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EDITORIAL

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All over the world violent episodes in couples seem on the increase. This could seem odd especially when compared to the achievements of Western societies.

We all know how difficult it is for persons and families with problems of violence to contain drives and work through frustration. They are often characterized by a concrete functioning complemented by difficulties in thinking and working through. Violent individuals often make use of the primitive mechanism of identification with the aggressor in trying to defend themselves from feeling too passive and victims of an uncontrollable persecutor, while identifying with that persecutor that represents the active pole of the relation. As Clulow notices in this issue, "Abused children may blame themselves rather than think about their attachment figures as abusers, restricting their capacity to think and act as individuals". The fact that these persons have been abused in their families of origin determines the repetition of abusing behaviours and some interesting studies (Person, Clulow among others) have shown how the memory of abuse and harassment is often repressed and dissociated. The memory of the traumatic event is organized at the sensory-motor or iconic, rather than verbal level; in

other words, the traumatic image is encoded as a thing presentation, rather than a word presentation (Person).

The recovery of these traumatic memories is not always spontaneous, since they are dissociated. The most important pathogenetic element at the psychological level and at the level of transgenerational transmission is thus the dissociation, that is however a defence mechanism to which the individual resorts to defend him from the devastating effects of these traumas. But the situation is complicated by aspects that go beyond the functioning of memory, as many authors have pointed out.

To protect himself from the traumatic event, that could have devastating effects at the psychological level and to preserve an important emotional and relational bond with a parent or partner, the abused individual is forced to deny and dissociate first his experience and then his personality.

This dissociation is often maintained in the family because violence and abuse must be kept secret. The family and its members then show a manifest and a real but secret identity, in contradiction with one another. A child thus learns peculiar functioning modes and does not see itself as an individual with the rights of a person.

The understanding of this and other similar cases forces us to observe these situations in a way that keeps into account the intersecting of intrapsychic and interpersonal levels.

What is crucial in the case of couples is the interpersonal level, i.e. how the partners collude in establishing an abusing relation. Borrowing Pichon-Rivière's expression (1979) we can say that here we see the bond as a patient (the bond as patient – as Pichon-Rivière calls it) and this bond, that is external to the self but also the expression of the fit between two persons, lasts in time and on one side gratifies the partners, but on the other fixates them in complementary roles and functions. Even if it is hard to accept it, we see that violence in couples is never the simple act of an individual overpowering another, because an unconscious collusion binds victim and persecutor.

At times what has been experienced in the past is overturned in the relation and the victim can become a persecutor. As many clinicians have shown (Kaplan, De Zululeta) the question is not that women become victims, because all women risk to become victims in our

society, but their behaviour after the abuse. If their identity is based on their functioning as caretakers and repairers of the other, they will feel more threatened by the loss of these identity defining features than by the abuse itself. This is why women forgive their persecutors, forget what has happened and return to this dangerous relation, keeping abuse secret and at times even hampering investigations and psychological interventions. Faced with these women's unconscious identification with a devalued and abused figure dating back to childhood, their partners are ready to react to any change in the relationship that undermines the basic rules of power and mutual control on which they have founded their male identity. Eventually this kind of relationship leads to a dehumanization of the other, in this specific case of the woman who is not recognized as a person entitled to emotions, feelings, rights.

What we see is not a specific symptom, but an overall mental functioning. These patients' life is the expression of their disorder, is their symptom. Abuse in general, and sexual abuse in particular, is always preceded by a relational trauma, what Masud Khan calls a cumulative trauma.

As Novick says, the relational trauma, as a symptom of a pathological relation between parent and child and expression of a parental externalization, violates the self of the patient for a long time before any real trauma takes place. But this is a sort of chain. As Jill Scharff notices in this issue, this kind of trauma influences these patients' quality and way of experiencing the stages of emotional development and of their life cycle.

Rosa Jaitin too dwells on this level of functioning when she says that extreme sibling rivalry, violent separations and incest results in psychic freezing in families, which is handed down through the generations, so that family violence emerges as a form of resistance and fight against psychic collapse.

It is therefore essential that we discuss to be adopted what might be the optimal therapeutic attitude to be adopted by the analyst working with this kind of patients. Our work will be performed not only at individual level: the whole family and/or the couple will be the object and agent of treatment. We can say that in these cases the patient deserving our attention is not only the victim of abuse, but also the

persecutor, given his problems, his inability to control himself and his disordered sexuality.

The other members of the family are problematic too. Often, with their collusive secrecy and their turning a blind eye, they become accomplices both in reality and phantasy, in enacting a problem which presents criminal and legal aspects alongside the purely psychological ones.

How will we approach our therapeutic task? Facilitating the working through of the trauma? Or trying to transform shame and guilt? Or trying to promote mentalization? And how are we going to work on defences, violent bonds, transgenerational aspects?

Our training also addresses the unavoidable violence entailed in the process of development and differentiation through which the individual becomes a subject. Some characteristics of this process are described in Maurice Blassel's paper which concludes this issue and which has been placed in the "work in progress" section, aimed at opening up the discussion on this "hot" theme

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