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The Cinematic Syntax of Complex Post-Traumatic Stress Disorder Emotional Flashbacks, Intrusive Thoughts, and Facial Expressions

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Abstract • Complex post-traumatic stress disorder develops following exposure to a series of threatening, prolonged or repetitive events from which it is difficult or impossible to escape. This study aims to investigate how cinema and TV series represent the inhibition to tell one's story as an effect of this trauma.

Keywords • Complex Trauma; Cognitive Neuroscience; Trauma Narrative; Emotional Flashbacks; Intrusive Thoughts.

Ledizioni 

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I. Are symptoms of Complex Post-Traumatic Stress Disorder more severe and persistent in comparison to Post-Traumatic Stress Disorder?

There are two main reasons why this study has chosen C-PTSD as its specific focus. The first is that, having been neglected for decades, in the last twenty-five years an enormous amount of scientific research has dealt with this focus of study and has shown the serious consequences in terms of physical and psychic pathologies and thus also in terms of social costs. The second is that C-PTSD is the most represented among the traumas staged in films and TV series: so much so that its language has become familiar to the shared imagination of the public.

The etymon of the word trauma already includes a dual meaning of cause and effect to be found in the scientific use of such term: τραῦμα refers to an injury (the cause) damaging (the effect) the area where it shows up. Afterwards, in the field of psychoanalysis, we shall draw upon such term in order to describe a traumatic event where the exposed person is overwhelmed by the excessive emotion it caused, so that they lose any ability to react. Trauma (the cause) is the traumatic event that, there and then, the subject could neither oppose to nor handle emotionally and, subsequently, cannot state verbally by giving it narrative shape but can only recall by a range of symptoms that refer to psycho-physical pathologies.¹ The latter are the effect of the trauma, that is, the PTSD, or Post-Traumatic Stress Disorder.

PSTD severity and fallout in terms of social costs, especially when it sweeps over a whole community – the most renowned Western examples of which are the Holocaust and the Twin Towers attack –, are now widely acknowledged by science and culture.

It is much more difficult when it comes to the history of the acknowledgement of Complex Trauma and its effects, that is to the C-PSTD or Complex Post-Traumatic Stress Disorder that my report is intended to deal with. Basically, big traumas are phenomena of big cultural impact, and, in case they are not removed, they settle down into the polymorphic imagination and modify the perception of reality, then allowing the production of a narrative that shapes the event up and collectively processes it. In fact, though a historical-collective trauma is *par excellence* a profound tear in the identity texture of a community, its monumental narrative-processing, both literally and figuratively, allows the trauma to become an item both upon and by which a group identity can be refunded.

Conversely, much less spectacular and to spectacularize is the Collective or Complex Trauma because it is consumed in a more domestic and modest setting, like one's family, which is less extraordinary and spectacular, and it damages people for it is less evident and

¹ Stefano Calabrese is right when he remarks that victims prefer to rely on narrative memory (plot) than on traumatic memory (fabula). Stefano Calabrese, *Trauma e Racconto*, «Testo e Senso», 21, 2020, pp. 6-7.

because of that less believable which leads to children being held prisoners in an unspeakable secret much more than they would in other occasions because it had happened between domestic walls.

Indeed, we are going to observe the specific type of C-PTSD both in its psycho-physical phenomena and in its fictional play modes – the one connected to the prolonged exposition to traumatic events mostly on an interpersonal level – abuses and mistreatments, physical and verbal violence, neglect and abandonment – experienced into the family: the victim, whether a child or an adolescent, has no possibility to react either psychologically or physically, being overcome by overwhelming fear.

As stated, the history of C-PTSD is one of a struggle for legitimation, in fact Selvini² uses such a fierce expression as “denialism” in order to remark that in the history of both psychiatry and psychotherapy such a phenomenon has for long been underestimated, criticized or overtly denied. There is no room here for a recap of the whole history, but we cannot even miss the opportunity to remark that, even in current days, the DSM5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) while giving large room to PTSD, still specifies that the Post Traumatic Stress can come out of a range of distressing events, but does not explicitly take care of C-PTSD or collective trauma and early chronic interpersonal trauma.

