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Topic

IDENTITY

EDITORIAL

History of the RJP on its 10-year anniversary[1]

Matei Georgescu[2]

Gianina Micu[3]

Searching for the identical in the identity space

The contexts of history lie within generational and lineage dimensions. This is why we will first submit to your attention a few historical coordinates that have led to the the contents of the current issue.

In the Communist era, psychology in general and psychoanalysis in particular were banned. The Institute of Psychology was closed and university study programmes were discontinued. Some professors and researchers in the field of psychology were demoted and forced to take unqualified jobs such as waste collectors or machinists.

Ideological infiltration became a constant, deemed by the party-state as necessary for the so-called cultural revolution, a programme that strived to build ways to impede and regress the social and individual development process. Life stories and events, difficult to believe by a westerner,

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populated the trans-generational flow, with obvious effects on the identity field.

Any mode of freedom-creativity-thinking in relation to the personal and relational space was confined. From music to film, art forms were to promote the party doctrine, while reading was rigorously restricted, with institutions being closed and materials undergoing censorship. All forms of association, except for those controlled by the Party, were prohibited, and a closed-off society was emerging, similar to a concentration camp.

Reflective capacity was punished by the parent-oppressor-state by means of the militia (a public institution in charge with ensuring the observance of public order and the rules of social coexistence) and especially of the 'Securitate' (The Department of State Security – a repressive body charged with the protection of the Communist system in Romania) in an ample repressive movement. Nowadays, a part of the 'Securitate' files were made public and represent a dramatic record of the social communist, paranoid-schizoid experiment, whose remnant effects still linger. The identical constantly depleted identity, and depersonalizing uniformity was promoted in detriment of maturation conditions.

In this context, specific to societies caught by history behind the Iron Curtain, the topic of identity is one of interest and extension, which inspired the two issues of the 2017 Romanian Journal of Psychoanalysis (RJP) to be dedicated to the subject. The annual themes of the RJP which provide content for the two issues' pages largely reflect the current relevance of theoretical and clinical concerns in the field of psychoanalysis, open both to internal developments related to any sphere of knowledge and to social issues, in terms of applied psychoanalysis, *extra muros*, as well as psychoanalysis involved in the life of the citizens in particular. To this end,

members of the Romanian Society of Psychoanalysis (RSP) such as Gianina Micu and Rodica Matei, initiated and developed a public-funded project titled *România identitară* (Romania of identity) which encouraged an interdisciplinary dialogue under the guidance of psychoanalysis, with a good public effect.

The subject of identity is a current one and in line with the history of the RSP, which became a member of the IPA 27 years after the escape from the clandestine status imposed by the former political regime.

We are positive that the progress of the RSP and the fact that it is entirely included in the international movement are also due to the RJP's ten years of existence, a period in which the project of a journal of psychoanalysis grew, nowadays becoming the most important biannual publication in the national psych-field, enjoying academic and scientific recognition that resulted in numerous papers being indexed in International Databases. In this respect, the former president of the Czech Society of Psychoanalysis, a friend society, Dr. Martin Mahler, stated, while in office, that it is amazing and highly commendable how out of the former communist countries, Romania, respectively the Romanian Society of Psychoanalysis, is the only one that founded a Journal of Psychoanalysis of international impact, a journal, we might say, of the dialogue between the worlds, schools, theories and histories of Societies of Psychoanalysis from various places and regions.

The theme of identity does not particularly impact Romanian Society, but the entire world is nowadays facing the effects of globalisation, of emigration, of the implicit interaction between traditions and cultures, of the sometimes disorienting dynamics of national identity fields reactively affected by nationalist phenomena in the context of a need for openness

towards sometimes radical cultural and social diversities and in the context of the dialectics of union and separatist tendencies.

It is not coincidental that the topic of identity is approached when we mark 10 years from the foundation of the Romanian Journal of Psychoanalysis. Along with the prestigious and historic International Journal of Psychoanalysis and the substantial journals of national friend-societies such as the French, Belgian, Spanish and Italian Journals of Psychoanalysis, the RJP is founded on and reflects the values of the professional dialogue, of adapted construction and sustainability, which we believe reflect the spirit of any endeavour abiding by the principles of psychoanalysis.

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ARGUMENT ON THE THEME

IDENTITY AND ITS PLACE IN THE FIELD OF PSYCHOANALYSIS[4]

Gabriel Balaci[5]

When we refer to identity, we have in mind its three levels: gender identity, generational identity and ethnocultural identity. In this era of globalisation, we wonder whether this concept is still important or to what extent it changes its dimensions. Psychoanalysis approaches the issue of identity mostly from a psychopathological perspective when it deals with personality disorders such as borderline states or psychoses.

As the articles of the present issue will reveal, the concept of identity is not only related to personal identity, to the sense of identity which emerges along with the development of one's personality, but it also covers social, professional, national identity. All these aspects are connected with the ethnocultural origin and are formed starting from the transgenerational inheritance materialised in what we call tradition.

The identity of an individual is formed in relation with the Other by distinguishing oneself from him/her. In a time which brings forth traditional options and beliefs in relation to new directions of redefining social

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relations and even the individual, the issue of identity cannot be ignored by psychoanalysis. We notice that identity becomes a flexible concept with no certain bases anymore, namely biological bases, which is no longer defined through the choice of object and which is not built on a desire centred on the lack of something, but it rather tends to shape itself in relation to external factors.

An overview of the current social and political background in which humankind is governed by globalisation urges psychoanalysis and psychoanalysts to pay focused attention, rather than free-floating, to the concept of identity and to the dynamic process by which it forms itself throughout a subject's development.

Referring to unity in diversity, to the third gender and to choosing the psychosexual identity beyond the biological, corporeal one, we wonder what is identity and what gives an individual's his/her identity. We can thus speak of a personal identity and of a social identity. Personal identity is described by one's own image of him/herself, the feeling of uniqueness, self-consciousness and self-knowledge. Social identity is described by the affiliation to a group, such as family, a group of friends, professional category, religious affiliation, belonging to a particular nation, geographical area and so on.

We know that Freud did not make identity a psychoanalytic concept, he elaborated no theory on identity, but he was interested in identification, a process occurring in interaction with the Other, which represents one of the fundamental processes in the formation of an individual's identity. Starting from the principles elaborated by Freud, Lichtenstein proposes in his 1977 paper *The dilemma of human identity*, a principle that encompasses the others and that involves the human biological and psychic components,

trying to express the unity of the individual. This principle is called the principle of identity. To this author, the biological existence and the psychic existence cannot be separated and, from the perspective of this unity, he proposes a development theory which would aim at the formation of the individual's identity. The notion of identity takes into account both the psychopathological aspects and the normality. To maintain his/her mental health, the human being must preserve his/her own identity. This perspective focuses on building and maintaining the identity to the detriment of the drive and instinctual requirements that an individual face along his/her development. Therefore, the search for one's own identity becomes the 'engine' of human development and the drive comes second in this process. According to Lichtenstein, identity is the capacity of remaining the same in the middle of changes. What defines identity is coherence, continuity, uniformity.

We find in psychoanalytic theories various concepts which may be deemed similar in meaning to the concept of identity for they cover the unity and uniqueness of the individual. Although such concepts describe a bond between the psychic entities, a coherence between them which gives the individual the feeling that he/she belongs to the humanity but also the feeling of being unique, they fail to lead us to a unanimous view on a definition of identity. Among such concepts we also include *psychic apparatus*, *ego*, *id*, *self* and so on. Can psychoanalysis clarify this question of identity? Is identity analysable or only its components are subjected to analysis? Is there an unconscious identity underlying conscious identity, assumed by a person? Or only some of the processes leading to the formation of an identity are unconscious, identity being, to a large extent, socially conditioned? What is the role of the unconscious in building

identity? To what extent can identity be approached and understood from a psychoanalytic standpoint? What is the place of the *identity* concept in metapsychology? What is the relationship between drive and identity?

The articles of this issue try to answer these questions, providing, at the same time, psychoanalysis' perspective on identity.

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Theoretical and Clinical Psychoanalysis

NARCISSISM: IS IT STILL A USEFUL PSYCHOANALYTIC CONCEPT?[6]

Eike Hinze[7]

Abstract: The author investigates the question whether narcissism is still a useful clinical concept. The term is so widespread and often so loosely used that it seems to have lost its descriptive and discriminatory power. The descriptive use of the term in our everyday discussions of patients has evolved into a kind of behavioural shorthand (Goldberg, 2013). Departing from two case vignettes narcissism is being discussed from the vantage point of symptomatology, psychodynamics and normal narcissistic phenomena. Certain characteristic psychodynamic traits can be discerned in narcissistic personalities, but a specific common aetiology cannot yet be stated. At the core, however, of pathological narcissism are always severely disturbed early object relations. The author puts special emphasis on normal narcissism as part of the human condition. A rational and not abundant use of the concept of narcissism has still its place in psychoanalytic practice, theory and nosology. In group constellations, as for example in psychoanalytic institutions, the destructive potential of pathological narcissism has always to be considered.

Keywords: primary narcissism, destructive narcissism, Narcissus, grandiose self, object love, fusion.

Introduction

At the beginning of this paper I want to describe an experience which we could call narcissistic but which does not belong to the realm of pathological narcissism. The strength of psychoanalytical concepts often lies in being able to cover the whole range of normal and highly pathological phenomena. Normal psychology may then help to better understand psychopathology.

When I wrote a first version of this paper I was preparing for a lecture and had to fight against a deadline. Time was running out, and every free minute should have been used for writing. But then there was the TV transmission of the football game England against Germany. Should I stick to my work or should I give in to the temptation and watch the game in the company of my son and his friends? As it happens so often sin was stronger than duty. I watched the game and in addition I also attended an open-air concert in the evening. You may describe my behaviour as a victory of the pleasure principle over the reality principle or as kind of a manic defence. But you can subsume it under the heading of narcissism too. I was plunging into a merging experience with a group of young guys in front of a TV set, drinking beer, identifying with a team, regressing to a somewhat dedifferentiated level of functioning, losing thereby clear borders between subject and object, having in mind mainly my own well-being. The classic open-air concert offered me the experience of merging with the music and an enthusiastic audience in a mild summer night – an experience you can easily describe as primary narcissistic.

Even this little story conveys the impression how far the words "narcissism" and "narcissistic" invade our thinking and speaking to a degree we often hardly are aware of. We use them to describe normal or deviant

psychological phenomena. We use them in more casual but also more stringent professional discourse. Often, they have a slightly devaluing or critical undertone. They are so widespread and often so loosely used that they seem to have lost their descriptive and discriminatory power. My main objective in this presentation will be to clarify the use of the term narcissism and to test its usefulness.

Let me start with two short clinical examples. Usually we prefer to call them "vignettes" – I think mainly because this term sounds more sophisticated and tickles our sense of self. It is a narcissistic phenomenon.

Mr. A is a shy nice young man of thirty years. Sexually he is almost a virgin, seems to be untouchable, and cultivates behind his friendly facade a Peter Pan identity. Inhibited in his social behaviour he nevertheless can be secretively very arrogant. Sometimes in his analysis I lost hope to get into real emotional contact with him. Depending on their theoretical background some analysts would call him narcissistic, some more schizoid. Despite the initial difficulties, contact with him deepened during his analysis. His internal world opened up, and behind the narcissistic surface a threatening realm of persecuting objects became visible. Internal object relations no longer only seemed to be of a shallow and self-satisfying nature. They showed predominantly a threatening character. He revealed more and more the sado-masochistic nature of his masturbatory sexual life. The analysis ended prematurely because Mr. A could not afford any longer to finance it. In the last months he showed in his transference a richer and more differentiated object relatedness than had appeared before. This was not only due to his developing capacity for relating to objects, but also to the lessening narcissistic defences which had hitherto served to ward off the impact of objects on his internal life.

Mr. B is an artist in his sixties who sought treatment because of a deteriorating marriage. He had been left by his mistress and tried to cope with the impact of growing older on his creative work. He showed strong narcissistic character traits. In the countertransference I often felt like an audience admiring the achievements of a great artist without being able to fully understand him. As in Mr. A's case the analytic relationship deepened with the approaching termination. And like the former he ended his analysis for financial reasons. He did not want to accept any money from his wife. In the last phase of analysis, he became more reachable, and I felt as a whole person relating to him. Persecuting elements became visible too. He felt his creativity endangered by my influence. But also feelings of loss and separation entered the scene.

Five years after his analysis Mr. B consulted me again. Somatic symptoms threatened his narcissistic balance. We started a psychotherapy with one session per week. This time he was more object oriented, showed empathy for his family and tried to come to grips with the deficits of old age. He plays a string instrument and observes the worsening and slowing down of his finger dexterity. For the time being he can compensate for this shortcoming by his long experience and his developed sense of the structure of a composition. But he knows, and fears, that the time is approaching when it would be wise to stop playing on a professional level. This time transference manifestations, including narcissistic traits with narcissistic devaluation of the object, can be better discerned and worked through.

Why do I start my presentation with these two sketchy vignettes? It is not because these two cases are especially interesting or extraordinary. They are examples of everyday analytic practice demonstrating patients with narcissistic character traits. What I want to stress is that narcissism is always

associated with a complex, but pathological object relatedness. There is no antinomy between narcissism and object relations. There is no self without an object. And vice versa there is no object without a self. It is time here to go back to the roots and have a look at the Greek myth that gave narcissism its name. Driven by pride and arrogance the beautiful youth Narcissus rejected all those who fell in love with him. He was finally punished by the goddess Nemesis who made him fall in love with his own mirror image. He could not get away from his reflected image in a brook and ended up dying there. In tales of the myth often it is omitted that Narcissus owes his life to the rape of his mother, the nymph Leiriope, by the river god Kephissos. Later his mother asked the seer Teiresias whether her son would live a long life. He answered: "If he will never know himself." It is interesting to see the role of object relations in this story. There is a rape at the beginning of Narcissus' life. Then he grows up without a father, rejects people who love him, and finally dies because he falls in love with his own reflected image, which is quite different from loving himself. As Teiresias prophesied Narcissus dies after he recognizes the truth, that his love object has no independent existence.

On Narcissism: an introduction

Studying this myth would lead to a discussion of many questions central to the topic of narcissism. But before proceeding on this path I want to invite you to have a look at the centre-piece of our thinking about narcissism. It is Freud's seminal paper "On Narcissism: An Introduction". This essay from almost 100 years ago is a fascinating mixture of deep insight standing the test of time, sharp clinical observation, bold speculation about the human mind and its development, and theories which have been proven false and should be eliminated from our corpus of concepts. It is a

key paper every student of psychoanalysis should have thoroughly read. Moreover, it introduces into a typical difficulty one has to overcome when reading Freud: taking into consideration at which stage of his thinking he develops his theories. In 1914 he had not yet introduced aggression into his theorizing. And if you take for example his complex theorizing about the quality of psychic energy implied in the development of autoerotism, primary narcissism and narcissism you can neglect it as it represents his controversies with Jung which are no longer relevant. And you can discard his speculations about autoerotism and primary narcissism too, because we know nowadays that these phases do not exist. There is a specific difficulty among psychoanalysts to get rid of outworn concepts which are no longer useful. Sometimes we preserve them too long, creating thus a confusion of concepts and terminology.

What is still alive and valid of Freud's paper? He introduced the concept of narcissism as libidinal cathexis of the self into psychoanalysis bridging the areas of symptomatology, psychopathology and normal psychology. He conceptualizes the formation of the ego-ideal as heir of the infantile narcissism. The child has to give up the illusion of being powerful and omnipotent and sets up an ideal self, one is no longer but strives to be. He describes the main types of object choice, the narcissistic and the anaclitic type. And he characterizes three sources of self-esteem: some remnant of the infantile narcissism, fulfilling the demands of the ego-ideal and getting satisfaction out of object relations. It is fascinating to see how Freud by seemingly contradictory sentences intuitively grasps the essence of the intricate dialectics between object relations and narcissism. "Complete object-love of the attachment type is, properly speaking, characteristic of the male. It displays the marked sexual overvaluation which is doubtless

derived from the child's original narcissism and thus corresponds to a transference of that narcissism to the sexual object." (Freud, 1914, p. 87). Besides the fact that this statement about the difference between the love of a man and a woman is no longer tenable, Freud underlines how interwoven object love and narcissism are. This dialectic of object love and narcissism also becomes apparent in his description of parents' love of their children. "Parental love, which is so moving and at bottom so childish, is nothing but the parents' narcissism born again, which, transformed into object-love, unmistakably reveals its former nature." (Freud, 1914, p. 90)

Freud wrote his essay in 1914. Since then many books and papers have been published about narcissism. Does a consensus among analysts exist nowadays as to what we really mean by the term? Is there a common ground of understanding and conceptualization? To answer this question, we can proceed along the three lines of symptoms, psychodynamics and normal psychology.

