, among which one was in Rwanda. But starting from these photographs taken from the first pages of *The New York Times* showing victims and perpetrators of heinous episodes happened during the war between Tootsie and Hutu in Rwanda (National Reconciliation), we can start thinking about reconciliation contrivance: with our work, with our colleagues, at last with the people looking for help, even if they look for it using their way of having relationships, showing anger, asking, being disappointed (Hugo, Dominus, 2014).

A violent style in relationships comes very often from rough violence experienced in the first years of life from parents or people in the same context; in fact, recent researches cited by M. Ammaniti reveal to us that also violence to which we have assisted leave a sign, as if they were experienced in person as a child. The risk for people born in a violent context/environment is not only living a painful and unbearable experience with consequences on each one sense of value, but also the impossibility of making positive ties with other people; who suffers violence precociously can assume both roles: victim and perpetrator. Episodes described by O. Kernberg in his description of narcissistic pathologies among the personality disorders that brings more frequently to acts of violence (Kernberg, 2013). It's in the narcissistic disturb that the highest presence of fantasies and projections of aggressiveness can be seen, a display of inner conflicts and fantasies regarding aggressive impulses.

Let's try to give a definition of narcissism: according to H. Faimberg it's "the Ego's love of itself and for its objects, based on the illusion of being the centre and master of its world. The ego loves itself as an object and this love and this illusion form the basis of the actual structuring process of the ego. The ego in fact refuses to recognize the following:

1. The impossibility for the subject to beget himself, i.e. that the world existed before him, the difference between generations.
2. The difference between the sexes (recognizing that each sex reflects the other as incomplete).
3. Otherness.

In other words, the ego refuses to accept the wound inflicted by the Oedipus conflict. (Faimberg, 2016)

WHAT ELICITS PEOPLE'S VIOLENT REACTION?

For this we need delicate and complex competencies, starting from our feeling, our emotions here and now, but we also need a deep and patient research work on the legacy of previous generations, that is a psychogenealogy work: in this A. Ancelin Schützenberger's contribution is fundamental.

Schützenberger guides us through the search of the psychic transmission of both parents and previous generations: to understand today's act it's necessary going back to the history of the individual, to their family circle, to the path of the generations that succeeded each other.

There are "two kinds of family transmission: intergenerational and transgenerational, conscious, unconscious, assimilated or not:

- Intergenerational transmissions are transmission thought and spoken between about between grandparents, parents and children. They include family habits, skills, ways of being: one is a doctor, a teacher, a farmer, a notary, a sailor, or an army officer from father to son; one "works for the government" or has a "green thumb", "a good ear", is a "good cook", or "eats a lot". Either we follow suit or decide to do the contrary.
- Transgenerational transmissions are not spoken about; they are secrets, unspoken, kept quiet - hidden events which are sometimes banned even from thought, sometimes they are unthinkable - and they are passed down from generation to generation without being thought about or assimilated. And then we see traumas, illnesses, somatic manifestations, or psychosomatic manifestations which often disappear when you talk about them, cry, scream, or work them out." (Schützenberger 2004)

Schützenberger continues: "We even see terrifying nightmares in the grandchildren of concentration camp prisoners, members of the French underground or the Nazis, those dead at sea or without a burial site, and even in descendants of survivors traumatized by a very difficult past experience, like the trauma of the "wind of the cannonball".

We remember that "the transmitted trauma is far

stronger than the received trauma”. That is “the children of Holocaust survivors suffer post-traumatic syndrome three times more than their parents”. (Schutzenberger, 2004)

Always with the author’s words we “explain these phenomena as the involuntary and unconscious legacy of traumatic horrible events. These events were too terrible to speak - too terrible or terrifying to be mentioned, like Hiroshima or Verdun, the Armenian massacres or torture. These unspoken traumas, shattering events, were left unelaborated by words, unassimilated, and then became unthinkable. Yet, they manifest in a psychosomatic manner, through memories of traumas one did not experience, traumas that nevertheless filtered through, oozing from generation to generation, and which we can overcome through expressing them (psychotherapy,



Fig. 1 Reconciliation in Rwanda.