An official acknowledgement of C-PTSD diagnosis is to be found in the very recent issue of the International Classification of Diseases (ICD-11),³ here is the description of ICD-11 for Mortality and Morbidity Statistics:

Complex post-traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterized by severe and persistent 1) problems in affect regulation; 2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in the family setting and personal, social, educational, occupational or other important areas of functioning.

Diagnostic Requirements:

a) Essential (Required) Features:

Re-experiencing the traumatic event after the traumatic event has occurred, in which the event(s) is not just remembered but it is experienced as occurring again in the here and now. This typically occurs in the form of: vivid intrusive memories or images; flashbacks, which can vary from mild (there is a transient sense of the event occurring again in the present) to severe (there is a complete loss of awareness of present surroundings), or repetitive dreams or nightmares that are thematically related to the traumatic event(s) [...]. Reflecting on or ruminating about the event(s) and remembering the feelings that one experienced at that time are not sufficient to meet the re-experiencing requirement.

² Matteo Selvini, cit. in Mariagnese Cheli e Carmela Gambuzza (ed.), *Il disturbo post traumatico complesso. Dalla teoria alla pratica multidisciplinare*, Milano, Franco Angeli, 2017.

³ The International Classification of Diseases (ICD) by The World Health Organization (WHO) is designed to promote international comparability in the collection, processing, classification, and presentation of mortality statistics. This includes providing a format for reporting causes of death on the death certificate.

Deliberate avoidance of reminders likely to produce re-experiencing of the traumatic event(s). [...]. In Complex Post-Traumatic Stress Disorder, unlike in Post-Traumatic Stress Disorder, the startle reaction may in some cases be diminished rather than enhanced.

Severe and pervasive problems in affect regulation.

Examples include heightened emotional reactivity to minor stressors, violent outbursts, reckless or self-destructive behavior, dissociative symptoms when under stress, and emotional numbing, particularly the inability to experience pleasure or positive emotions.⁴

It is also important to be aware that

symptoms of Complex Post-Traumatic Stress Disorder are generally more severe and persistent in comparison to Post-Traumatic Stress Disorder. Exposure to repeated traumas, especially in early development, is associated with a greater risk of developing Complex Post-Traumatic Stress Disorder rather than Post-Traumatic Stress Disorder.

[...] Children and adolescents with Complex Post-Traumatic Stress Disorder are more likely than their peers to demonstrate cognitive difficulties (e.g., problems with attention, planning, organizing) that may interfere with academic and occupational functioning.

In children, pervasive problems of affect regulation and persistent difficulties in sustaining relationships may manifest as regression, reckless behavior, or aggressive behaviors towards themselves or others, and in difficulties relating to interactions with their peers. Furthermore, problems of affect regulation may manifest as dissociation, suppression of emotional experience and expression, as well as avoidance of situations or experiences that may elicit emotions, including positive emotions.

In adolescence, substance use, risk-taking behaviors (e.g., unsafe sex, unsafe driving, non-suicidal self-harm), and aggressive behaviors may be particularly evident as expressions of problems of affect dysregulation and interpersonal difficulties.

When parents or caregivers are the source of the trauma (e.g., sexual abuse), children and adolescents often develop a disorganized attachment style [...].⁵

While on the one hand the symptoms of C-PTSD are more severe in comparison to PTSD and the social costs are very high, on the other hand this kind of trauma has been underestimated or even denied. Freud's denial was a cause of it. He was among the very first ones to understand and remark on the influence of consequences of C-PTSD, especially those related to sexual violence, but then he would tend to question the veracity of stories of abuses and to dismiss them as fantasies connected to some intrapsychic pathology, paving the way for a key of interpretation adopted for years by psychoanalysis. Here is how the father of the Attachment Theory, John Bowlby,⁶ would describe in his last interview the position taken by psychoanalysis in the 1930s as to the recurrent exposure to trauma within the family:⁷

You see, Freud in his early work, around 1895, attributed hysterical problems to sex abuse in childhood and only later he decided that these events had not really taken place but instead they were imaginary. He believed that the patient was describing imaginary events in

⁴ *ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS) in International Classification of Diseases 11th Revision (ICD-11)*, World Health Organization (WHO), 2022, web, last access: 21 November 2022, <<https://icd.who.int/browse11/l-m/en>>.