Symptoms

Psychoanalysts are usually not experts in painstakingly describing symptoms or syndromes. They are more experts in discovering structures and psychodynamic patterns. Therefore, one can sometimes get the impression that different authors write about different syndromes, often not exactly differentiating between psychoses and other psychic disturbances. In any case we do not use any more Freud's differentiation between transference neuroses and narcissistic neuroses, the latter ones being not analysable because they were supposed not to be able to develop a transference. Are diagnostic manuals helpful in our search for clinical narcissistic syndromes? We find a "narcissistic personality disorder" (NPD) in the American diagnostic manual DSM-IV. Nine diagnostic criteria are

specified, which describe a certain personality in rather derogatory and valuing terms: Grandiose sense of self-importance, living in a dream world, demanding, feeling entitled, exploitative, lacking empathy etc. This does not resemble a reliable scientific classification. Moreover ICD-10, the European equivalent of DSM-IV, does not have any special category for NPD. It seems that the descriptive diagnosis of a NPD heavily bears on cultural and social stereotypes and prejudices. A behaviour which would be judged as extremely self-centred in a Buddhist society could be quite normal in the Western world. So the phenomenological approach to a clinical entity named "narcissism" proves to be quite disappointing. Therefore, let's turn to the field of psychodynamics which is the domain of psychoanalysis.

Psychodynamics

The original concept of the self being cathected at the expense of the object and vice versa is not sufficient to describe the full range of narcissistic phenomena. Freud used it to understand megalomania in psychoses, hypochondria and infatuation. But the chronic pain-patient for example uses his retreat towards his body in order to enact various object relations with his nurses and medical doctors. And the hypochondriac is performing multiple internalized object relations in the system of his "sick" organs. Every analyst trying to understand narcissism has to take into account the complex balance regulating a person's relationship with himself and with his objects. Following Quinodoz one can discern two main tendencies among psychoanalysts dealing with the issue of narcissism. "Some follow Freud's conception of primary narcissism, with the idea that there exists a phase at the beginning of life in which the infant has as yet no knowledge of the object." "Others feel that object relations exist from the very beginning of life" (Quinodoz, 2005, p. 132) and that a primary

narcissistic phase does not exist. To the first group belong Anna Fraud, Margaret Mahler, D.W. Winnicott, Michael Balint and Heinz Kohut. The second group is represented among others by Melanie Klein, Hanna Segal, Herbert Rosenfeld, André Green and Otto Kernberg. This seems to be a clear-cut difference between the two groups. But in their daily analytic practice analysts usually do not stick dogmatically to certain theories. Nowadays most analysts assume a certain degree of object-relatedness from birth on. And different technical approaches to narcissistic patients differ not so much according to different "schools", but reflect the individual stance of analysts who most often choose their models and concepts more or less eclectically. Kohut's self-psychology is an exception from this rule. He assumed a developmental line of narcissism differentiated from that of object relations. In my view the psychoanalytic school of thought he founded shows some serious flaws. The intricate relationship between narcissism and object relations is not appreciated enough, and the role of aggression and destructive impulses in the human mind is minimized. But one of Kohut's merits consists in furthering a more permissive, truly analytic attitude towards narcissistic phenomena which otherwise can be easily morally devalued and denigrated.

Here I want to come back to my still unanswered question: From the point of view of psychodynamics is there a common denominator of narcissistic pathology agreed upon by most analysts? Many analysts would share the idea that at the core of a narcissistic personality there is an integrated, although highly pathological grandiose self, which Kernberg (1975, p. 266) characterizes as follows: "A pathological condensation of some aspects of the real self (the 'specialness' of the child reinforced by early experience), the ideal self (The fantasies and self-images of power, wealth,

omniscience, and beauty which compensated the small child for the experience of severe oral frustration, rage and envy) and the ideal object (the fantasy of an ever-giving, ever-loving and accepting parent, in contrast to the child's experience in reality; a replacement of the devalued real parental object)." This is a typical Kernberg definition with his emphasis on oral rage and envy. In this regard analysts could differ considering different cases and pathologies. Rosenfeld (1971) was one of the first to study the destructive aspects of narcissism. He drew a vivid picture of the internal world of some narcissists with its split off, destructive internal object relations. He chose the image of a powerful mafia gang to describe the destructive narcissism of some patients. Images like this one are very evocative and seducing. Once I supervised a colleague who had just read Rosenfeld's paper. And all of a sudden she discovered in her patient's material this famous mafia gang. Analyzing narcissistic patients often is very burdensome. This may invite to seek help in the literature and being attracted by dramatic images like Rosenfeld's or by seemingly very organized and clear elaborations of narcissistic pathology as in Kernberg's publications. But the real cases of daily practice often resist being squeezed into a well-organized system of categories and levels of psychopathology even if it was invented by an author with rich clinical experience like Kernberg.

The grandiose self of narcissistic patients serves the purpose of defending against the experience of being dependent on other objects. It becomes manifest in the transference. A typical narcissistic patient is not able to depend on the analyst, because such dependency is experienced as humiliation. The narcissistic structure may vary in severity from one patient to another. There are patients with some defences against dependency. And

we may be confronted with patients showing the existence of a full-blown grandiose self.

Does a typical aetiology exist which is specific for the development of a narcissistic personality? Authors ponder on core constellations in early childhood. French authors (A. Green, quoted in Goldberg, 2013) focus more on the impact on mental functioning of early loss — the idea is that a disabling psychical loss forecloses the possibility of representation. But unsymbolized, unrepresented trauma of loss at the centre of the experience of the self may lead to different clinical syndromes. I do not think that a consensus is possible. This is similar to all the other pathological developments. We do not yet know enough about these complex processes. Only the finding that we always discover severely disturbed early object relations is on solid ground. Narcissus was born as the result of a rape and grew up without a father and without siblings.

Normal narcissism

After this excursion into psychopathology we may seek for manifestations of normal narcissism, if there are any. Psychoanalysts are specifically searching for transitions from the normal to the pathological realm. And the reader of Freud's essay can enjoy these masterly transitions and their intellectual brilliancy. Of course, there is a normal narcissism. For developing and preserving psychic health it is indispensable to balance the love for oneself and for the other. In our present time where object relations theory is governing the psychoanalytic discourse narcissistic aspects of patients often tend to be neglected or, even worse, devalued. A young analysand starts taking boxing lessons. On the one hand this can be understood as his attempt to strengthen himself in his oedipal fight against the analyst-father. But on the other hand, it must also be seen as his attempt to develop a sense of his body, to feel himself, his strength and vigour, to

grow in self-esteem. Of course, both aspects are constantly intermingling. Two aspects are especially relevant for psychoanalytic training and psychoanalytic groups. A candidate in psychoanalytic training usually undergoes a considerable regression in his training analysis. Moreover, he is obliged while presenting his cases to show a considerable part of his personality and his character. Both may make him vulnerable to narcissistic blows. And one knows that narcissistic injuries retain their destructive power for ever if not worked through properly. Deadly destructive conflicts and developments in psychoanalytic institutes often owe their power to such early injuries. We should be very sensitive to narcissistic vulnerabilities of candidates and colleagues and show sufficient concern. The second aspect refers to the following possibility. Narcissists can be very attractive and successful. And it may happen that such a person is admitted to the psychoanalytic training. He may succeed in splitting off his narcissistic part from the analytic process in his personal analysis. Later on he may engage in the institute's group dynamics and his unaltered narcissism may influence the institute in a very destructive way. In any case we should familiarize with our own narcissism and that of our colleagues.

A careful reader will have noticed that I always used the male pronouns *he* and *his* instead of also referring to *she* and *her*. This seems to be politically incorrect. And any non-discrimination committee could have reprimanded me. But unwillingly I made a fact explicit. Narcissistic psychopathology indeed seems to be a male domain. Pregnancy and infant and child care may represent a defensive compensation against narcissistic self-absorption (Lester, 2000). By the way this is just the contrary of what Freud said about women and narcissism.

Conclusion

Instead of the usual conclusion and repetition of what I already said before I want to refer to a developmental narrative Henseler (2000) told about our way from primary narcissism till adult equilibrium between self and object. He conceptualizes primary narcissism as the earliest phase of object relatedness. These early object relations are not as differentiated as those of adult life. But this phase is not a paradise-like merger with Mother without experiencing any tension. Later in life we can indulge in fantasies of fusion, of being one with some primary object. But these states of mind are no returns to a really lived through paradise. They are based on a fantasy of a wished-for state of primary narcissism we never really lived through. The little child has to cope with the Other in the course of his development. Idealising and internalising may be means to cope with the otherness of the object. Failing of this process may lead to the development of not manageable hate and envy. The separateness of the object may then be denied combined with massive projective identifications and other defences of the paranoid-schizoid position. One can conceptualize projective identification as a narcissistic aggressive object cathexis. The object I hate carries in it part of myself I cannot tolerate. The whole array of narcissistic character traits may then develop. The alternative would be to adopt a third position, to acknowledge the other as an independent person and to recognize him as a unique object I can be curious to understand. Thus, hate may be transformed into respect and envy into admiration.

This short developmental sketch shows how the inability to cope with the otherness of the object may lead to severe narcissistic character pathology. From a neuro-psychoanalytic perspective M. Solms (2017) rather drily formulated*: "All realistic solutions to life's problems are located 'out there' in the world. One cannot feed upon oneself and one cannot drink oneself. … One cannot attach with oneself, violently annihilate one's own*

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frustrations, engage in rough-and-tumble play with oneself. One can try, but it will end in tears. (The whole theory of 'narcissism' flows from this fact. …) That is why life is difficult."

Longing for primary narcissistic states in later life can be understood as a normal regressive phenomenon. It may contribute to psychic health. But it is not a return to something one has really lived through.

The question remains: Is narcissism still a useful psychoanalytic concept? Basically, the answer is *YES,* but with some precautions. It is difficult and problematic to define a syndrome or cluster of symptoms as a narcissistic personality disorder. But this is shared with other syndromes too. More successful is the attempt to identify some characteristic psychodynamic patterns. If one uses the word narcissism or narcissistic in clinical context one should always try to explain what one really has in mind using this term. The same applies to normal psychology. Loosely as it is often used the term narcissism is nevertheless indispensable. We should pay more attention to the way we use it in clinical discourse. Perhaps this will lead to more conceptual clarity.

Translations of the summary

Résumé: *L'auteur tente de répondre à la question de savoir si le narcissisme est encore un concept clinique utile. Le terme est si répandu et fréquemment utilisé de manière tellement libre qu'il semble avoir perdu sa force descriptive et discriminatoire. L'utilisation descriptive du terme dans nos discussions régulières avec les patients a évolué vers une sorte d'abréviation comportementale (Goldberg, 2013). Partant de deux cas cliniques, le narcissisme est abordé sous l'angle de la symptomatologie, de la psycho-dynamique et des phénomènes narcissiques normaux. Certains traits psycho-dynamiques peuvent être distingués dans le cas des personnalités narcissiques, mais une étiologie spécifique ne peut pas encore être énoncée. Cependant, à la base du narcissisme pathologique, il y a toujours des relations d'objet précoces gravement affectées. L'auteur met un accent particulier sur le narcissisme normal au sein de la condition*

humaine. Une utilisation rationnelle et non excessive du concept de « narcissisme » a toujours sa place dans la pratique et la théorie psychanalytiques ainsi que dans la nosologie. Dans les consultations de groupe dans les institutions psychanalytiques, par exemple, le potentiel destructeur du narcissisme pathologique doit toujours être pris en compte.

Mots-clé : *narcissisme primaire, narcissisme destructif, Narcisse, soi grandiose, amour d'objet, fusion.*

Rezumat: Autorul încearcă să răspundă la întrebarea dacă narcisismul este încă un concept clinic util. Termenul este atât de răspândit şi folosit în mod frecvent într-o manieră atât de liberă, încât pare că şi-a pierdut forţa descriptivă şi discriminatorie. Utilizarea descriptivă a termenului în discuţiile noastre obişnuite despre pacienţi a evoluat într-un fel de prescurtare comportamentală (Goldberg, 2013). Plecând de la două cazuri clinice, narcisismul este abordat din perspectiva simptomatologiei, psihodinamicii şi fenomenelor narcisiste normale. Anumite trăsături psihodinamice se pot distinge în personalităţile narcisiste, însă nu poate fi enunţată încă o etiologie specifică. Totuşi, la baza narcisismului patologic stau întotdeauna relaţii de obiect timpurii grav afectate. Autorul pune un accent special pe narcisismul normal, ca parte a condiţiei umane. O utilizare raţională, nu în exces, a conceptului „narcisism" are încă locul său în practica şi teoria psihanalitică precum şi în nosologie. În constelaţiile de grup, de pildă în instituţiile psihanalitice, potenţialul distructiv al narcisismului patologic trebuie să fie întotdeauna luat în considerare.

Cuvinte-cheie : *narcisism primar, narcisism distructiv, Narcis, sinele grandios, iubire de obiect, fuziune.*

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THE CONSTRUCTION OF THE SELF
AND OF THE SENTIMENT OF BEING[8]

Daniela Luca[9]

Motto: "To be, or not to be – that is the question:
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune
Or to take arms against a sea of troubles
And by opposing end them. To die, to sleep –
No more – and by a sleep to say we end
The heartache, and the thousand natural shocks
That flesh is heir to."

("Hamlet", Act III,
Scene I)

Abstract: The paradox of our existence, in the Winnicottian sense of the term, and as it is already known in psychoanalysis – especially in the construction of the sentiment of being – needs the encounter with an alter, with the Other – the real and external object, with its qualities and capacity to also fundamentally threaten the human being, possibly through

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its adhesive nature, its intrusion, revenge, disappearance etc. This paradoxical situation, stressed out by the author in this paper, could be generative of a healthy enough Self, and thus the individual could feel themselves as the subject of their history, filiation, family, culture, within the matrix of the continuity of their existence; or, by contrast, this could be the main factor at play for certain severe pathologies (narcissistic-identitary, psychosomatics, psychotics, character disorders, personality disorders etc.).

This paper will open on the subject of False and True Self, but will also deal with the construction of a transitional area, the transformation of the space of illusion, the construction of the sentiment of being and of the Self.

Keywords: *integration, maturation, primary process, Self, sentiment of being, symbolization (primary).*

In his paper "The aims of psycho-analytical treatment", Winnicott stresses out some essential characteristics and aims of the analyst in his clinical practice, i.e.:

"In doing psycho-analysis I aim at:

Keeping alive

Keeping well

Keeping awake

I aim at being myself and behaving myself.

Having begun an analysis, I expect to continue it, to survive it, and to end it.

I enjoy myself doing analysis and always look forward to the end of each analysis. Analysis for analysis' sake has no meaning for me. I do analysis because that is what the patient needs to have done and to have done with. If the patient does not need analysis, then I do something else.

In analysis one asks: how much can one be allowed to do? And, by contrast, in my clinic the motto is: *how little* need be done?

But these are surface matters. What are the deeper aims? What does one do in the professional setting that is so carefully prepared and maintained?" (Winnicott, 1965, p. 166)

For me, as both a human being and an analyst, the following assumptions represented important guidelines: "keeping alive, keeping well, keeping awake / being myself and behaving myself". Furthermore, I would add the ability to communicate with and through your true Self as an important point, which could be helpful in extending the capacity to communicate with the patient's inner world, be it conscious or unconscious. The *continuity of being and the capacity to live creatively* are additional vital qualities that analyst Winnicott pointed out, and I consider that these qualities represent the matrix for our processes of thinking and feeling in any profession or at any moment of one's life.

In Winnicott's works, the concept of *being* first appeared explicitly around 1966, when Winnicott was already seventy years old. Before 1966, the concept had been mentioned in some papers, but without any explicit or extended development.

The main work in which Winnicott extensively describes his idea and theory on *being* is his posthumous book, *Human Nature* (1988). This book includes two directions of Winnicott's thinking, the first dating from 1954, and the second, following an entirely different pattern, written probably

around 1967. So, like Freud's *An Outline of Psycho-Analysis* (1938a), this book remained unfinished, as if the author did not manage to attain their final large perspective. However, *Human Nature* is an extremely important book, frequently cited by psychoanalysts, in which Winnicott elaborates on many of his concepts.