Hugo, P. (2014, April 4). Jean Pierre Karenzi (Perpetrator) and Viviane Nyiramana (Survivor) [Photograph]. New York Times.

dreams, drawings, even chants and lamentations) and by framing them in a transgenerational manner.”

We can then describe both people and families as provided with convictions that turn into a “coercion to act”, i.e. unconscious repetitions of pain, unpaid debts, injustice, loyalty, remembrance and more. With the help of psychotherapy, we can therefore modify the so-called destiny, what was already written before our birth.

So let’s go back speaking about violence starting from the relationship between the individual and the group, because violence often comes from trauma, lived or relived as an unconscious crypt handed down from

previous generations.

There is some kind of ambivalence between the individual and the group he belongs to, because the group generates the individual identity, but at the same time it threatens it (Anzieu 1975). “The others allow us to exist, but in a group not specifically organized in an evolutionary sense the individual risks to be threatened in his own uniqueness or to be sucked and confused in a magmatic aggregate” (M. Priori, 2016).

P. Aulagnier names this deal as individual and group Primary Narcissistic Contract, asking to the generational chain and to the institutions to pre-invest on the unborn child, to recognize in him the future voice taking the spot/position/role that he’s given (A. Sabatini Scalmati, 2014).

The subject, in exchange for the amount of narcissism



Fig. 2 Reconciliation in Rwanda.

Hugo, P. (2014, April 4). Juvenal Nzabamwita (Perpetrator) and Cansilde Kampundu (Survivor) [Photograph]. New York Times.

that he must donate to the group, taking it from himself, asks for the guarantee of the right to his own space of action, to a good, to a good degree of autonomy and to the choice of his own project of individuation.

In this contract something couldn’t work: for the characteristics of the parental couple, for injunctions imposed on the child, for the refusal opposed by other social groups or other values, for selfish impositions to the couple or because the couple is the victim of social exclusions or exploitation; this leads to the malaise that creeps into the psyche of the child, who will not know how to compose the present and the past, how to distance

himself from the original fantasy/ghost, not perceiving the differences between fantasy and reality (difference between generations and sexes, symbolization).

Work teams also inherit values and skills, but also opinions and convictions from generations of previous operators: perhaps we should also pay attention to the function of the institution and to how this organization vehicles violence, both direct and torpid.

What happens, moreover, to the exhausted attending doctor, emptied and often hurt by ingratitude?

Only a common way of thinking will save us: only the comprehension of what we feel and of what we feel as a group will give us some tools to understand. And if we understand something about the patient, we will surely be able to stay by his side in a different way.

We cannot bring all the violence to a single meaning, but we can see a similar underlying dynamic that helps us to understand: violence always responds to a threat to identity and represents an attempt to restore threatened identity.

Therefore, looking forward, we find devices and actions, even of long duration, to reduce conflicts and repair the effects of violence, even indescribable, as in the case of genocides.

In 2015, for example, the Nobel Peace Prize was awarded to the National Dialog Quartet of Tunis, set of four associations of civil society, which allowed dialogue between the opposing parties, after the "Jasmine Revolution", which made possible the drawing-up of the new Constitution of Tunisia.

This Quartet, formed in 2013, consists of the Tunisian General Labour Union (workers' Union), the Tunisian Confederation of Industry, Trade and Handicrafts, the Tunisian Human Rights League, and the Tunisian Order of Lawyers. This award offers us the dialogue and the agreement of several groups as a means of reducing and resolving violence (www.jeuneafrique.com).

Similar situations are described by the Table of Reconciliation in Rwanda and South Africa, where the people worked on reconciliation with a twenty-year-long work in the communities gathered to dialogue and to rediscover the common cultural roots.

Therefore, peace is built through a network of groups that work in harmony and clarity: this is one of the proposals for inter-institutional models in the territorial services of the Venetian area: it is nice to think of a flow between social, psychological and clinical, strictly speaking.

The experiences of reparation and reconciliation can guide us in adapting models and reinventing reconciliation methods between the various levels of care facilities. It is interesting that the most innovative choices come from non-European countries and that they use techniques that put the community and the history of the community at the center as a reparative mechanism for group and individual identities.

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