⁵ *Ibid.*

⁶ Bowlby's evolutionary theory of attachment suggests that children come into the world biologically pre-programmed to form attachments with others, because this will help them to survive. Cf. John Bowlby, *A Secure Base: Parent-Child Attachment and Healthy Human Development*, New York, Basic Books, 1988.

⁷ *Interview with J. Bowlby* by Lorenzo Tondo, «*Journal Clinical Neuropsychiatry*», 8, 2011, pp. 159-71.

childhood. That was the time when the word fantasy started to be used in psychoanalysis. And in the 1930s in London there was a strong attitude that one should never believe a patient's stories about sexual abuse or any other adverse experience from their parents, and that the patient's point of view had not to be trusted and was never to be considered valid. Instead, I thought that adverse events were of great importance and I set out as a young psychoanalyst and a young child psychiatrist to demonstrate that real life events in early childhood played a major part in determining mental health. So that is how my plan, which I stuck to ever since, began.

Today we know that children and adolescents often develop a disorganized attachment style as a result of exposure to repeated trauma.

Among the earliest scholars to stress the need to define and distinguish C-PTSD that develops following exposure to repeated traumatic events of the interpersonal kind from PTSD, we should finally recall Bessel van der Kolk, the author of *The Body Keeps the Score: Mind, Brain and Body in the transformation of Trauma*⁸ and Judith Lewis Herman⁹ with her *Trauma and Recovery. The Aftermath of Violence-From Domestic Abuse to Political Terror*.

While Herman is the one to actually shape the C-PTSD definition, van der Kolk deals with a relevant feature of our report, the ability of trauma to inscribe itself [that is, to root into and settle down] into the body and, by such means, to express itself.

Then there are many reasons why this work prefers focusing on C-PTSD. In a comparative view, the principal reasons are the cultural ones, linked to the perception of such matter in science, as to the above, but even in the collective imagination – where codes of silence, underestimation and removal are shared – it represents an analysis of the formal devices commonly used to represent some of the C-PTSD symptoms which are still and ever cultural ones: both because by means of narratives some symptoms instead of others, the most represented ones, have become, in the collective imagination, typical connotations of Complex Trauma, and because, thanks to the same more and more frequent narratives enacting the effects of such a type of traumatic events, the same C-PTSD has widely spread out in the collective imagination.

2. The impossibility of narrating: flashbacks and intrusive thoughts in the films and TV series

The feature we are starting from, here, for a survey in the field of fiction, has to do with the main symptoms through which trauma expresses itself physically in the character: flashbacks, intrusive thoughts and non-verbal communication, that is facial expressions and gestures.

As it will be understood, it is all about symptoms that have their favorite place of appearance in media fiction. That is why such a matter is going to be confronted by means of a dialogue between science and media and cross-media narratives. The purpose is to detect how Complex Trauma symptoms are *translated* within media fiction, through specific rhetorical devices. Such devices have progressively consolidated as a mode of artistic depiction of trauma: a mode that nowadays has well consolidated into the collective imagination itself, so much so that they have created a competence even among non-

⁸ Bessel van der Kolk, *The Body Keeps in Score: Mind, Brain and Body in the transformation of Trauma*, London, Penguin, 2015.

⁹ Judith Lewis Herman, *Trauma and Recovery. The Aftermath of Violence-From Domestic Abuse to Political Terror*, New York, Basic Books, 1997.

specialist audiences, who are now able to understand and decode the dynamics and the logic of trauma in fiction, up to expecting and even asking for them.