In "A Primary State of Being" (chapter 5 of *Human Nature*), Winnicott presents one of his most durable hypotheses. He postulates the existence of *a primary state of non-integration* at the beginning of life. In fact, *the state of being* cannot be directly observed, but can instead be deduced from the diversity of the infant's states. The main characteristic of this primary state is *the continuity of existence*. What is implied is that childbirth is an interruption of continuity, which will be reprised during the earliest stages of development. At that stage of infancy, non-integration is the only observable aspect. There is no differentiation yet between soma/body and *psyche*, and no differentiation between *me* and *not-me reality*. This illusion of omnipotence and of self-sufficiency ignores the fact that the infant is being cared for and physically loved. The dependency of the baby is so complete that one may be mistaken in seeing an entity in the baby alone. The main aspect Winnicott stresses is that, from the start, *the mother-child unit is an "environment-individual set-up"* (1975, p. 99). Thus, we cannot speak of the baby as an individual, since, during those early stages, *there is nothing that corresponds to an individual Self in the baby's psyche*. This fact can only be deduced from clinical observation. As Winnicott wrote, at this stage of life, there is not yet a place to see from.

Consequently, Winnicott supposes *the existence of a united and indissociable couple* that constitutes an essential step in the development of a future Self which is distinct from the environment. On the other hand,

the environment is a necessary condition for the creation of the Self to begin, but also of itself, as a separate entity, *to help the being emerge from non-being, existence from non-existence, to be from not-to-be*. In this stage of omnipotence and (pseudo)self-sufficiency, Winnicott considers that this symbiosis helps the nascent Self to detach itself from the early environment-infant unit and establish its own centre of gravity – *a new individual* who, at the start, will ignore the environment and its sources of love, who seems to be subordinate to *the need of this primary continuity of being*. It seems that there is an active adaptation working towards breaking free from total dependence on the environment.

In one's state of health, there is a core that corresponds to the "true Self" of the split personality. This core, Winnicott states, *never communicates with the world of perceived objects*, and the individual somehow knows that it must never be communicated with or be influenced by external reality. Even if healthy persons communicate and enjoy communicating, it is equally true that *everyone has an isolate core, permanently non-communicating, permanently unknown, in fact unfound and untouchable.*

In one's life and existence, the weight of this difficulty lightens exchanges involved and brought upon by the entire variety of cultural experiences. At the centre of each personality is *an incommunicado Self*, one that, according to Winnicott, is sacred and tends to preserve itself as such. The violation of the Self's core or the alteration of its central elements by communication seeping through the defences are unbearable for the individual and crippling for the Self. This would be a sin against the Self. Ignoring for the moment the earlier, devastating experiences of the environment-mother's failure, so important in the case of severe

pathologies, we point out that the traumatic experiences leading to the mobilisation of primary defences are related to the act of threatening *the isolated core*, the threat of it being found, altered, communicated with. The defence consists in further hiding the secret Self, even extending to the extreme situations of its projection and to its endless fragmentation and disintegration. Therefore, the hostility people feel towards therapy or psychoanalysis is understandable, as they delve deep into the core personality, thus becoming identified as a threat to the subject in their need to be secretly isolated. And we reach the delicate question Winnicott asks: how can one remain isolated without becoming insulated?

One possible answer might come from mothers who only communicate with their infants as *subjective objects*. In time, these mothers become objectively perceived by their infants, who grow to master various techniques for indirect communication, the most obvious of which is the use of language. Thus, a transitional period is created, one in which transitional phenomena unfold, transitional objects are utilised, and the infant begins to gain the use of symbols and symbolic thinking. An important basis for the construction of the Self and the development of the Ego lies in this area of the individual's communication with subjective phenomena and subjective objects, from which stems *the feeling of being real.*

In what concerns the silence of the Self's core, Winnicott says: "In the best possible circumstances, growth takes place, and the child now possesses three lines of communication: communication that is *for ever silent,* communication that is *explicit,* indirect and pleasurable, and this third or *intermediate* form of communication that slides out of playing into cultural experience of every kind. Is silent communication related to the concept of primary narcissism?" (Winnicott, 1965, pp. 183-184)

As analysts, in our clinical practice, we must allow the patient's non-communication and consider it a positive contribution when it takes place in the analytic situation. Our technique, along with our psychic functioning and our countertransference movements, allow the patient to communicate what they are *not* communicating. We must also recognize the existence of the *non-communicating core* of our inner world within ourselves, and be able to distinguish it from the distress signal associated with a failure of communication. There is a bridge between the ideas of *being alone in the presence of the mother* (the other), at first a natural event in infancy and during the child's emotional development, and that of the later developed capacity for withdrawal without losing the identification of that from which withdrawal has occurred. This can be exemplified by the capacity to concentrate on a particular aspect, a certain task or situation, and to work creatively.

The True Self

It is already known that, in Winnicottian thinking, the concept of *False Self* requires conjunction with that which could be called the *True Self*. During the earliest stage of life, the *True Self* is the theoretical position from which stem *the spontaneous gesture and the personal idea*. The spontaneous gesture is the *True Self in action*, Winnicott stated, and "only the True Self can be creative and only the True Self can feel real. Whereas a True Self feels real, the existence of a False Self results in feeling unreal or a sense of futility." (Winnicott, 1965, p. 148)

The False Self, if successful in its functioning, hides the True Self. If not, it finds a way to allow the True Self to begin living. This result may be achieved by all manner of means, but is most often observed in cases where the sense of being real and alive arrives during the analysis. The True

Self emerges first of all from the life of the body's tissues and body-physiology, including the rhythm of one's heartbeat and breathing. Obviously, it is closely linked to the concept of *Primary Process*, as described by Freud, and, at the very beginning of infant life, it does not represent a reaction to external stimuli, but is a primary phenomenon instead. It is therefore not necessary to formulate the idea of *True Self* except for the purpose of trying to understand the False Self, as the True Self does no more than collect the fragments of the experience of being alive, of living, in one place.

Progressively, the complexity of the infant Ego, through the maturational process and Ego integration, eventually leads to the creation of a *limiting membrane* – as we know, Didier Anzieu developed this idea further, into the extended theory of the Ego-Skin (*le Moi-Peau*). The Ego eventually features *an inside* and *an outside*, and to considerably separate itself from environmental care.

According to Winnicott and his theory, in this case *being* is the concept of an individual reality of inner objects that is applied to a later stage of what we call the concept of *True Self*. Winnicott considers that the True Self appears as soon as there is any form of mental organization of the individual, a sensory-motor summation of the state of being alive. The True Self quickly grows complex, and relates to environment / mother / external reality through the natural processes typical of the infant's development over time. The infant begins to be able to react to a stimulus without trauma, because the stimuli now have counterparts in the individual's inner, psychic reality. From this point on, the infant considers all stimuli as projections, but this stage is not necessarily achieved, or is only partially achieved, or even attained and lost. Once this stage is

achieved, the infant is able to retain a sense of omnipotence even when reacting to environmental factors that an observer could discern as truly external to the infant.

For Winnicott, "every new period of living in which the True Self has not been seriously interrupted results in a strengthening of *the sense of being real*, and with this goes a growing capacity on the part of the infant to tolerate two sets of phenomena: These are:

(1) Breaks in continuity of True Self living. (Here can be seen a way in which the birth process might be traumatic, as for instance when there is delay without unconsciousness.)

(2) Reactive or False Self experiences, related to the environment on a basis of compliance. This becomes the part of the infant which can be (before the first birthday) taught to say 'Ta', or, in other words, can be taught to acknowledge the existence of an environment that is becoming intellectually accepted. Feelings of gratitude may or may not follow." (Winnicott, 1965, p.148)

Winnicott and his concept of The False Self

While being raised, the infant integrates and organises its Ego, adapting it to the environment (mother, family, others), by natural growth and maturational processes. But this process does not happen automatically, and undeniably it can only happen only if *the True Self* has become a living reality, because of *the mother's adequate adaptation to the infant's vital needs*. There is a normal compliant movement of the True Self in healthy living, an ability of the infant to comply and not be exposed or to react to environmental impingements. So, the ability to cooperate with the environment is an important acquirement. The equivalent of the False

Self in normal development is the way a child is able to develop socially. They are capable of adapting without major damages or grief. In their state of health, compromise ceases to be allowed when issues become crucial, and the True Self can then dominate the compliant False Self.

For Winnicott, we can speak clinically about the existence of several degrees of False Self. The True and the False Self are two poles of the same register, and we can find them, in varying degrees, both in normality and in pathology. In our clinical work, we encounter the existence of a low or a high degree of False Self-type defences, ranging from a healthy aspect of the Self, to the truly split-off, compliant False Self, which can be mistaken for the whole personality of the child. In some clinical experiences with severe patients, this defence through the False Self can form the basis for a kind of sublimation, such as the child developing acting capacities (an "as-if" acting personality, as described by Helene Deutsch). Referring to actors, Winnicott observes that there are some who can be themselves authentically even when acting, whereas others can only act, and are completely at a loss when not in a role, and when not being appreciated or applauded as expected.

Thus, the healthy individual, who has a part of the compliant Self, but who *is a creative and spontaneous being*, there is also a capacity to use symbols, metaphors, word-play, humour, different realities. Healthy means, in this case, the capacity of the individual to live in an area that is transitional between the fantasy/psychic reality and the external reality, that which is called the cultural and social life. On the other hand, personalities which feature a significant separation between the True Self and the False Self, which hides the True Self, there is a poor capacity for using symbols, and an impoverished cultural life. Instead of cultural pursuits, such persons

exhibit extreme restlessness, an inability to concentrate, and a need to collect impingements from external reality so that their lives can be filled with reactions to these impingements.

From a clinical point of view again, there are some *consequences for the analyst* determined by these varying degrees of the False Self, and, according to Winnicott, the analyst could be affected in the following ways:

(a) In analysis of a False Personality, the analyst can only talk to the False Self of the patient about the patient's True Self.

(b) At the point of transition, when the analyst begins to get into contact with the patient's True Self, a period of complete dependence will commence. However, oftentimes this moment is absent from clinical practice, or is feared and therefore avoided. The patient then suffers from a psychic/mental disturbance, or, by different means, will provide the analyst with a chance to take over the False Self function, but at that point the analyst could fail to see what is happening, and, in consequence, the patient ends up being taken care of by other persons, who they become dependent on, in a period of regression disguised as dependence. Thus the chance to elaborate the failure in analysis is missed.

(c) Analysts who are not well-prepared enough to initiate functional regression with the purpose of meeting the archaic, primary, difficult needs of patients who become dependent. That is why the analyst must be careful in selecting cases of individuals whose Self does not lean massively towards the False type.

In our clinic, it is possible to see some analyses going on open-endedly during a period of time, because they are done on the basis of work with the False Self. For example, with one of my patients (female, 37 years), who had previously undergone two other "useless therapeutic experiences"

(non-psychoanalytical, one with a male therapist, the other with a female therapist), the analytic work was quite difficult and really began, as an inner process, with her during a session in the 4th year, when I made it clear that I recognised in her a part of a core of non-existence, different from her "dead part" she had brought up in previous sessions. She made the remark that over these years all our analytical work had been unsuccessful because she existed in a shell mode – in other words, a false mode. When I had said that I recognized her state of non-life (non-existence) behind this shell, she felt able to be communicated with for the first time. Her True Self that had been hidden away from infancy by the False Self (the "shell") had entered communication with me, her analyst, in the only way which was not painful or dangerous. In fact, our true analytical work together started from that specific moment.

I would like to present you with another clinical illustration, which is offered by Th. Ogden (2004), which I will quote below:

"In the following clinical account, the form of holding just described plays a central role.

Ms R startled when I met her in the waiting room for our first session. She said hello without making eye contact, and, in a stiff awkward way, walked from the waiting room into my consulting room. She lay down on the couch without our ever having discussed her using the couch. Ms R turned her head toward the wall (away from me and the little bit of light coming through the closed window blinds). The patient blurted out in clumps of words the fact that she had begun to have panic attacks for which she could find no cause. She told me that she was not able to work or to be a mother to her two adolescent children. Almost in passing, she told me that her mother had died six months earlier — 'She was old and sick and it was for the best'.

When I made a comment, or asked a question in the early stages of this analysis, the patient startled in the same way she had in the waiting room when we first met. I did not comment on this behaviour and learned quickly to say almost nothing during the sessions. Even the sound of my moving in my chair was experienced by the patient almost as if I had slapped her. It was necessary for me to remain as still and quiet as possible if Ms R was to be able to tolerate being with me. The patient, sensing my stillness (except for the sound and movement of my breathing), relaxed noticeably in the course of the first several sessions and ceased speaking altogether during our meetings for weeks afterwards. I did not experience the need to remain as quiet as I could as the outcome of the patient's tyrannical rule; rather, being with her reminded me of sitting in my younger son's bedroom when he was 3 years old as he fitfully lay in bed trying to fall asleep after having been awoken by a nightmare.

Quite the opposite of feeling put upon by Ms R (or by my son), I felt that my presence was like a soothing balm on a burn. While with the patient during a prolonged period of silence, I recalled that when my son began to be able to relax into sleep his rhythm of breathing and my own became one. In my half-sleeping state during one of the nights I sat with him, I dreamt dreams in which my wife and children had disappeared. The dreams felt so real that it took me a bit of time on waking to recognize them as dreams.

In retrospect, I believe that during those nights with my son I was unconsciously becoming at one with him, physically and psychologically, breathing his rhythm of breathing, dreaming his fears. The hours spent by his bed remain with me as disturbing, tender experiences. In the session with Ms R, as I recalled that period of sitting with my younger son, a line from a poem by Seamus Heaney came to mind: 'Never closer the whole rest of our lives' (1984, p. 285). I felt that the patient needed of me what my very young son had needed. I was willing to be used in that way by Ms R when she was able to take the risk of drawing on me at such a depth.

In the reverie that included the thoughts about my son and the line from the Heaney poem, I was pre-consciously talking to myself about the experience of selfless holding that Ms R needed. It was as much a physical experience (for me and, I believe, for her) as it was a psychological one."

A few closing remarks on Winnicottian clinical work
and the impossible analysis of the False Self

Winnicott appreciated and corresponded often with Dr. Thomas Main, as we know from his biographers. In 1957, after one of his female patients committed suicide in Cassell Hospital where Main was medical director, both were so affected that it took them seven years to be able to speak about the painful event. After his patient's suicide, Winnicott had a coronary attack. In one of his letters to T. Main, he wrote about, among other matters, patients who may (un)consciously kill their analyst. He was not referring to those who might physically attack another, but to those who might commit suicide even if intensely cared for. At the time of his patient's suicide, Winnicott said the following in a handwritten note to Joyce Coles, his secretary: "I have lost my only daughter. C. died yesterday. She was a nuisance" (Rodman, 2003, p. 235). This confession seems to be a sort of retaliation for the pain she had inflicted on him.

The explanation Winnicott provided for suicidal behaviour is that these self-destructive patients have been extremely let down by the environment, which did not meet expectations and, of course, by the analyst as well. They have lost all their hope and trust in the other. He could not accept the idea of an omnipotent wish to destroy and to kill, because subscribing to that point of view to him seemed like trying to escape personal responsibility. On the other hand, Winnicott had to reject the need to deny the omnipotence inherent in the destruction of the object, which would also involve the idea of a death drive, and the blame placed on environmental failures, also present in the analyst, *who is responsible even by feeling or being ill him/herself.*

Winnicott wrote: "The idea of destruction of the object-mother in loving can be tolerated, however, if the individual who's getting towards it has evidence of a constructive aim already at hand and an environment-mother ready to accept" (1965, p. 80). Thus, destruction can only be accepted if the prospect of reparation is at hand. Perhaps, instead of accepting the idea of a death drive, Winnicott introduced the concept of *being* – that is, of a *being* that can be strong enough to oppose the temptation to totally destroy the object, or at least able to survive the subject's attacks.

A second patient of Winnicott's committed suicide during his journey to New York, where he also fell ill, following his very poor reception at the New York Psychoanalytic Society and Institute in November 1968, where he presented his work on the "use of the object". His ideas were misunderstood at that time. During the debate, he responded to the auditorium by saying that his concept had been torn to pieces, and that he would be happy to give it up. He did not feel well during this presentation, and, the same day, his heart failed again. This occurred after he had presented the idea that *the analyst must survive all the patient's attacks in order to be or at least be perceived as an external object*, situated outside of the control of the subjective object. Winnicott was hospitalized until the end of the following month. During his illness, he wrote to his brother and sister-in-law: "Clare and I both have to face up to the idea of my possible death." (Rodman, 2003, p. 332).

Clare Winnicott wrote that, during the last years of her husband's life, "the reality of his own death had to be negotiated and this he did again gradually and in his own way" (Winnicott, 1989, p. 3). Concerning the patients who commited suicide, one of them, J. N., having been informed of Winnicott's illness, wrote to him and asked permission to cross the Atlantic to see him, even if only for five minutes. According to Clare, Winnicott's patient did not visit, instead writing: "I hope you die." This was hidden from Winnicott at the time. Before committing suicide, the patient sent another

letter in a sealed envelope on which she had written "Not to be opened by Mrs. W, please." Clare respected the patient's wish, but felt the threat. Winnicott was informed of the suicide a month later, when his own condition had improved (Rodman, 2003, p. 335).

I will conclude this presentation with an excerpt of the poem "The Tree", written by Winnicott to his brother-in-law when he was 67 years, reflecting a continuous need and yearning, even after so many years, to bring his mother back:

"Mother below is weeping / Weeping / Weeping. / Thus I knew her / Once, stretched out on her lap/ As now on dead tree / I learned to make her smile / To stem her tears / To undo her guilt / To cure her inward death / To enliven her was my living."

Translations of the summary

Résumé: Le paradoxe de notre existence, au sens winnicottien du terme, comme il est déjà connu dans la psychanalyse – surtout dans la construction du sentiment d'être – a besoin de la rencontre avec un alter, avec l'Autre – l'objet réel, externe, avec ses qualités qui sont aussi capables de fondamentalement menacer l'être humain par leur potentielle adhésivité, intrusion, départ, vengeance, disparition etc. Cette situation paradoxale, soulignée par l'auteur dans cet article, pourrait être générative d'un Self assez sain, et ainsi, l'individu pourrait se sentir comme sujet de son histoire, de sa filiation, sa famille, sa culture, dans une continuité de son existence; ou, en revanche, cela pourrait constituer le facteur principal au centre de certaines pathologies sévères (narcissique-identitaires, psychosomatiques, psychotiques, troubles du caractère, troubles de la personnalité etc.).

Cet article examinera alors la question du Faux et du Vrai Soi, mais aussi de la construction de l'aria de transition, de la transformation de l'espace d'illusion, de la construction du sentiment de l'être et du Soi.

Mots-clé: intégration, maturation, processus primaire, Self, sentiment d'existence, symbolisation (primaire).

Rezumat: *Paradoxul existenței, în sensul winnicottian al termenului, așa cum este cunoscut deja în psihanaliză – îndeosebi în construcția sentimentului de a exista -, necesită întâlnirea unei alterități, a unui celălalt – obiectul extern, real, cu însușirile sale, care, totodată, amenință fundamentul ființei, prin posibila adezivitate, intruziune, părăsire, răzbunare, dispariție etc. Această situație paradoxală, subliniată de autoare în această lucrare, poate să fie dătătoare a unui Self îndeajuns de sănătos, în care persoana să se simtă pe sine ca subiect al propriei sale istorii, filiații, familii, culturi, într-un continuum de a exista; sau, dimpotrivă, poate să fie cauza unor patologii cu grad diferit de severitate (tulburări narcisic-identitare, psihosomatice, psihotice, caracteriale, de personalitate, adicții etc.).*

Se va aborda în această lucrare și chestiunea falsului și adevăratului Sine, dar și a construcției spațiului tranzițional, a transformării spațiului de iluzie, a construcției sentimentului de a exista și a Self-ului.

Cuvinte-cheie: *integrare, maturizare, procese primare, Self/Sine, sentiment de a exista, simbolizare (primară).*

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BUILDING IDENTITY: BETWEEN TOO MUCH AND NOT ENOUGH[10]

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Abstract: Identity, seen not as a result or as a final construction that allows us to identify an individual trough differentiation, but as a process, or rather as a series of processes, gives us access to the various ways of managing, of working through the amorphous entity of drives, for dynamic structures and mental changes. The modalities involved, the shapes accessed during these processes, are those through which contact, communication and the supplying of information occurs. These are practically the sensorial modalities, those which may be flooded with too much contact, interaction, information and nourishment, or, on the contrary, not be provided with enough. Each situation of the "too much" or "not enough" places us inside the area of the potentially traumatic experiences or even inside a traumatic experience itself. The difference could be made by the manner in which the experience can be worked over and worked through or transformed. The answer to the question

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on how we handle this process of transforming the "too much" and the "too little" could be one of the keys to unlocking a path of understanding the dynamics present in the processes of identity construction, especially when the potentially traumatic experiences are milestones for the unfolding of those processes.

The identity construction seems to be less addressed in psychoanalytic literature, perhaps because the notion of identity is defined as process rather than a structure inside the psychoanalytic theory, especially in a clinical perspective. On the other hand, we can look at the construction of the identity, especially if we use Winnicott's concept of co-construction in a speculative manner as one of the main subjects of study for psychoanalysis. To discover what is specific, to disclose their identity, to build bridges, linking split parts of the patient reality, enabling the patient to re-create the whole, is what animates the work of any analyst.

The identity construction begins with the first forms of interaction between senses and stimuli, and therefore with the first forms of organizing the sensory-motor response, but also with the earliest forms of working over the drives, and thus the psychic pre-symbolization or evacuation or non-integration. The processes of this period, whose beginnings can be identified within the first months of intrauterine life, are processes of transformation of the archaic experiences, experiences that are placed on a continuum from *not-enough* to *too much*. This form of organizing the amorphous entity of drives that are invading the reality of the unborn child, and then of the new-

born child, benefit from the forms of mediation offered by the mother's body or from how the mother organizes the space for the child after birth, as a filter for sensations, or as a par-excitant filter, but also from the processing forms that the mother provides. Everything that exceeds the capabilities of the "protection device" or those of the "processing – working-over – transforming" successions, common for the mother and child, reaches the point of *too much* or of *not enough* – in other words, the point of potentially traumatic experiences, those that put both the child's and the mother's tolerance to frustration to the test.

Both the forms of layer-organization (body, gestures, facial expressions, smells, sounds, words) and the forms through which the child chooses to live, to use potentially traumatic experiences, are the main benchmarks that we can make use of and localise in the process of identity construction – the existential forms that describe the individual, particular and specific outline. This process, which is continuous throughout an entire lifetime, is repeated in relation to the analyst, providing the patient with the opportunity to repeat exactly those experiences of *too much* or of *not enough*, of those potentially traumatic experiences by means of transfer, but also to the analyst, using countertransference.

Exploring potentially traumatic experiences forces us to explore the concept of trauma, a notion that has gone through an interesting evolution within the field of psychoanalysis, one which developed along with the evolution of psychoanalytic theory and practice. Trauma is a central concept for psychoanalytic theory, a cornerstone of theoretical and clinical psychoanalysis. Yet the notion of trauma does not belong to psychoanalysis. Instead, it comes from medicine and has an interesting history concerning

the evolution of its meaning, a development to which psychoanalysis, along with psychoanalysts, brought an important contribution. I believe that the best starting point in this endeavour to explore the reality of trauma is the etymological perspective, who sends us to the Ancient Greek, a universe close to Freud, to psychoanalysis and psychoanalysts alike, in which they sought, often successfully, landmarks for the understanding of clinical experiences. The vocabulary of psychoanalysis (Laplanche & Pontalis) notes that the term trauma comes from the Greek "τραύμα" (travma), which in Ancient Greek means "wound". In current Greek language, the word trauma ("τραύμα" – travma) has the same meaning it has in all languages where the term exists, and there is another word for wound "πληγή" (plighii). The same source notes that the term trauma is derived from the word "τιτρώσκω" (titrosko), which in Ancient Greek means "to pierce". In the Greek language of today, this word is not used, and the action of piercing is expressed by the word "διάτρηση" (piatrisi), which also has the sense of "force" or "penetrating". We can speculate on this development saying that it is possibly caused by the evolution of the meaning of trauma from the outside, on the level of the body, whose shell is pierced from the outside to the inside, with a direct reference to the psychic reality. Although speculative, this approach to address trauma from the perspective of its linguistic representation development serves to emphasize the evolution of the concept of trauma in psychoanalysis – from an exterior reality of the subject, to the way in which the subject manages the effects that that exterior reality has on them. From this perspective, we can consider that the evolution of the concept of trauma followed the natural process of experience integration through incorporation and symbolization, separating

the body's experiences from the psychic ones, while also establishing benchmarks for the relationship between them.

Going back to the evolution of the notion of trauma in psychoanalysis, we observe that Freud, in his first approach, continuing Charcot's perspective, assigned trauma an important role in the aetiology of hysteria. In his 1893 paper, published together with Joseph Breuer, "Studies on Hysteria", Freud makes the transition from the physical to the psychological sense of trauma. Thus the first step is made in changing the explanatory paradigm of the concept of trauma, which up to that moment referred to an event in which the physical body had been penetrated from the outside to the inside.

"Such observations seem to demonstrate the pathogenic analogy between simple hysteria and traumatic neurosis, and justify a broader conception of "traumatic hysteria". The active etiological factor in traumatic neurosis is really not the insignificant bodily injury, but the affect of the fright; that is, the psychic trauma. In an analogous manner our investigations show that the causes of many, if not of all, cases of hysteria can be designated as psychic traumas. Every experience which produces the painful affect of fear, anxiety, shame or of psychic pain may act as a trauma" (J. Breuer and S. Freud, *Studies in Hysteria*, 1895).

This emphasis of the psychological trauma as being different from the physical, not only through its forms of manifestation, but through the very cause determining it, allows modifying perception of psychological trauma associated with physical trauma, the meaning of which is no longer directly related to the event that caused the physical trauma or to the physical trauma in itself, but to the emotions accompanying it. So the source

of trauma is not the event itself but rather its internal representation. By highlighting how the individual reacts to an event depending on their specific traits, their identity as a determining factor in triggering psychic distress, Freud reaches a way of addressing psychological trauma that contained an explanatory model as well as a practical solution for eliminating suffering by acting directly on the cause. Practically the explanatory model gave him the understanding of the evolution of the psychiatric symptoms from the potentially traumatic event, as it was reflected by the individual, depending on the associative capacity and abreaction capacity of the individual. These associations allowed Freud to conclude on the first therapeutic techniques able to eliminate psychological pain: abreaction triggering trough uninhibited associative chains.

"We found, at first to our very greatest surprise, that the individual hysterical symptoms immediately disappeared without returning if we succeeded in thoroughly awakening the memories of the causal process with its accompanying effect, and if the patient circumstantially discussed the process giving free play to the affect. Affectless memories are almost utterly useless. The psychic process originally rebuffed must be reproduced as vividly as possible so as to bring it back into the statum nascendi and then be thoroughly talked over." (S. Freud, "The Psychic Mechanism of Hysterical Phenomena", 1912, in *Studies on Hysteria*)

Therefore, by exploring trauma the first therapeutic attempts emerge, starting from the assumption of the necessity of discovering, identifying and resurfacing memories of the experiences which allegedly caused the current suffering. Once brought to light, these repressed memories would release the blocked mental energy and give patients back their freedom and energy

required for life. This perspective, which led to the first psychoanalytic explorations, instates trauma and its possible presence in the patients' past as the main concern for psychoanalysts. Placing the meaning of trauma from the realm of physical, 'real' trauma, to that of the psychic trauma by moving the centre of gravity from the actual event to the mental representation of this event, which becomes an internal source of excitation, generated a radical change concerning the forms of understanding and exploring trauma. This allowed further development of explorations to focus on how the individual is dealing with excitations, and granted the status of trauma or traumatic to an event as depending on the individual's capacity to deal with excitation produced by the internal representation of that event. For Freud, that which made an experience be traumatic was the inability of the psychic apparatus to download the excessive excitation in line with the principle of constancy, whether this excess of excitation came from a single event or represented an accumulation of excitation over several events. This economic perspective reveals the dimension and specificity of the trauma concept in psychoanalysis, even from the first meta-psychological approaches, when the purpose of the psychoanalytic explorations of trauma was to obtain abreaction, as a form of psychic energy release, in a similar way to the catharsis effect pursued by hypnosis. On the other hand, with this first way of theorizing trauma within psychoanalytic thinking, one can consider that we have the first description of the identity construction process. From this theoretical perspective, based on the clinical observations of Freud, we can say that the encounter between the "*sensitivity of the individual*" and the forms of psychic integration of the events the individual

has encountered are what creates an individual's identity core, the process of construction of identity milestones.

At the same time, the dynamics of the perception of trauma's evolution in psychoanalysis, or more precisely on potentially traumatic events, has recorded a shift in the way meaning is awarded. Therefore, the traumatic sense can be assigned to an event in accordance with how the patient manages the event and with the form employed to process it or even with the absence of such a process, from the very moment the patient mentions it to the analyst. In other words, an event is validated as being traumatic, only if it generates an impasse in the discharge or in the processing of the excitation that has produced it for a particular patient, and if that impasse is present in the transferential therapeutic relationship. This circumscription of trauma to the psychoanalytic setting offered Freud the opportunity to gather clinical data that enabled him to propose two explanatory models for the exploration of trauma, each circumscribed to a pathological pattern of operation: the first is found in hysteria and requires no excitation discharge, while the second, present in the actual neurosis, requires a discharge of excitation that occurs in an inadequate way, or at an inappropriate time or in an inappropriate place, but always independent from the object that produced it.

This framing within an explanatory model is integrated into the economic principle perspective that allows us to identify the source of the suffering in the amount of excitation and in the forms through which it is discharged. On the other hand, the economic principle, proposed by Freud, helps us integrate the evolution of the concept of trauma in relation to the cause that generated the traumatic event, thus defining trauma in terms of

causal relations: if the first's Freudian explorations in understanding trauma were closer to Charcot's hystero-trauma model, later, the theory of seduction took central stage in the explanatory and exploratory model of trauma. This change, marking an important development in the theory and practice of psychoanalysis, originates in the clinical observations that revealed the sexual nature of the trauma, organized in two stages: a first time, represented by the scene of initial seduction of a child by an adult, but in relation to which the child has not experienced sexual arousal, repressed at the time and a second time represented by an event that occurs later in puberty when another scene, seemingly harmless and seemingly without concerning the first, triggering an unmanageable influx of excitation, which is directly linked to the first time and is used as a pretext for the discharge the stage of the second moment.

These conclusions, which resulted from Freud's clinical exploration of infantile sexuality highlight the importance of early childhood in the aetiology of adult mental disorders, thereby revolutionising the way psychopathologic processes were viewed. Placing the cause of a psychiatric disorder, whose symptoms are manifested in adulthood, in an event that occurred in early childhood, produced two important changes in the clinical thinking of the era. The first mutation aims to place the centre of gravity from the outside, namely from a cause external to the subject, to the inside, namely towards the libido's predisposition to fixation, derived from the organization of infantile sexuality in the particular-subjective context of infantile sexual experiences.

The second mutation focused on the quality of early interactions and on increasing the importance of these interactions in the evolution and

development of future adults. This second mutation is also found naturally in the dynamic of coping process' forms, dealing with a potentially traumatic event and its pathological consequences, moving the importance given to the event through time, from the adult to the child and vice versa. If the first infantile experience of great impact for the child, but a minor or even imperceptible effect for the adult, generates an excitation discharge in the child, the second experience, used to generate an occasion for a major discharge of excitations related to the dynamic of infantile sexuality in the present, sometimes in ways that are quite spectacular, acquires great importance for the adult precisely through this form of expression specific to adolescence, while its importance for the child decreases.

By introducing the seduction theory as main landmark in understanding the reality designated by the concept of trauma, Freud changes the whole perspective on the theories of psychopathology and on exploring the aetiology of mental disorders. The first change in the paradigm of the aetiology of neurosis occurs, as mentioned above, by placing the cause in direct relation to the scene of seduction, belonging to a period in the subject's life that could not be directly explored, but only accessible using various forms to bring those memories in the present. This change in how the aetiology of neurosis is understood changes how the identity and identity construction processes are explored. What is characteristic, specific, and particular for an individual seems to be more of a dynamic, a processual link, between several events and the forms through which the individual succeeded overcoming and integrating them, especially the forms by which they can be accessed in various forms and at different moments. The seduction theory, from the perspective of identity

construction, presents the link to "*he / she who seduced*" as a structuring landmark, originating in the process of identity construction.

Then, when Freud begins to doubt the scene of seduction's value of objective truth, by abandoning the theory of seduction, memory itself is re-evaluated in terms of its truth value. By highlighting the fact that the scene of seduction can be real or could be a fantasy, the importance of the event goes from its value as "objective truth" to its value as "subjective truth", connecting the value of truth to the importance granted by the subject to the event and the amount of the invested libidinal energy. In this new perspective, the après-coup is highlighted and valued as a purpose, and in particular as a process of transformation trough psychical working-through (Aufarbeitung) or therapeutic working-trough (Durcharbeitung).