Movies and TV series are increasing the inserts of flashbacks and intrusive thoughts into their stories so through these both viewers and the character as an adult can discover the hidden reasons for his or her behavior or fears. And increasingly these reasons are related to the prolonged exposure to traumatic events experienced into the family when the character was a child.

Unfortunately, enough, millions of children are victims of, or directly witness, violence either at home or at school and in the neighborhood, according to the surveys held by Bruce Perry¹⁰ and his collaborators, it has been written that «family is the most violent place in America». In 1995 FBI reported that 27% of all violent deeds had to do with family violence by kins and 48% by acquaintances, still within home walls. Unless direct victims, children are witnesses. According to reliable estimates, less than 5% of home violence are reported. Often children are either humiliated or treated as property or threatened to be abandoned. Watching violence can be as outrageous as directly suffering violence. Children watching or hearing either their mother or a brother or a grandparent brutalized often feel worse than if they were directly assaulted: they get paralyzed and helpless, they tend to hide under a table trying to become invisible. Countless adults affected by said experiences have taken with them the fear of “being seen” all lifelong: in order to survive their family storm, they would consider getting smaller and smaller, standing still and silent was essential to them. The most common and devastating sources of such behaviors are to be found into their families and within the circles of acquaintances. When children suffer physical mistreatments and sexual abuses by people they trust and expect protection from (from a kin, a neighbor, a teacher, a figure endowed with religious authority) the plot made up of secrecy, betrayal and shame is the heaviest burden.

There are close connections between trauma and memory,¹¹ between trauma and brain development or mode of operation, between trauma and narrative: therefore, a dialog with neurocognitive sciences is extremely fertile. Firstly because the neuroimaging technique provides tangible and scientific proof of the not rarely permanent damages that C-PTSD causes in children’s and adolescents’ brains, compromising the subsequent development of such abilities like feeling and understanding emotions and processing the past by means of relatable memories.

Though greatly of interest, this work is not going to focus on the exploration of the relationship between memory and narrative, neither from the point of view of the invalidating consequences caused by C-PTSD to brains nor depending on the effects of narrating as a therapy (the “writing cure”¹²). Actually, it is intended as a focus on sort of that strategy of representation as an alternative to verbal narrative, inhibited by the trauma itself. While the evocative, suggestive and analogical language of literature has been offered for long as an alternative to the logical-rational one so that it could be possible to

¹⁰ Bruce Perry, *What Happened to You? Conversations on Trauma, Resilience and Healing*, with Oprah Winfrey, London, Flatiron Books, 2021.

¹¹ Cf. Peter A. Levine, *Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory*, foreword by Bessel A. van der Kolk, M.D., North Atlantic Books, 2015.

¹² Cf. Emilia Soroko, *Beneficial Effects of Writing and Narration in the Context of a Traumatic Experience*, in *Reflections on Psychological Mechanisms of Trauma and Posttraumatic Development*, ed. by Dorota Kubacka-Jasiecka, Malgorzata Kuleta, Kraków, Krakowska Oficyna Naukowa TEKST, 2012, pp. 215-41 and James C. Kaufman and Janel D. Sexton, *Why Doesn't the Writing Cure Help Poets?*, «Review of General Psychology», 10, 3, 2006, pp. 268-282.

shape the shapeless, to tell what cannot be told, to speak the unspeakable, in medial narratives as much as in collective trauma manifestations it is on the body to accomplish the task of giving voice to the voiceless. The body – intended as the brains, according to the reintegration processed by neurocognitive sciences indeed – becomes in a way not just the place where trauma opens up as an injury, but also the place trauma expresses itself according to its own logic and codes from and by means of. The close connection trauma-body was analyzed among others by Levine and van der Kolk. Let us start from the following consideration: even in the common imagery there has been a devaluation or denial of such an issue as we have already testified in the clinical-scientific area. Instead we intend to observe first its affection on the fictional characters who show some manifestations of trauma in films and TV series, to then move on to a more aesthetic analysis – the analysis of formal devices used to depict some of the C-PTSD symptoms – yet still (and again) even cultural ones: both because through the narratives some specific symptoms, the most depicted ones, have become, in a shared imagery, typical of Complex Trauma, and because through these very frequent narratives, the ones enacting the effects of such a type of traumatic event, C-PTSD has become part of the common imagery.