This change of the explanatory trauma paradigm supports the economic point of view and was reinforced by Freud in 1916 in "Introduction to Psychoanalysis", where he did not hesitate to say that the only sense of the traumatic term is an economic one. This statement carried a new perspective on the identity construction process, which became fundamentally linked to the dynamics of adaptation and integration characteristic of the economic principle. Basically, the meaning and forms of identity construction choices are strongly related to the report between life instinct (Eros) and death instinct or drive (Thanatos). Freud renounces seduction theory much earlier, on September 21st 1897, in a letter to Fliess, announcing a new paradigm shift in the understanding of psychic phenomena, psychopathological symptoms, and of trauma as well.

"… and now I want to share with you the great secret that has been slowly dawning on me in the last few months. I no longer believe in my neurotica" (S. Freud, Letter to W. Fliess, 1897).

This confession is followed by an explanation, in which he expresses his disappointment at not having been as successful as he desired with his patients, and that partial success can also be explained using other models. For Freud, this confession marks the end of a very important stage in exploring trauma, developing the metapsychology apparatus in psychoanalysis and the development of the clinical-technical apparatus used in psychoanalytical labour. The truth no longer holds the relevance, importance and utility that the science of the time associated it with, which directly resulted from the reduced utility of objective truth in the analytical cure and from the increase of utility for the understanding of the subjective truth, of libidinal investment in a created scenario. Freud's discovery inflicts a huge narcissistic wound on the scientific community, for whom the objective truth represented the main value. The repercussions on the understanding of the identity construction processes are very high, as it was precisely construction that was being replaced by discovery, or rather the discovery became complementary... „*per via di levare e non per via di pore"*.

We find the premises of this discovery in another letter to Fliess, dated December 6th 1896, in which Freud writes about its mnemonic perceptual traces. In this discovery which Freud communicates to his friend, we find both the indissoluble link between the event and the affect that accompanied the event, in the construction of the mnemonic perceptual trace that it generates, and an extremely useful and interesting assertion,

which brings another truth uncovered by Freud to the forefront: there are mnemonic perceptual traces in the human psyche inaccessible to the consciousness. In other words, the layered processes of transformation of mnemonic traces, through successive symbolization processes, as Freud describes in his December 6th letter to Fliess, cannot bring all those streams of memory to the conscious, and some not even in processed forms for some. In this letter, seduction theory offered the setting for Freud's metapsychological analysis. However, the focus seems to be aimed at the repression, present as a form of defence against the excitation produced by the experience, concept which he later developed. This economic explanation also emphasizes libidinal investments, which aim to maintain a certain balance.

Giving up the seduction theory, through the famous phrase used in the letter to Fliess, Freud confirms his discoveries that point to the fact that the traumatic element that determines neurotic development is a fantasy, which is based on the scenario and the affect, in an inseparable organisation. This first period in which Freud took over the concept of trauma from Charcot, for whom trauma was inseparably linked to a real-objective, an external event, and brought it to the stage where it was totally separated from the real-objective event, but inseparably bound to the fantasy, namely to the real-subjective event, ended when Freud elaborated metapsychology from three perspectives: dynamic, topographic and economic. What changes in the perception and understanding of the trauma as a result of subsequent metapsychological developments is the description of the dynamic process of binding potentially traumatic events to primal fantasies. Furthermore,

trauma is localised topographically, as the result of the force with which the drives are invading the Ego and its ability to cope with the pressure.

This unique form of approaching the mental structure and dynamic allows a new evolution in the development of the trauma concept in psychoanalysis in 1926, when Freud proposed a new theory of anxiety linking trauma to the object of loss (*Inhibitions, Symptoms and Anxiety*, Freud S., 1926). This new perspective leads to the construction of another paradigm in the development of psychoanalysis, whose importance will grow with subsequent developments, into the object relations theory. In the paradigm of the object relationship, the traumatic situation is built on the model of the subjective experience of the child in the absence of the mother as the primary object of narcissistic love. The child experienced the absence of the mother as a narcissistic wound, caused by the Ego's inability to manage the excitation caused by the loss of the principal narcissistic object.

Aside from the Freudian theoretical and clinical developments, trauma was an important topic for two other psychoanalysts contemporary with Freud, who had different perspectives on trauma: Otto Rank and Sándor Ferenczi.

In 1924, Otto Rank published "The trauma of birth" in which he identified the experience of birth as a basis of the unconscious nucleus the birth experience, a last bastion of the psychic construction found in the physical, the physiological and the concrete reality, in a form of the real-objective truth. For Rank, the birth experience represents the child's transition from a state of union with the mother, when it was pleased, to a precarious state of separation initiated by a difficult experience of

constriction, asphyxiation, which develops the premises for all affects that could be found in anxiety.

According to Rank, the experience of birth, the fight that the child has to put up to cope with it, underpins the construction of the child's symbolic life, including the denial of the difference between the sexes, of the infantile sexual theories or oedipal scenarios. For Rank, the castration complex is inextricably linked to the birth experience, representing a derivative of anxiety associated with the trauma of birth. Otto Rank built his thesis with clinical cases, especially terminal cases, in relation to which he captures what he calls the fantasy of the second birth.

Rank brought another source of elements with which he defended his thesis from the social area, especially from social myths and rituals, which he used to support what he called heroic compensation, religious sublimation, artistic idealization or philosophical speculation. However, for O. Rank they all represented forms of human manifestations, meant to address the need to resolve the trauma of birth in the process of child humanization. Rank's entire theoretical and clinical construction placed the trauma of birth at the centre of explorations and elaborations regarding the human psychic apparatus, as sole source for later development. Despite the limited perspective that Rank's theory proposes, its main contribution, especially considering that psychoanalysis was at the beginning of the road, was to include pathologic forms highlighted at the start of psychic life in theoretical and clinical explorations, as Clause Girard underlined in the preface written for the French version of Rank's work.

The theme Rank proposed, through which he took the organization of the early interactions and relations into consideration as a prerequisite for

further developments, was taken up and developed in other psychoanalysts' research. An important perspective was provided by Winnicott, who speaks about the birth experience, instead of birth trauma, outlining the importance of birth as an experience as well as a non-biological perspective on trauma as a form of continuation of the Freudian perspective. Francis Tustin also speaks about the experience of birth as a possible traumatic experience, claiming that the experience of premature births of children with autism involves a body-separation in a stage when the psychological apparatus is not capable of symbolisation as a process of the separation experience's primary development.

Sándor Ferenczi was another analyst who made an important contribution to the development of knowledge concerning the trauma concept in psychoanalysis. As in the case of Rank, his relationship with the father of psychoanalysis had its ups and downs. One of the points of his dispute with Freud was the concept of trauma. The traumas described by Ferenczi in his theory, have more than just a disturbing action on the secondary processes, similar to trauma correlated with the seduction fantasy, but, due the mental blockage generated and the importance granted to the use of defence mechanisms that are at stake (cleavage, projection, projective identification) can seriously disrupt the drives' dynamic evolution and symbolization, and, consequently, the Ego's autonomy as well. Theses traumas, according to Ferenczi's theoretical elaborations stem from the stages experienced before the development of the originating fantasies, which Freud considered the source of trauma.

Through his theoretical and clinical working-over Ferenczi greatly contributed to the understanding of the psychic phenomena related to trauma and the development of the psychoanalytic conception on trauma.

His main contributions are: highlighting the importance of the environment and of the maternal mark; creating a primary connection and developing it, for some patients who manage to get into such a position; "a primitive symbiotic relationship", as a form of reconstruction of archaic links, in the attempt to understand the early fantasies that circulated between mother and child; highlighting the importance of primary love and hatred, a relation in which hate develops a form of fixation stronger than love; highlighting the split between mind and body (somatic and psychic cleavage); highlighting archaic mental developments that occurred before the development of language in the context of traumatic experiences, leading to the cleavage of the Ego and narcissistic cleavage. Through his contributions, Ferenczi opened an extremely important perspective on trauma, one which was later on picked up by Freud in his final writings, where he underlined the importance of archaic experiences. The entire period that existed before the acquirement of language, inaccessible to memories, the process of remembering, because these memories were not fixed with the use of language, represents a Universe that had seemed inaccessible to psychoanalysis before Ferenczi's contributions.

On the other hand, Ferenczi emphasizes that traumatic experiences that patients brought into the psychoanalytic relation are not necessarily correlated to sexuality. He proposes a different viewpoint on the nature of trauma by correlating it with precocious experiences in the subject's relationship with their mother (the primary object), depending on her

capacity to manage the child's affective needs. Various forms in which the primary object can be found lacking are taken into account, non-responses, responses that where not sufficiently incorporated and forms of interaction that can inflict unhealable (narcissistic) wounds upon the infant, which may lead to a blockage in their capacity to elaborate, to think. Aside from the explicative model useful in understanding the nature of trauma, Ferenczi also proposes a technical solution through active intervention, by means of which he attempts to bring the precocious experiences that represented the starting point of traumatic blockage forward, to the present, as a form of après-coup (retroactive) healing.

These early contributions to the Freudian theory regarding trauma and traumatic experiences, while adopting a different stance from that of Freud himself, or precisely because of that, managed to open new, important perspectives in understanding trauma, perspectives that appeared in Freud's final writings, from the last stage of his life. What remains constant in the psychoanalytic exploration of trauma, which represents a challenge for psychoanalysts, is the presence of clinic examples, of case studies in all psychoanalysts' work, the only capable to support the discovery of trauma's psychic dimensions. Any attempt at decrypting its meanings cannot be achieved outside of clinical practice, where the practice experience, the patients and the transfer – counter-transfer dynamic are the only valid benchmarks. This is what I consider to be the main contribution of psychoanalysis, of psychoanalysts, who outlined the reality of trauma using the dynamic of the relation in which its effects manifest, underlining precisely the differences that exist between various moments or situations where they are present. As a direct consequence of this contribution, identity

construction is placed in the melting-pot of experiences linked to the psychoanalytic relation, where, in accessing through transfer potentially traumatic experiences that represented guide marks for the organisation of identity, it is re-written, re-defined and re-configured. The result of this process is the consequence of a series of experiences (re)lived through transfer, processed and worked-through as part of the process of the analytical cure.

There is another means to resolve such issues, by exploring the processes of working-over potentially traumatic experiences, a method which Bion introduces in his 1962 article where he presents thought processes, describes the processual nature of exploring potentially traumatic experiences, the concept of too much or too little, experiences in which the measure of their management quality is given by the capacity to tolerate frustration.

Bion believes that thinking depends on the evolution and interaction of two psychic functions: thoughts and the thinking apparatus. Separation of the two results from the conjugation of two practical requirements: establishing the relation between thoughts and the thinking apparatus and the way in which one's functioning influences the other. The theory Bion proposed aims to understand this dynamic as well as the utility of this process of understanding in the context of analytic encounters which may occur in the intimacy of the psychoanalysis clinic. Taking into account psychoanalytic explorations of potentially traumatic experiences, Bion's theory provides a description of the way in which identity points of reference are built through the organising, the structuring of thought

processes and of the thought apparatus – of thoughts – which thus become elements linked to identity.

In classic psychological theories on thinking, thoughts result from the thinking process – they are the result of a functional process. Bion claims that thinking represents the mind's way of reacting to the pressure of thoughts. In other words, thinking does not produce thoughts, but instead processes, transforms and modifies their form to a point where they correspond to the individual psychic structure and dynamic. Therefore thinking is necessary to process, work-over or transform thoughts in a manner that reduces pressure or at least renders it tolerable.

Addressed from this perspective, Bion classified thoughts according to the nature of their historical evolution and to the position occupied on the space-time axis, in its form of representation specific to the Freudian paradigm. For Bion, as for Freud, time and space are in a synonymous relation, meaning that the way they are experienced, transformed and integrated psychically strongly depends on their characteristics, which can be found in similar or even identical sensations. Concretely, there are testimonies showing the synonymous relation between space and time, expressed both by the general populace as well as in the psychoanalysis patients' communications. For example, the distance between two points can also be expressed in time units (two hours away on foot), while a period of time can be expressed in units used to measure distances (the time I've spent waiting here, I could've gone to Ploiești on foot). There is also a continuum of representation between time and space, passing from one to the other – the space-time continuum where time becomes the space of memory, space which, in turn, requires time to unfold.

What Bion introduced as an indicator of the evolution of thinking processes is the degree of tolerance to frustration. The step that follows the realisation experience, which occurred with partial satisfaction or total lack of satisfaction, depends on the child's degree of tolerance to frustration. From this point on there are two possibilities: evasion, avoiding the frustrating experience, due to intolerance to frustration or its modification, its transformation. Should the degree of tolerance to frustration be adequate, then the experience of realisation that the breast is absent as an object of satisfaction leads to the creation of a non-breast within the mind. The inner non-breast, as a result of a direct, sensitive experience, becomes a thought, and under the pressure of this thought, the psychic apparatus is forced to decide between evasion, which is avoiding the experience of frustration, and changing or transforming it in order to utilise it as material to aid in the working-over process of the thinking apparatus. According to Bion's theory, the thinking apparatus is built under the pressure of thoughts as a mechanism to avoid or to change (by evacuation or by transformation). This mechanism makes its presence felt in the way it resolves situations of partial or total frustration.

In this paradigm, the inability to tolerate frustration tips the balance in favour of avoiding frustration (avoiding to live the experience of frustration). The result of this avoidance is that that which should have been a thought, a product of the superposition of preconception and realisation, becomes a bad object, an inseparable one, which is identically superimposed over the "thing-in-itself" ("das Ding" in German, and "la chose" in French"), an element that cannot be processed, transformed or altered, but can only be evacuated. According to Bion's theory, the thinking apparatus,

is affected as a consequence of this process. It becomes non-functional and is replaced by a form of over-development of the mechanism of projective identification. So the mechanism of projective identification takes the form and place of the thinking apparatus.

In the model Bion proposed, the evacuation of the 'bad' breast (non-breast) through projective identification is synonymous with obtaining support from the 'good' breast. The result is an apparatus that simulates a thinking apparatus, meant to aid the psyche in discharging (evacuating, eliminating, getting rid of) bad internal objects. This apparatus that replaces the thinking apparatus and is built on the structure of projective identification brings a form of omniscience, so that every thought that appears is associated with the bad object and must be immediately evacuated. Thoughts that emerge thusly are attributed to entities that generate them, with the purpose of invading the psyche under a form of persecution. The decision to transform or to evacuate these bad, persecutory internal objects becomes the nodal element of this processual organisation, the central point of the matter. This decision depends on the child's tolerance to frustration (or the patient's, should we refer to the way in which a patient can transform and use the restitution of the analyst, or instead evacuate it as a persecutory, bad object). Therefore there are three possible situations, all spread out across a continuum, yet one of them could feature several degrees of manifestation: total intolerance to frustration, partial intolerance and tolerance to frustration.

Out of these three situations, the present work focuses on the case where tolerance to frustration is not sufficiently adequate to benefit from a learning experience, but can be worked-over, processed and transformed.

Then this transformation becomes the central element of the thinking processes' dynamic. In order to explain how this comes to be, Bion calls on elements that represent the basis for mathematical elaborations: points, straight lines and circles, those which become numbers or alphanumeric characters (combinations of letters and numbers with precise meanings that allow the development of communication codes) in further elaborations (also considered superior). Bion emphasizes that a very important characteristic of these mathematical elements translated into numbers is that they establish duality (for example +1 and -1 as a form of mathematical expression of the object's absence or presence). In psychic reality, this can be found in the good-object/bad-object duality, child-breast, or two eyes, two legs, and so on. Bion's analogy using mathematics goes so far as to state that the development of mathematical elements, from graphical forms or shapes to numbers and then to complex languages and codes, is similar to the evolution of concepts. This analogy allows us to distinguish between the two situations that we can speak of as we would of ideal situations, from the perspective of Bion's theory. The two possible manifestations of the object: absent and present, that is, negative and positive, can be represented in mathematical language by "-1" and by "+1" or by "0" and by "1". Therefore, in the first ideal situation, where the integral tolerance to frustration made possible the simultaneous representation of the reality of the breast and the reality of the non-breast, we have a simultaneous inclusion in the representation of the object, of the two possible manifestations of the real object. So, mathematically, we can define this as "*-1 and + 1*". In the second case, the two forms are potentially represented, but only one is kept, or the two are maintained separately, split up. This can

be represented in mathematical language by "*-1 or + 1*". In other words the presence of an object excludes the absence of an object and vice versa.

However, if the intolerance to frustration is dominant, than the reaction to avoid the experience of realization appears through various forms of destructive attacks on the newly discovered reality. This is possible through the confusion that is created between the different levels of knowledge of reality (knowledge as a result of thinking processes). As up to this stage, where the intolerance to frustration appears, the pre-conception and the realization (as in the sensitive experience of direct contact with the real object, experienced in a positive or in a negative way) have already met, the mathematical concepts are already build. These early forms of perceptual organization are structures that allow the decryption of experiences and the way they combine pre-conceptions with realisation. But due to the intolerance towards frustration, which is dominant in some circumstances, these primary forms cannot be distinguished, perceived as different from the thing-in-itself (das Ding). Therefore they are rapidly evacuated, due to their destructive (traumatic) potential. At this point space and time are perceived as identical to the object that must be destroyed, as in the experience of the non-breast. The non-breast is that intolerable experience that makes everything associated with it need to be destroyed, including the associated time and space. In other words, there is no longer a distinction between the external and the internal object. This confusion is the result of the mechanism of projective identification's dominance, which annuls any perception of duality (Bion uses "two-ness" in this situation), or what Winnicott referred to as the self and non-self distinction, while Green called it the exploration of the negative. For Bion, this moment of in-

distinction between two possible manifestations of the object (positive or negative by its presence or its absence) is represented starting from the duality present in binary representations. On the other hand, the in-distinction between those two forms leads to the in-distinction between the subject and the object, hence to a situation similar to what Freud described in *Mourning and Melancholia* (S. Freud, 1917) using the formula "Thus the shadow of the object fell upon the ego".

In clinical experiences we come across such situations where the patients, in profound regression, get to experience the in-distinction between the subject and the object, the lack of distinction between the two possible forms of existence as well as the in-distinction concerning representations of reality (present or absent, positive or negative). The result of such a moment is the experience of a continuous present, an ongoing actuality, an actual which cannot be worked over or processed, but is only capable of generating forms of meeting between pre-conceptions and realisations, the results of which are perceived as toxic and instantly evacuated. These situations, which forms to bring certain experiences found in a time-space setting that has lost its coordinates forward, into a continuous and traumatic present, generates other coordinates. Instead of placing experiences on a space-time continuum, these coordinates place the individual using benchmarks that can be identified as identity points of reference. The patient puts themselves under the dominance (I would say the tyranny) of the principle of reality, where the construction of the personality is achieved under the forms of omnipotence, under the fantasy of the all-powerful child, under omniscience. Omniscience becomes a substitute for the normal result of the conjunction between preconception and the experience of realisation of the

negative form. Practically, learning from experience as a process of ongoing normal (healthy) processes of thinking, is cancelled, which leads to a non-separation, an in-distinction between the processes and mechanisms of thinking and the results of these processes and mechanisms (thoughts and concepts). This in-distinction, this confusion, causes the distinction between truth and false to become very difficult, even impossible. But what is most important for psychoanalytic practice is that the force of the logic of such discourse, supported by the arguments of omniscience, can build confusion and a doubt on its own perception of the analyst, as a counter-transferential response. Doubt appears in countertransference precisely as a form of unconscious restitution of the capacity of doubt that the patient evacuated together with the unbearable affect experienced in the encounter between pre-conception and negative realization. This passage from the patient's inability to separate themselves from the object of loss to the analyst's ability to doubt, to experience two-ness, as in Noica's theory, is a form of transition from identity confusion to identity construction through the restitution of the analyst's two-ness, which in turn returns the negative dimension of the patient's identity back to the patient (of what they are not, the patient is not the object) along with the positive dimension – in other words, that which remains following the mourning process that occurs as a consequence of the object of loss' separation from the ego.

Discrimination between true and false is a function of the non-psychotic part of the psychic reality (we could say of the Ego, but Bion's theory on thinking processes corresponds more with the first topic, where the Ego did not have the structure and the consistency from the second topic). On the other hand, the assumption of omniscience (mother knows!),

leads us to a denial of reality, as a form of defence against the experience of realisation, through the senses, an experience that invades, unbearable. What emerges is the construction of the correct variant, which replaces the real one. Fairness no longer relates to the experience but to the moral, ethical, normative dimension. This analysis shows us then the psychotic form of the morally-correct, a choice that derives from the difficulty, or even the impossibility to live the experience and process, transform and integrate it through dynamically organised thoughts and concepts. Therefore the experience of duality is evacuated in the conflict between choosing that which is true and that which is correct. It is a more manageable conflict as it allows the access to logic, which in this case intervenes in the discharging of the emotional load (in the sense of – nothing personal, just business). A confusing overlap of thinking and logic emerges from this situation. According to common perception, logic is the organiser of thought, just as theory organises and structures reality. Bion however proposes another perspective, one that involves taking into consideration thought processes as those that both generate guide marks for logic and are able to annul them, should experience teach us that these guide points (meaning the premise of omniscience) will not help.

The pre-conceptual apparatus is built on experiences from the first part of childhood, called precocious or archaic, and so in their evolution, the child uses the immediate environment (which has the function of containment taken over from the mother, with the identity of whom it is in a relation). This pre-conceptual apparatus is constructed so that the child may be prepared for the experiences of realisation that they may come in contact with, depending on the specifics of their immediate environment. Yet

certain experiences surpass the child's abilities to pre-conceptualise reality, meaning the real objects that surround the child and that they can experience through their own senses. This is when the mother intervenes, managing to restore the experience to the child under a more manageable form. The result of the mother repeating these experiences of reparatory interventions over the environment creates a tuning dynamic, leading to projective identification becoming the main mechanism for this stage. Consequently, the child develops a primary, primitive sense, one we could even call archaic, sense of reality, through which they validate projective identification as a real, true phenomenon. This form of identity construction (that starts from omnipotence) is normal and healthy in the sense that it is useful at this particular time. In the analysis of omnipotence's quantity and quality (as forms of organisation and manifestation), Bion interprets Melania Klein's formula – "the excess of projective identification" – as an excess of the frequency with which there is an investment (of faith) in omnipotence (especially maternal omnipotence).

Investing the mother with omnipotence, an effect of projective identification, allows the child to take maternal omnipotence for itself, through the repeated experience of awaking the affects that they cannot tolerate, that they are trying to escape, within their mother. The experience of death anxiety occurs most frequently in this period of time, and the child evacuates this anxiety by projecting it in the mother, creating a sort of death anxiety triggered by the mother leaving the child's field of perception. The pre-conceptual non-separation from the mother is what makes her disappearance from the child's perceptual field to be experienced as the infant's own death. The failure to live this experience causes the child to

project this anxiety onto the mother. If the mother is balanced and has a (good enough) working-over capacity (that manages to contain and transform the emotion projected by her child) then she succeeds in restoring both the affect as well as the experience evacuated to the child, in a form that allows them to recover these experiences and utilise them. Should the mother be unable to tolerate her child evacuating terrifying affects and projecting them onto herm then the child is forced to remain (captive) in the projective identification mechanism, (excessively) investing the mother's omnipotence and omniscience (and, to a certain extent, even the omnipresence) of the mother, increasing the force and frequency with which this mechanism is used.

The growth of the mechanism of projective identification translates into a strengthening of faith in what he does later says the mother, meaning the enforcement of the maternal archaic super-ego, which Melanie Klein was talking about. This phenomenon leads to the object projection shedding its shadow of sense. Basically, the object no longer has a shadow, meaning that it has shed sense (see the figure of the vampire who does not have a shadow, the object of loss in melancholy that loses his shadow as the ego descends upon it, therefore losing its existential meaning). The re-introjection from the mother's restoration of the object thusly bared of meaning is perceived by the child as a bad internal object that is being built within them, causing this object to attack all good objects, and in so doing to void its host of any capacity of understanding, of the ability to work-over, typically associated with normal thought processes.

We encounter such moments in psychoanalysis as well, when the patient deeply regressed to psychotic mechanisms, like the infant, can no longer receive restoration from the environment (from the analyst), showing

the extent of damage on their ability to think. We can refer to these forms of impairment of the thinking processes as forms of a pathogenic organization of identity benchmarks, milestones that regulate how the patient manages exchanges, transitions, transformations…

Translation of the summary

Résumé: L'identité, considérée non pas comme une construction définitive qui nous permet d'identifier une différenciation individuelle, mais en tant que processus, ou plutôt comme une série de processus, nous donne accès aux différentes modalités de gestion ou de transformation de l'informe pulsionnel, aux structures dynamiques et aux transformations psychiques. Les modalités impliquées et les formes utilisées dans ces processus sont celles à travers lesquelles le contact, la communication et l'approvisionnement en informations se produisent. Ce sont pratiquement les modalités sensorielles, celles qui peuvent être inondées de trop ou privées de trop peu, d'un contact, d'une interaction, d'une information ou de la nourriture. Chaque situation de «trop» ou de «trop peu» nous met dans le champ des expériences potentiellement traumatiques, ou même dans le domaine d'une vraie expérience traumatique. La différence pourrait se trouver dans la façon dont l'expérience peut être travaillée, élaborée et transformée. Il est possible que la réponse à la question de savoir comment gérer ce processus de transformation du «trop» et du «trop peu» soit l'une des clés pour ouvrir la voie à la compréhension de la dynamique présente dans les processus de construction de l'identité, en particulier lorsque les expériences potentiellement traumatiques agissent comme repères dans ces processus.

Mots-clés: identité, pulsion, objet, identification projective, l'informe pulsionnelle, pansée, processus des pensées*, trauma, transformation.*

Rezumat: Identitatea, văzută nu ca un rezultat sau ca o construcție definitivă ce permite identificarea prin diferențiere a unui individ, ci ca un proces sau, mai precis, ca o serie de procese, ne oferă accesul la modalitățile de gestionare, de prelucrare a informului pulsional, la structurările dinamice, la transformările psihice. Modalitățile implicate,

formele accesate în aceste procese, cele prin care se produce contactul, comunicarea, alimentarea cu informație sunt practic modalitățile senzoriale, cele care pot fi invadate cu un prea mult sau private printr-un prea puțin de contact, de interacțiune, de informație, de hrană. Fiecare experiență de prea mult sau de prea puțin ne plasează în câmpul experiențelor cu potențial traumatic sau chiar în cel al traumelor. Ceea ce poate face diferența este modul în care poate fi prelucrată, elaborată, transformată experiența. Răspunsul la întrebarea cum gestionăm acest proces de transformare a lui „prea mult" și a lui „prea puțin" poate reprezenta una dintre cheile care să deschidă calea către înțelegerea dinamicilor prezente în procesele de formare a identității, atunci când experiențele cu potențial traumatic sunt borne, sunt repere în parcursul derulării acestor procese.

Cuvinte cheie: *identitate, pulsiune, obiect, identificare proiectivă, inform pulsional, gândire, procese de gândire, traumă, transformare.*

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Psychoanalytic Psychotherapy

ADOLESCENT CRISIS AND THE CONSTRUCTION OF IDENTITY. A PORTUGUESE HISTORY[12]

Irena Talaban[13]

Abstract: Amalia, aged 14, was born in France, in a Portuguese family. Amalia's mother requests psychological counselling. At the first session she comes alone. Displaying a skeptic attitude, she claims that her daughter experiences two classes of symptoms: possession by a dead person's spirit and emotional disturbances, nightmares, breathing difficulties, spasmophilia. This article develops mainly two theoretical hypotheses as well as the technical arrangements necessary in the carrying out of the work of psychotherapy.

Keywords*:* adolescence, crisis, identity, etiologies, affiliations, psychotherapy.

The first session, which is about the wandering spirit of a dead murderer.

One day, while at the counselling centre where I work, I received the visit of a woman aged nearly 40 years old. She was seeking advice regarding her 14-year-old daughter, Amalia. Of average height, with a smile

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on her face, the woman displayed a sort of generosity, she was undoubtedly a 'good mother'. As soon as I invited her to have a sit, she warned me that the things she was about to tell me would seem bizarre to me.

'*At least bizarre for a psychologist, especially for a psychologist from here, from France... I don't know if these things have some sort of significance to you, some meaning...*', she said and then she stopped.

What was I supposed to reply? How could I assure her that I was reliable? After all, she ended up in my counsulting room by chance, she could have as well been in the consulting room of one of my fellow psychologists. I tell her that before practicing in France, I was a psychologist in Romania, where I was actually born. I don't know if my answer stood for an assurance, the fact is she did not ask any more questions.

"*It's about my elder daughter, Amalia, who just turned fourteen. Amalia does not remember what I am about to share wity you now. Thank God, things have fallen into place. If she will happen to turn to you for advice, please do not address this topic with her! You have to promise me...*"

I promissed by tilting my head.

"*A few months ago, say, six, on a February evening, Amalia had just returned from school together with her sister. I was in the kitchen, preparing dinner when I heard a noise. Amalia was headed towards me, with her eyes almost popped out, shivering. I jiggled her a little bit, she remained still, rigid. I laid her down on the dining-room couch. While Amalia's body was twisting, an inhuman voice – a voice that appeared to come from beyond the grave – sounded out incomprehensible words. The voice came from Amalia's body, generating an overwhelming impact. The*

words were in Portuguese, I am certain, but I was not able to understand them... it was, I'm telling you, a voice from beyond the grave..."

I.T.: From 'beyond the grave'… which grave, whose? An unknown grave? A grave that shelters someone you knew?

Mrs. T.: How shall I put this… you won't believe me… anyway, since I started telling you this, I will tell you the whole story. In our country, in Portugal, the spirit of a dead person takes over the body of a living human being. I am certain that the spirit was Portuguese, it was communicating in Portuguese, but due to the sound of the voice, it was impossible for me to distinguish the words! This could also be due to me being overwhelmed… I did not quite know what to do, anyway, Amalia recovered, she did not remember anything but was very tired. Later that evening, I shared this experience with my husband. He laughed his head off, he almost called me a 'wacko'. You probably don't believe me…

I.T.: I'm not an expert in spirits, but I know, I even had the proof that the Portuguese know about the existence of the spirits, their behaviour in different situations. I also know that in Romania, an evil dead person that was burried may return among the living, the Romanian call it 'poltergeist'… So, your husband…

Mrs. T.: …so, my husband did not believe me! A few weeks later, it happened again, my husband was at home, he was shocked! Amalia woke up exhausted, she didn't remember a thing, she looked blank, she was crying… '*Mom, I don't know what's happening to me, something traps me in straps, a force, all of the sudden, a force presses me, traps me, I'm tired, I don't know what's going on...*'. I rubbed camphor on her body, I said prayers… the girl came down, she fell asleep. I spoke to my husband until

late. Eventually we decided to refer to a priest who practices exorcism – we asked around, we went to see a priest and he sent us to a psychiatrist.

I.T.: But who is the dead person, who are we talking about? Did you identify him / her?

Mrs. T.: Fine, I will tell you everything. A few generations back, a murder occurred in our family. My paternal grandfather (Amalia's great grandfather) was murdered by one of his brother-in-laws. So, we are the descendants of the victim. When Amalia experienced the 'crises' I was telling you about, we went to see a priest, but apparently there was nothing he could do to help. Then we decided to go to Portugal, to my grandfather's village, well, the village our entire family comes from. We knew a lot of people, we spent all our summer vacations there. Therefore, we went to see a specialist, someone who could understand these things and help us. Then we went to the priest, a collective service was organised at the church, then we were headed to the cemetery – the dead man who kept coming back needed to be forgiven, otherwise he could not rest in peace! We gave him our foregiveness, everything went well. From that moment, Amalia did not experience any of those terrible crises anymore, not a thing! Therefore, as for the spirit (the dead man), things were settled. I came to you for another reason, I don't know if it's important, I don't know if my daughter would really need to see a psychologist…

I find out that Amalia suffers from refractory spasmophilia, sometimes she experiences breathing difficulties and, recently, a fear o sleeping alone. Mrs. T. assures me that the murder-related story (and its consequences) was handled in Portugal, in the home village, the birthplace of the families involved in the 'blood crime'. Another event, however, occurred in the family, that is Amalia's maternal grandmother died (medical complications

triggered by a sudden decompensation of an old diabetes). The family was vacationing, grandmother was taken to the hospital, she died that very night. No one expected this. Grandmother was buried in the village cemetery with the due funerary customs. Many people attended the funeral. Amalia is the first grandchild of this grandmother. For a few years, she was her only grandchild, Amalia did not have any brothers or sisters, or cousins. Is is possible that Amalia's sadness and anxiety are related to the death of her maternal grandmother? Here's what Mrs. T wants to know. I notice that Mrs. T. failed to bring up mourning (for instance, she didn't say something as '*maybe Amalia is still mourning, maybe it is a prolonged mourning...*'). For Amalia's mother, mourning was a family thing… ('*as you very well know, doctor, nobody mourns by themselves!*'). Or maybe Amalia is afraid of the future, she does not know what profession to embrace… I wonder if she's in love!