The specific feature we are going to start from for a recognition within fiction actually concerns the main symptoms through which trauma physically expresses in the character: flashbacks, intrusive thoughts and non-verbal communication, that is facial expressions and gestures.

It is easy to understand that such symptoms recur in movies and drama-series as in their favorite depiction frames. That is why such an issue is going to be explained as an ongoing and tight dialogue between medial and cross-medial sciences and narratives: the purpose is the detection of how complex trauma symptoms reverse, within fiction, into precise rhetorical devices. Such devices have progressively consolidated as means of depiction of trauma in art – means that are currently so well established even in the common imagery that a competence has aroused within non-specialist audiences who are now perfectly able to read and decode dynamics and logic of trauma in fiction, up to requiring and expecting them.

Two screen versions from novels are going to be examined here as case studies: the melodrama movie *Dorian Gray*¹³ based upon Oscar Wilde's short novel *The Picture of Dorian Gray*, and the drama miniseries *Patrick Melrose*¹⁴ based upon a series of biographical novels by Edward St Aubyn. Very effectively they both depict the impossibility to process C-PTSD by means of a chrono-logical narrative as a therapy: we are unable to find an actual focusing of C-PTSD, such as an accurate tale of its onset and evolution up to its recovery.

A master in such a subject is Alfred Hitchcock, as we can see in his movies, *Spellbound* and *Marnie*. The first, *Spellbound*, can be read as an educational treatise on PTSD, whose cause, the source of trauma, is recreated in the movie step by step, with great clarity of presentation, along the way of a progressive disclosure that at times genially gathers psychoanalytic inquiry and police investigation, and at times emphasizes the different ways by which logic, through facts, leads to divergent results. It then depicts symptoms like disassociative personality, partial amnesia and intrusive flashbacks through an effective use of all the devices and tools offered by the movie industry of the time.

¹³ *Dorian Gray* (USA 2009), directed by Oliver Parker, screenplay by Toby Finlay, produced by Barnaby Thompson.

¹⁴ *Patrick Melrose* (UK 2018), directed by Edward Berger; screenplay by David Nichols, produced by Stephen Smallwood.

In fact, the typical symptoms of distress from trauma, whether singular or collective, generally rise up in the protagonist when he is an adult, who – as we are to discover in the end – during his childhood murdered his little brother by mistake: as he had no possibility then to process such a sudden and shocking event through a narration counseling in order to straight recreate its chronological layout, the child would be compelled to go on living on an unbearable and unjustified sense of guilt forever. That is the reason why an unconscious survival strategy is adopted: that of deleting it all from memory, both the event itself and one's own identity.

As mentioned the trauma happened during the years of childhood, moreover among the uprising phenomena of such generally intrusive flashbacks prevail: these emerge suddenly and out of control in fact, each time the man happens to see something that reminds him the place and circumstances of the tragedy – any shape relating to the grooves left by skis on the snow: the lines traced on the immaculate tablecloth or the stitching across the robe texture – causing the man to feel sick or even to faint. The trauma event is sudden, shocking, and obviously unrepeated: therefore it is not a complex trauma. We can find a similar inquiring device in the much criticized *Marnie*: here, the eponymous character's dysfunctional behaviors are shown in the soundtrack, by Bernard Herman, that climb up to romantic and melodramatic bursts and vortexes, managing to reverse in music and to emphasize the protagonist's phobias.