"*You see, doctor, I would like an expert's advice. Do you think my daughter should see a specialist? In any case, if she comes, I'd like you not to mention anything about the event solved in Portugal! It is a closed chapter. Amalia does not remember anything, nor does she suffer. Do you think she could suffer from something else?*"

A normal psychotherapist facing multiple theoretical choices. Traditional diagnostic and 'scientific' diagnostic.

Let's sum up the facts as Mrs. T., Amalia's mother, depicts them.

A few months back, one night, Amalia suddenly feels sick and a few minutes later her body begins to shiver harder and harder. The convulsions intensify, while an inhuman voice, a voice 'from beyond the grave' sounded out incomprehensible words. The 'crisis' repeats a few times, the parents identify it as '*the expression of Amalia's possession by a spirit, a dead*

person's spirit'. The dead person is also identified, a blood crime happened in Mrs. T.'s family, three generations back (the paternal grandfather of Mrs. T. was murdered by one of his brothers-in-law). The motive of the crime does not appear to be of relevance – what is in fact important are the two dead persons: the murderer and the victim. Mrs. T. failed to narrate this story in detail, she probably does not remember all its aspects. Instead she dwelled on the 'foregiveness ceremony' without which the respective crime is a 'raw', unhealed one. Therefore, the two dead persons, the main characters of this unfinished story, needed to be cured, the treatment being a ceremony of forgiveness organised in the birth village of both of them (and of their families).

I would stress the fact that before deciding to travel to Portugal, Amalia's parents tried a local, French option, they referred to a priest who was practicing exorcism. The priest did not even want to see Amalia, he sent them directly to the psychiatrist.

I could formulate two hypotheses, grosso modo: either the French priest, the extortionist, considered that Amalia was delirious, in the strictly psychopathological sense of the word, and the family turned to obsolete, primitive explanations (the faith in spirits, ghosts, dead people that come back, restless souls) or he failed to identify in the manifestations described by the parents a crisis of possession because it did not match the criteria known by that priest…

In other words, the priest was… either a progressive atheist or specialised in the 'local' possession, thus unqualified in terms of the spirits of the Portuguese dead people, in spite of the catholic religion common to the Portuguese and the French peoples.

Technical arrangements. When the patients impose their truth on the therapists…

…the therapists are forced to respond!

In fact, what are Mrs. T.'s concerns regarding her daughter, Amalia?

It is about the other, less spectacular, we could say 'neurotic' symptoms experienced by Amalia, related to the puberty-driven transformations, to adolescence. We are confronted with such symptoms in a large number of young people nowadays: diffuse anxiety, spasmophilia seizures, suffocation sensations, prolonged sadness episodes (either in a mourning context, or apparently for no reason), school difficulties, difficulties in choosing the professional path, the fear of the future, and, as a background aspect, a diffuse, permanent, unperceivable but persistent fear. If Mrs. T. is convinced that Portuguese specialists, by means of a traditional empirical 'science', identified the spirit, the 'restless' dead person and treated it through local methods, she is not in the slightest prepared for a potential 'adolescent crisis' of her daughter. Maybe a current local treatment would be suitable for Amalia – she lives in France, has girlfriends of her age, breathes a common collective discourse which refers to the 'adolescent crisis'as necessary, mandatory! Amalia's filiation is saturated in terms of her Portuguese side, no problems here. The Portuguese dimension of Amalia's identity (a core dimension) is ensured by the family members, her trips to Portugal, in her birth village, the source-village of the cultural group, Portuguese language and, in particular, by the integration of the family in the local Portuguese-French community. Still, what happens with the French 'side' of Amalia's identity, that 'side' that imposes the adolescent crisis and worries Amalia's mother?

The first session develops on two categories of questions, namely:

(a) — do the French specialists in mental disorders (psychiatrists, psychologists) accept the Portuguese etiology of Amalia's manifestations or not? Do they acknowledge the Portuguese traditional interpretation? Do they acknowledge the local 'treatment' for possession as it is applied today? For the French priest, who practiced exorcism, did not consider the possession hypothesis...

(b) — how do the French psychologists treat other symptoms, the ones we encounter nowadays in a large number of young Occidentals? (school difficulties, the fear of failure, and, last but not least, prolonged mental pain connected with the death of a lineal ascendant, such as grandmother, grandfather – in case of Amalia, her maternal grandmother with whom Amalia had a special, privileged relationship…); in other words, Amalia's personal sensitivity, her individual 'nature' requires treatment or not? Is a consultation with a specialist in adolescence-related psychological issues necessary or not?

I will do my best to give Mrs. T. a straight answer:

(a) — I do not question the effectiveness of the Portuguese traditional treatment in terms of possession; the phenomenon of possession existed in different mentalities of the different peoples, therefore, I don't see how and in the name of what would I argue this theory; and, besides, the Portuguese treatment proved to be efficient and arguing it would be absurd;

(b) — it is likely that the sudden death of her favourite grandmother triggered in Amalia a series of concerns and questions pertaining to the end of a human being's life, to the becoming of a human being, to her own becoming – the respective grandmother is not only a strongly invested in character in the identification dynamics, but also a guarantor of all the generations of Portuguese women, a vector of transmission of a both

explicit and implicit tradition (a little girl becomes pubescent, a young woman, a wife and mother, just like the other women from the previous generations);

(c) — in the final year of college, Amalia is looking at high-school, the Baccalaureate examination, a career ('*to what extent will I succeed in life, who will assure me that I'm making the right choice, especially in a world in which stability seems to have disappeared, and the like*');

(d) — eventually I tell Mrs. T. that Amalia can come to see me when she wants and if she wants, anyway, I do not think this is an emergency; but if the fears and the school difficulties continue, if sadness prolongs, of course it will be wise to come see me; obviously, I will leave the 'Portuguese page' out!

Where it is about Portuguese people seen by a 14-year-old Portuguese living in the 21st century France.

For a few months, the T. family did not manifest, I had almost forgotten about them. One day I see Mrs. T. in the waiting room, accompanied by a smiling young girl. They seem to have a good relationship. Mrs. T. asks me how am I doing, with an appearance of an old acquaintance. Subsequently, Amalia will come alone for six or seven months. At start we will meet once a week. After a while, according to Amalia's suggestions, the sessions will take place at larger time intervals (once a week, two times a month).

I will try to sum up the material of these sessions.

I don't know to what extent did Amalia's mother prepare her daughter for the meeting with a psychologist. I don't know either whether Amalia has colleagues or friends acquainted with the 'psi' line – still I have the conviction that Mrs. T. gave her daughter a few explanations and that she

assured her that she knew me. Therefore, without knowing exactly what a psychologist is, Amalia does not have reserves as far as I'm concerned. I'd even say that she trusts me from the very start, because I was checked by her mother.

Amalia cuts to the chase, she firstly shares with me her concerns regarding school (slowness in solving the mathematics problems and exercises, concentration problems, anxious concerns pertaining to the choice of a profession). We talk about her French and Portuguese girlfriends. Amalia explains to me: '*I have French girlfriends, then Portuguese girlfriends in Portugal, then I have Portuguese girlfriends living in France, like me, Portuguese and French at the same time!*'

I smile, Amalia asks me what am I thinking of – I'm thinking that in a world in which a lot of 'happy imbecils' advocate for breaking all the limits, classes, genders, boundaries, a 14-year-old girl tells me how things stand in terms of identities, affiliations, languages, places. Therefore, I was smiling… with admiration. Amalia continued to tell me about her latest summer vacation in Portugal, the 'youth coffee house' and the 'adult coffee house', in the little city neighbouring her family's village. I assume that adults keep an eye on the youngsters! '*no, ma'am, nobody keeps an eye on nobody! Well, the truth is we are not sold alcohol, I don't know if it's an official ban, but the managers of the coffee house won't sell us alcohol! besides, we wouldn't dare to ask, it's not wise to get on the wrong side of the adults...*'. Amalia describes processions, rituals, the pilgrimage to the Sanctuary of Our Lady of Fatima… Finally, the preparation of a family wedding, the wedding lasted three days – we almost find ourselves in the fairytales of Ispirescu, I'm probably smiling again, for Amalia says: '*Do you find this funny?*'. Right after this wedding, the maternal grandmother's

health deteriorated all of a sudden. Amalia was sharing with me about the relationship between them, a strong, lasting one. That grandmother had witnessed many generations of the family, she knew the whole village! Surely, Amalia deeply loves her parents, she has aunts, uncles, but the maternal grandmother was a special character, she '*knew how things went around here, everything! It's a pity, she didn't have the chance to tell me everything, she left too early... we didn't expect it! She died right after the wedding ended, a very beautiful wedding...*'.

IT: And everyone in your family claims you resemble this grandmother!

Amalia: Ah, you know this? Did you… guess or did my mother tell you?

IT: Psychologists, when growing older, become seers!

Right before the last session, Amalia tells me about a dream she had: she dreamt about the day her grandmother died: '*She had a peaceful, even smiling face! Can a dead person... smile? Or... maybe she was smiling to me? I was so sad, still, the fact that she was so pleased... I started telling her different things, I was talking to her like I used to... although I was so sad for she had just passed away! She appeared to say something to me... that she was happy to see us all together, I did not understand too well... and I woke up!*'

IT: 'Together'? Of course, everyting is in order! Order brings people together, keeps them together… disorder disunites, alienates them…

Amalia: Yes, I think so! Now I thing everything is in order…

During the next session, which was also the last session, Amalia tells me about the emigration of her parents, the Portuguese community in the host country. She goes back to the marriage, funeral rituals, to mourning within the family – suddenly she tells me she's realised how important her family is for her ('*the extended family, you know, not just the parents!...*'). Amalia explains to me that she is primarily Portuguese ('*I was born a Portuguese*', she says), but she deeply feels she's French, her life will be in France… which does not mean that she will not return to Portugal, whenever she can. Portuguese religious holidays, the candlelight processions, Jesus carried by the people… "*all the things we do not see in France nowadays, all that are deep-rooted in me…*". Here, in France is her everyday life. Amalia goes to the skating rink and to the cinema with her girlfriends, they share different ideas, funny short stories. Naturally, one day she will fall in love, get married, have children, yes, her life will be built in France. Once in a while, the image of her maternal grandmother comes before her eyes, sometimes she dreams about her, but that does no longer make her cry, the lumps in her throat disappeared, she even experienced joy when the image of her grandmother emerged.

"*Well, ma'am, I think talking to you was useful… I don't know exactly what and how to tell you, but I think my life has changed! Probably I've grown up, I have passed a threshold. I think I have just realised that I've grown up… and you've realised it too, haven't you?*"

Needless to say, I never approached the possession story, the murder occurred a few generations back, the wandering spirit of the murderer, the trip to Portugal. To Amalia, the topic seemed inexistent. Anyway, at no point of the therapy did Amalia bring up manifestations identical to those described by her mother.

Adolescence, crisis, change and identity

Maurice Debesse (1936), Philippe Ariès (1960), Katz (1975), Shorter (1977), researchers in psychology, pedagogy, family history argue that adolescence is deemed a particular age starting with the 20th century. The interest in adolescence is shaped in the context of the development of the humanities – specific theories (inter alia, the establishment of psychology as an autonomous subject, the expansion of psychoanalysis). Adolescence becomes a transition period from childhood to adulthood. From an etymological standpoint, 'adult' sources from 'adultus', the past participle of the verb 'adolescere' which means 'to grow'. The adolescent crisis is not compulsory, besides, the concept belongs especially to the authors of a psychodynamic (psychoanalytic) orientation. They conceive adolescence as a disturbance of the balance of the Freudian psychic agencies. The childhood topographical organisation, more or less stable, is massively shaken by the puberty-driven transformations (Freud, 1901,1905) by the emergence of genitality under the hormonal pressure. Alain Braconnier (1990) considered four major ruptures, namely: acceptance of sexuality, loosening the parental dependency ties, future projection and emotions management. In this highly general, not to say ordinary context, the attitudes and risky choices are numerous, particularly in the contemporary Western societies (the use of drugs, alcohol, tobacco, up to addiction, extreme experiences, important transgressions from delinquency to forms of crims, all these reactions occurring due to the massive refuse of authority followed by highly conflicting adolescent – adult relationships). The authors agree on the fact that the adolescent is testing the limits, often in a violent manner. Along my clinical experience of a few decades, I have noticed an increased incidence of self-harm and suicide attempts (even if most such

manifestations are superficial). The contemporary adolescent, the victim of an existential anxiety directly proportional to the individual freedom adolescents already enjoy eversince childhood, oscillates between despair and fury, between hetero and self-desctructive behaviours. The parents feverishly wait for the 'adolescent crisis', they fear it, consider it inevitable, a kind of implacable blow they will be forced to cope with. Lasch advances the concept of 'culture of narcissism' (Lasch, 1979). It is an analysis of narcissism seen not so much as a dimension of the human nature, but as a product of a particular world, the Western world from the last half of the 20th century. According to Lasch, contemporary Western societies generate a diffuse feeling of impending disaster, a suppressed, dormant, mostly unconscious anxiety. This leads to the vague yet persistent belief that we have no future, the defensive outcome being an overself-valuation by focusing almost entirely on '*our own individual representation, therefore becoming a sort of warned experts of our own regression, to eventually cultivate a transcendent interest in ourselves*' (Lasch, 1979, pp. 120-123). Christopher Lasch noticed deep alterations in the construction of identity, a result of a breach in the generational flow, of breaking up the ties with the (familial or historical past). The culture of narcissism is that culture which produces serial narcissistic personalities. '*The psychological man of the 20th century seeks neither his own development, nor a spiritual transcendence, but the peace of the spirit (…). He refers to the therapists hoping to find this modern equivalent of salvation, that is mental health.*' (Lasch, 1979, pp. pp. 29-62, p. 41)

We find none of these characteristics in Amalia's behaviour. My young patient does not suffer from existential anxieties, does not aim at a spiritual transcedence (on the contrary, she has it), she fears the future, she

does not project in a radical lack of future, does not overvaluate or undervaluate herself.

Therefore, where does the issue of Amalia fit in and what does it consist of?

Eversince birth, Amalia belongs to two countries: France, her birth country (birthright, right of the soil, explicit and legal) and Portugal, the land of the maternal and paternal ancestors (the filiation and affiliation passed from generation to generation, explicitly and implicitly). In this particular context, I would call the first manifestations of Amalia (those identified as a possession by the spirit of a dead man-murderer), the 'crisis of belonging', requiring a reassertion of the Portuguese affiliation of the young girl. As if puberty imposed a renewal of the attachments, a reintegration of the youngster having reached puberty into the line of the previous generations, a strengthening of the connection with the primary source of these generations.

Amalia's manifestations ('the crisis') shocks the parents, the mother did not see this coming, while the father even less. The father, in particular, does not believe in such things. Mr. T. questioned the words of his wife until he witnessed one of Amalia's 'crises' (the voice from 'beyond the grave', the young girl's twisting body crosssed by spasmodic movements, the subsequent state of exhaustion). Amalia's manifestations called to the mind of her parents an ancient, traditional Portuguese etiology, namely: when the dead people are not properly buried, when a ritual has been disregarded, when certain rules have been overlooked, but especially when a serios transgression has not been redressed, they, the dead, come back (either in the form their 'spirit', their 'soul' or in any other form). In the case of the T. family, the blood crime remained unredressed for a few generations. Consequently, the murderer, unable to rest in peace, takes over

the body of a descendent of the victim in order to force the living to fulfil the ceremony of forgiveness. In the tradition of the Portuguese world (still in force, from what I've found from my patients), the dead manifest in order to compel the living to perform some tasks. Forgiveness is not granted solely in words (the explanations provided by Amalia's mother in the first session are precise: '*we went to the cemetery, we did what we had to do, then we went to the church, a special service was held for the respective dead person*'). In the same first session, Mrs. T. informs me that before going to Portugal, the family went to see a priest who practised exorcism, in France – the visit was very dissapointing because the priest told them to refer to a psychiatrist!