A dramatic photography made up of dense and saturised colors is used as purpose to share the feelings of the protagonist regarding the first nightmare she experiences, and the interruption caused by the disquieting figure of her mother that appears within the door frame like an expressionist silhouette, or the red glows that come up during a thunderstorm, or again the ink spot expanding on her blouse. Though mostly appreciated by the critics these methods are not very convincing, but even the use of techniques like the matte painting or the retroprojections are still to be considered decisive attempts to show the symptoms of post traumatic distress like hallucinations and flashbacks.

A melodrama movie, *Dorian Gray*, that also manages to show the C-PTSD symptoms without issuing the disorder, also proposes in photography and music the same dramatic bursts already experimented by Alfred Hitchcock.

As long as we delete all the philosophical and aesthetic motifs that would preside to a coherent making of sense in the novel, and we move the socio-cultural environment and artistic context of fin de siècle England to the background, Dorian becomes the absolute protagonist of a story which is totally focused on his own psychic dynamics: that is where the abrupt title, *Dorian Gray*, comes from, hence the large and wide display of means to dramatize the guy's psyche.

Differently from what frequently happened in Wilde's novels, here nothing comes from language (words have a minor role this time), while everything is shown physically and is emotionally perceivable, everted, sexualized. Emotions, perceptions, states of mind, feelings of inferiority, oppression or omnipotence, trace the lines of tension that the machine imitates by means of the use and abuse of the plongé and contre-plongé, while there's an also frequent use to a game of field and reverse which effectively expresses the violence presiding the interpersonal conflicts; for a further emphasis on the tight rhythm of the movie, much is due to post-production and film editing, and even more to an emphatic use of music.

A soundtrack with a high semantic value, giving neither Dorian nor the viewers a break, favoring a process of identification and of a hybridization of human sounds, murmurs, whispers, sobs, and even sliding on an ongoing low pitch over a background buzz.

Whether embodiment or embodied simulations, both cooperate to keep up the focus on emotions in bright colors.

After all, nowadays, the audiences have got acquainted with performance techniques related to the dynamics of psychic trauma, mostly referring to childhood, helping recall repressed memories to the surface through dreams and moreover through emotional / intrusive flashbacks. There's no movie, probably, or tv drama, now, that misses to give any room, whenever clumsy or didactic, to the sudden upcoming of a memory of mistreatment or of a physical/verbal violence suffered in childhood. Even through quick images or epiphanies breaking through the surface, they are able to make it clear to us or to the characters the remote motives of their behaviors, their fears, their sense of guilt.

The constant use of such a tool seems to be the right response to a waiting horizon, a response that even Dorian Gray doesn't fail giving in the new millennium: intrusive prove to be the flashbacks showing the image of Dorian's terrible grandfather, Lord Kelso, while the camera converges on the connotative detail of the cane held tight by the old man's hand - then the child was locked up and cruelly beaten. These sudden intrusive memories can explain the scars Dorian has on his back, but they do not start a counseling narrative process nor the grieving of the past experiences: they are just there as an unproductive and sterile intrusion, a non verbal expression, a cry and a denunciation. In Wilde's novel we find no trace of such scenes nor are the images bearing any worthy information - they provide no useful hints nor necessary clues for the understanding of the whole story -, anyway they reinforce our sympathy for the insensitive guy, our favorable attitude to forgive him because of all the oppression he suffered from when he was a child.

In addition, the inability to process trauma events, the same one that favors the upcoming of what was removed, is the consequence of a lack of conscience that could activate those same processes.

In Dorian's character, both Wilde's and Parker's, something happens that is similar to what happens in NPD (Narcissistic Personality Disorder), sharing with C-PTSD the inability to feel and read one's own and other people's emotions (lack of empathy), which is the consequence of a splitting or disunity, also defined as a failed integration between conscience and the self (physical-sensory and emotional perception).

Such a process, both in Parker's movie and in Wilde's novel protagonist, is made physical by means of the splitting between Dorian and his conscience which in turn has been transposed on the picture.

That is what makes the processing by means of storytelling impossible, both regarding the trauma he underwent as a child and his sense of guilt. And that is also why in the movie, while he is playing the piano in the church, Dorian can see standing in front of him, as if he were in Dante's Hell, the removed figures of Basil, the painter friend he killed and Sibyl, the woman who killed herself for him: just by staring at him they make him feel guilty.

At that point, Dorian tries the card of the confession as a way to tell his removed story: as a beginning in a Catholic confessional, but results are grotesque, right because his lack of awareness leads him to expose facts in a non logical order and also because the priest is not a psychoanalyst nor a counselor. Nor will the second try be better: it will be useless and frustrating when he attempts to confide with Lord Henry's beloved daughter, Emily, because Dorian can relate with her only through physical contact.

There is a scene where young Dorian can see Sibyl's ghost for a moment: she committed suicide, Dorian is guilty for that, he has just started playing the piano in the church, meanwhile the people around murmurs: «It's a shame», «He killed her, it seems», «Everybody says that, it is true». Fleeing far away from the church, the intrusive voices of what in Berne's Transactional Analysis is defined as the Prosecutor (Parents ego state)

continue whispering: «Bastard», «I'm coming to catch you», «Hideous worm, I'll get your throat cut», «You're a shame!».

«Narcissist! Schizoid! Alcoholic with suicidal intentions!»: that is how Patrick Merlrose defines himself in the homonymous drama series.

It is just the case to remark that it is the Narcissistic Personality Disorder to be shown here in covert form, precisely a disorder among the most depicted in the narratives between the two millennia, as it is gifted with the highest appeal on the collective imagination: yet what we actually watch is a plausible depiction of C-PTSD disabling outcomes.

The tv-drama begins with the tone of a telephone ringing in the dark. Patrick, a young man, elegant and delicate in his look, moves towards the phone slowly and groggily. A far away voice that sounds uncertain – the call is much interfered with echo effects – results to be one of his father's best friend's, Nicholas's, who announces that Patrick's father is dead.

Just like Dorian in the bloody scene of Basil's murder, Patrick also seems to feel no emotion.

We just notice an unperceivable wince of pain as the young man bends on his knees. The camera keeps on following him in his relented movements as he bends more and more, then zooms and it tightly converges on the detail of his hand: while he is announced his father's death, Patrick bends down to pick up a syringe of heroin from the floor.

“I guess you're shattered”, Nicholas says.

“Yes, I could say that, yes I am”, Patrick replies with a slow, muddy voice.

He stretches the shirt sleeve along his left arm – the camera follows him step by step, slip-sliding on his body with tight close-ups and tiny details –: there is a tiny blood spot on the fabric right at arm socket level.

“I'm sorry”, Nicholas says, “I'm bearing such sad news”.

Patrick: “Well, what a blow!”.

Then he pulls his head back and melts into a childish laugh of relief; then he half closes his eyes and a flashback intrudes.

Mid-field, steady camera, shot from above: the blurred image of a boy wearing a red shirt and going up the stairs; and then another full shot, Patrick is an adult who's walking perfectly erect on the song *Father and Son*. Then the camera is set under his father's bed and the viewers can see the detailed golden velvet slippers, the man is sitting on his bed, waiting: soon after Patrick is in the shower washing away some painful memories, he has a smile of relief on his face and a cigarette hanging from his lips. Again, the camera indulges on his father's knees held tight by his hands like the claws of a predator who's nervously waiting.

Dolly slowly tracking: Patrick is a child who's heading towards the bedroom. Quick scenes continue, more and more fluidly alternating images of three-four seconds: Patrick is an adult in the shower, then he walks self-confidently, then again he's a boy, seen from behind, from his shoulders, who is fearfully pacing towards his father's bedroom, and again we are shown his father's hands opening and closing in rage and frustration, then his father's violence, and the purification from that memory, the killing of his father, and Patrick walking again fully erect. All these details, combined with a soundtrack that is light and poignant at the same time, for the first time, start to make up, by means of a spontaneous assembling, Patrick's narrative. Those are the four essential pieces of a storyboard that could be the starting point for a storytelling able to process his trauma.

In a sense, the whole Patrick Melrose drama series could be summarized in this three-minute-and-a-half sequence. From that point on, it will be all about an eternal variation of that beginning: there the protagonist takes the decision to release himself from his addiction

to drugs, so he tries, fails, renounces, decides again, and again tries, fails, renounces. It's all about a variation of beginnings in an impossible narrative, at least up to the very moment when the protagonist starts his counseling.

In a continual increase of emotional flashbacks, and intrusive images that become progressively more and more explicit, we discover, within the paternal nutshell, a fruit with a worm: in the family interiors, with his wife and his little child, still a toddler, Patrick shows up as a man who's in desperate need of approval and admiration, something he achieves among his circle of friends but not into the family: hence his frustrations and his goofy attempts to oblige his baby-wife and his adulted son to love him – hence again his bent to become stiff, a sadist, both verbally and physically violent, up to sexual abuse.

Between a flashback supplying information and an emotional one, we can also make up the figure of his mother: weak and submissive, but also egoist and childish, without any kind of empathy or maternal sense of responsibility and protection towards her son, a mother who establishes a relationship keeping no correct distance: either fusional or neglectable. We can only imagine the desperate attempts for survival by the protagonist, who strolls from one relationship to another, up to his wedding, up to becoming a father, up to his separation.

A game of compulsion to repeat pushes Patrick to find himself in the position of handling right exactly the same feeling of inadequacy as his father's, and exactly his same wish to be loved not knowing how to, and also they both ended up having physical addictions such as: the former pedophilia – we are able to discover his father molested many other minors –, and the latter drugs and alcohol, the only means he owns to “pump up the volume” and cover the child's cry he bears inside. All we know or happen to know comes to us from Patrick – or his psychic chaos the whole focus of the narrative is set on:

Dead since immemorial time, dead and my heart reduced to a handful of powder. And something else. Jesus Christ, cheer up man! Have nice thoughts, tell me why I'm here. You are here to take the spoils of your father. The Valium is vanishing. You may feel a bit unquiet now. Endure! Try to. Nausea, worms under my skin, a handful of kittens in my stomach.

By dissociating and splitting in two, Patrick Melrose enacts a dialogue with himself where you find no logic, it's a bundling up of thoughts and sensations that will never end up in a narrative of the self. Disassociation and fragmentation of a personality and of an identity narrative: the medial narratives manage to express the two consequences of distress from Complex Trauma by means of precise devices. The first one is the setting of frames or scenes from life responding to a casualness at short breath, limited to here and now: the inability for the protagonist to structure an ample speech reverses into a puzzle of shorter sequences that leaves all frames almost unrelated and postpones. To the viewer is given the task to detect the logical connections that will be formalized in order to make up a narrative in the mind of the viewers themselves, while in Patrick's mind and in the medial narrative what remains is just a series of sterile beginnings of *stories* within a narrative proceeding *in spirals* and always turning back to their starts.

The impossibility to make up the building of an identity by means of a conscious and intentional recalling of events and emotions formalized in memories, hence in a *story*, is expressed even by means of the staging of the two states in Patrick's Ego the tormenting parent and the childish man, and by means of the setting of a dialogue which dramatizes, as a matter of fact, an intrapsychic conflict.

They thus continue, in an increasingly fluid manner, the alternation of scenes a few seconds apart: adult Patrick in the shower; Patrick walking confidently down the street;

Patrick as a child, walking with fearful steps towards his father's room; his father's hands angrily opening and closing as he waits for him.

These are the four essential building blocks or frames- abuse by the father, purification from memory, metaphorical killing of the father, continuation of life's journey head-on - that, unified by the same soundtrack that is both light and poignant at the same time, are beginning to compose Patrick's narrative for the first time in and through spontaneous editing. The Patrick Melrose story can be summed in these four imagines: from here on out, it will all be an uninterrupted series of incipits of a story that cannot be told.