The unexpected death of the maternal grandmother touches the entire family, but especially Amalia. Right after the wedding, the death of '*the last grandmother in the family, the best grandmother in the world*' marks the end of a generation. At the same time, it coincides with a wedding, a new beginning. It also marks Amalia's way out of childhood and into puberty and reasserts the integration of the girl in the family female lineage. In point of Amalia's sadness, it is not about an incapacity to work-through the mourning (mourning being a collective and individual issue, Amalia crossed the mouring period together with her family). Amalia's sadness, deeply personal, is connected with the nature of the relationship Amalia had with this grandmother, given the fact that Amalia, the firstborn, opened the generation of grandchildren. The loss of her grandmother, with the related negative emotional state, makes Amalia suddenly realise that she is no longer a little girl, that childhood has ended. I remind you the fact that grandmother's death occured one day after the family wedding. A sign of chance or a sign from above, both events reinforce the 'source' of the Portuguese world Amalia belongs to since birth.

Hervieu-Wane (Wane, 2005) approaches the issue of the education system specific to contemporary democratic Western societies, a system based on the principle of equality between human beings (all the children have the same nature, go through the same stages of development, have the same dymanics in the growing process). The equality and autonomy they enjoy from an early age do not protect them and, above all, do not allow a structuring of the identity. Due to the fact that the adults no longer initiate the youth, the latter picture and implement wild initiation experiences, with dramatic, sometimes deadly consequences (alcohol, drugs, criminal groups, prostitution). Wane proposes the reintroduction of some deliberate initiation acts, controlled by the adults. In the foreword of Wane's book called 'La morale du crocodil, Nathan (2005) approaches the traditional initiation rituals and techniques specific to the various cultures, still valid today. According to Nathan, an initiation ritual is a deliberately organised trauma which combines the nonsense (absurd tests), the terror, the pain, the bodily sacrifices which will scar and thus turn into signs of affiliation. The initiation rituals generate a metamorphosis, end the matureness process. At the same time, they integrate the person into a group, into the generational line. As a member of the group, the person carries with them the memory of the affliation group. A initiation ritual does not transmit a body of knowledge, but an implicit message. They produce a container without which the construction of an identity is not possible. Western contemporary societies (expressions almost identical to what Lasch calls 'culture of narcissism') no longer have initiation rituals. Therefore, they witness violent behaviours (delinquency, drugs, integrisms). In these behaviours we find the defining elements of the initiation rituals: the absurd, the terror, the physical pain, sacrifices, pathological intoxication, increse in the number of sects, sexual orgies.

Case Amalia from the perspective of identity construction

I would say that this case, by the disorders called 'adolescent crisis', refers to several identity construction registers, as follows:

A. The cultural register of the primary source through the local Portuguese etiology (finding a cure involves identifying the mental disorders, their nature, in other words, a 'diagnostic'); in the case of Amalia, the precise cultural references provide the material for the 'diagnostic'; the 'posssession crisis' reasserts Amalia's core identity, the most profound dimension of her identity being the Portuguese one).

B. The puberty-specific personal register, in the contemporary everyday universe of Amalia, that of the questions, the fears, the expectations, the anxieties of any kind ('*will I succeed in life, how will I work it out, of course, some day I will fall in love, but with whom? I have school difficulties, I shouldn't miss school, nowadays having a job is very important, by the way, what job would suit me, etc., etc...*').

C. The generational, filiation register: facing the death of a close person (a female lineal ascendant, a grandmother to which Amalia is the firstborn grandchild) brings to the forefront the reality of the succession of generations, an implacable law for it is a natural one, perhaps the only one impossible to avoid or to transgress by the mortals. A close ascendant who passes away, beyond the pain caused to his / her survivors, imposes on them not to remember the deceased, but to take action, to observe what a culture (a human group) established accross generations. If we are naturally meant to die, culturally we are meant to take care of the dead. Therefore, a deceased may come back, request something, accuse the living, but he / she can also appear as a protective figure... It's what Amalia's dream reveals.

In point of what the deceased 'want', I will bring up an observation of Nathan (Dagognet et all., 1999) on mourning rituals, melancholy of the survivors, in a nutshel, the mental elaboration of the mourning, according to Freud.

All the members of this profession know, from the earlist stage of formation, that Freud compared melancholy with mourning. Although he denied the universal validity of such a theory, Freud (1915) tried to make a connection between the clinical picture of melancholy and the... normal picture of mourning. Freud referred particularly to two manifestations: the inhibition and the lack of interest in an activity, in the outer world, the only aspect differentiating the two pictures being the loss of self-esteem, present in melancholy, absent in mourning (Freud, p. 134). The two states may be due to the same '*exciting causes due to environmental influences (...). Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on. In some people the same influences produce melancholia instead of mourning and we consequently suspect them of a pathological disposition. It is also well worth notice that, although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment. We rely on its being overcome after a certain lapse of time, and we look upon any interference with it as useless or harmful.* Summing up, the work of mourning, as Freud postulates it according to his theory, would be deeply connected with the libidinal investments in the deceased. More precisely, this amount of libido would be connected with the image / representation of the deceased in the eyes of the survivor (for instance, the death of a strongly idealised person will trigger in the people close to the deceased a prolongation of mourning, even an impossibility to

elaborate mourning). The libidinal avalanche would compel the Ego to perform a series of transformations: first of all, the Ego should take back the respective libidinal energy (the energy invested in the deceased or in his / her representation / image) and channel it on other images, representations, objects. It is a long process, for everything that reminds us of the deceased surfaces the relationship with them. Pursuant to Nathan, '*in his description of the work of mourning, Freud did nothing but secularising the rituals and induce them into the subject. (...). It would be much more natural to think that 'the deceased requests something, that 'the deceased accuses', that 'the deceased wants to take the survivor along' than to get acquainted with contortions as it's not the deceased who accuses, it's the subject themselves; the subject accuses the deceased or the incorporated representation of the deceased. (...). Where people think that a dead person appears, manifest themselves, here they are now, disarmed, confused in front of the only possible question: what is there to be done, how shall we act? How to respond? Finally, here they are, forced to turn to the group, the only one that has the answers – and these answers are always technical.*' (Dagognet, 1999, pp. 124-125). In fact, at a strictly theoretical level, the difference between Freudian psychoanalytic theory and the ethnopsychiatric perspective is not all that important. It becomes important at the level of the practical (technical) consequences, that of the actual development of a solution. While psychoanalysis imposes an individual search in the interior of the subject, a search on the subject' relations with the incorporated deceased become an abstraction (representation, image, symbol), the ethnopsychiatric perspective, considering the deceased an entity in action, refers to the group the deceased belonged to and to the group of the survivors. If the deceased and the living are perceived as members of a group, then the work of mourning cannot be detached from the group's

rituals on the deceased (their identification, their becoming, their transformation, to sum up, their action on the living and the response of the latter to the intervention of the deceased). Never before has a ritual been invented and performed by a single person. Rituals are, by definition, collective.

In the case of Amalia, there are two dead people: a few generations 'old' deceased who was possessing the pubescent young girl; the other one, a recent one, her maternal grandmother, who visits Amalia in her dream as a sort of 'supervisor' of the order of things. "*As long as you are together, everything will be alright, I will be watching over you!*", seems to say the grandmother. Fate or hazard, the respective grandmother passed away in Portugal, in her native village, in a moment in which the family and close persons were reunited... for a wedding. She died in the source-place.

If the 'old' deceased asks for a redress, the fulfillment of a ritual overlooked for several generations (the forgiveness ritual, as it was practiced in the Portuguese village of the main characters), the 'recent' deceased (the maternal grandmother) is a protective figure. I would outline the fact that the grandmother's visit in Amalia's dream ends the series of our sessions. Therefore, during the session following the very session in which Amalia shared her dream with me, she approaches the history of her parents in an ample overview of her family's emigration. I don't know if Amalia did some research, asked around, but I find that things are clear, surprisingly well organised in her mind.

D. The register of the belonging to an ethnic group (the source-group) and of the affiliation to a reference group, 'external' to the origin group: this 'crisis' raises the question of the double root of Amalia. The possession with everything it involved – the local treatment of the restless deceased – reasserted Amalia's Portuguese core identity. I would say that the symptome

and the cure strengthened Amalia's deep ties with the reference Portuguese group. The grandmother, deceased and buried in the very source-place (she left this world in the same village she was born), becomes an ancestor-protector. Probably the maternal grandmother will always accompany this granddaughter.

The two deceased appear as signatories and guarantors of Amalia's way out of childhood and into puberty, a contemporary Portuguese young girl whose family emigrated to France. The first deceased, the murderer, the one that comes back and triggers Amalia's symptoms, comes to remind the adults that a due left unpaid a few generations back may affect one of the descendants. Therefore, he contributes to the shaping of Amalia's identity. The maternal grandmother, deceased in the place she was born, visits Amalia in her dream and indicates: "*as long as you are together, everything will be alright!*"

"*To be together*" together with whom? 'Together', as in family? Which family, the core one, the extended one? Grandmother's phrase is somewhat familiar, I think I've heard it before, but I cannot identify it. "*You can go far away, discover the world, the things, the beings and the people, but you cannot leave your people. The bottom line is to be together...* [14]".

The identity of a person is built in an arithmetic progression. A child does not progressively integrate their family. Identity is transmitted from group to individual in a plurality of registers (linguistic, religious, historical, geographical, social class-related and the like). As far as puberty-driven transformations (hormonal, instinctual, emotional) are concerned, they are natural manifestations. Therefore, they do not constitute a crisis *per se*.

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[14] Nathan T. (2012), Ethno-roman, Paris, Grasset, 2012, p. 178

Translation of the summary

Résumé : *Jeune fille de 14 ans, Amalia est née en France, dans une famille portugaise. La consultation au « Centre Binet » est demandée par Mme T. (mère d'Amalia). A la première séance, Mme T. se présente seule. Réticente, elle affirme que sa fille a été possédée par l'esprit d'un mort et a été soignée pour cela au Portugal. Mais Amalia présente aussi d'autres symptômes : spasmophilie, difficultés respiratoires avec sensations d'étouffement, cauchemars, peur de dormir seule, difficultés scolaires. A travers quelques séquences cliniques, plusieurs hypothèses seront formulées ainsi que des questions concernant les aménagements techniques dans le dispositif thérapeutique.*

Mots-clés : adolescence, crise, identité, étiologies, appartenances, psychothérapie.

Rezumat : *Amalia în vîrsta de 14 ani, este nascută în Franţa, într-o familie portugheză. Mama Amaliei cere o consultaţie de psihologie. La prima şedinţă mama se prezintă singură. Reticentă, ea afirmă că fiica ei suferă de doua categorii de simptome : posesiune de spiritul unui mort şi tulburări emoţionale, coşmaruri, dificultăţi respiratorii, spasmofilie. Prezentul articol degajează în principal două ipoteze teoretice, precum şi amenajările tehnice necesare în desfaşurarea travaliului de psihoterapie.*

Cuvinte cheie : *adolescenţă, criză, identitate, etiologii, apartenenţe, psihoterapie.*

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IMPOSSIBLE MOURNING AS AN EARLY TRAUMATIC EXPERIENCE [15]

Gabriel Balaci[16]

Abstract*: Mourning stands among the early traumatic experiences that lead to narcissistic identity disorders. The separations that the child has experienced, regardless of their cause, are difficult to work-through and integrate within the child's psychic life, sometimes even impossible. The child's capacity to go through a process of mourning depends on his / her relationship to the mother, on the age at which this separation is experienced, but also on the relationship with the lost object. Sometimes, children are exposed to a mourning which the parents are unable to achieve, and which they displace upon their children, this having negative effects upon the narcissism of the latter. Throughout this paper, I set out to describe the consequences of such a mourning upon the child's subsequent development. I took into account the parents' loss of a child, either before the patient's birth or, a different situation,*

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the loss having occurred when the patient was less than two years old and had no direct contact with the deceased sister.

Keywords: separation, loss, impossible mourning, early traumatic experience, ghost, crypt.

Introduction

By impossible mourning I try to describe the situation in which a person finds himself/herself when the loss of the object is not felt as such, but the reality of the loss is constantly reactivated by the family context, which forces the subject to take part in this grief due to the fact that he pertains to the respective family context in which the loss had taken place. I have in mind children born within families in which other children are deceased, whether their deaths happened before the birth of the afore-mentioned or after their birth, although they were too young at the time to acknowledge their deceased siblings. Because of an unresolved mourning process or because of the pathological mourning their parents have experienced, the surviving children face a depressed, emotionally unavailable mother, who declares her preference towards the deceased child, the surviving child being clearly inferior to the former. In one of the cases I will be making reference to, the surviving child was accused by the mother of having survived instead of the deceased child who had been clearly superior to him.

Within a functional family, the birth of a child is a moment of joy. This event triggers major changes in the family system, with respect to the roles played by the members of the parental couple as well as with respect to the interactions within the family. The arrival of the child establishes the intergenerational barrier, and the two parents have the opportunity to

become more aware of being adults. Throughout the child'sdevelopment, we also witness an evolution of the family. Neither the child's evolution, nor the family's evolution are linear or undisturbed by unforeseeable events. One of the major events that can occur in the single child's family is the arrival of the second child. This moment is also extremely important both for the family's evolution and also for the evolution of each individual member of the family. Both the family and each of its members evolve along a path bordered by birth / formation at one end, and death at the other. Sometimes this path is an extremely short one. The death of a family member is an often traumatic event for the survivors. The traumatic effect is highly intensified when the deceased member is a child. We remember from Freud that the death of a child represents a narcissistic wound, difficult or even impossible to heal.

Separation as loss

Although during the Communist period the maternity leaves were somewhat short, and the child's separations from the mother were pretty sudden, we couldn't argue in favor of a less amount of trauma experienced by the child. The social-professional context of those times only provided parents with justifications by means of which they decreased their guilt, as the children were given less attention. A great number of children developed various illnesses, the most frequent of which were appetite disorders, the mother's absence giving way to incorporation phantasies in the child's primitive psychic life, which, as M. Torok and N. Abraham stated in *Maladie du deuil et fantasme du cadaver exquis*, substitutes the object's introjection, as it is engulfed inside the child's body, in phantasy, as a nullification of the felt loss. Whn deprived of progressive libidinal

investment the ego will regresses to this magical attainment that is incorporation. (Abraham et all, 1968, pp. 229-252).

It wasn't unusual for children to be sent to boarding houses for preschoolers or to be living with their grandparents. Sometimes this relocation would synchronize with a sudden, even violent weaning to which the child would be forced, as was the case of one of my patients. We are basically facing a double loss, one of the breast, but also one of the mother, who would then be present in the child's life only during the weekends. This double separation has a traumatic effect upon the child's primary narcissism.

We can imagine that the guilt experienced by the parents in such situations would then melt into the hatred against the system, but the grief associated to the loss of a child could not be overcome, sometimes remaining active for the rest of the parents' lives. In such contexts, having in mind that a child represents a narcissistic extension of the parent, the mourning that cannot be experienced by the mother can be projected on her child, in the same manner in which the parents' failures and disappointments are then handed over to the children, as mandates to be fulfilled, thus hallmarking their entire development process.

The separation from the parents at an age as early as two or three months in association with a brutal weaning – in the case of one of the patients I will include in this paper, a few days before she would be relocated to her grandmother's, the mother would oil her breasts with different ointments so that the baby would reject the breast -, would produce profound traumas at the level of the baby's primitive ego. The contact with the parents was quite scarce, which triggered significant disturbances of the identification process, the children coming to face alienation feelings

towards their own parents. The consequences of such early narcissistic experiences become visible at the adult age, on the level of the feeling of identity.

The earliest loss or separation experiences, prior to the stage of language acquisition, are the ones least accessible to memory and thus most inclined to be repeated as Freud argues in his paper *Constructions in Analysis*. As these memories are inaccessible to the conscious mind, it is difficult for them to be integrated in the subject's personal experience, as they cannot be symbolized. Early traumas in the primary narcissistic stage disrupt the development of one's own identity.

In his article *La function integrative du rêve*, R. Roussillon points out that these early experiences are recorded in a primary, slightly reflexive, sensory-motor form and will be repeated in the same unelaborated form (Roussillon, 2014, p. 13). These experiences will be repeated over and over until the subject will be able to mentally integrate them, namely to symbolize them. Their repetition will occur on each occasion in which present contexts are associated with separation or in which the subject faces the fear of being abandoned. Such repetitions will also occur within the transferential relationship, especially when the patient is given notice of the analyst's holiday leave. The unacceptance of separation, the feeling of being abandoned, creates a fear that is only amplified by the uncontrollable scenarios developing in the patient's mind. "Noo! How could you leave? I won't accept it, this means I don't matter, and that I can die. I will call you and write to you. We cannot discontinue the sessions. This frightens me, it makes me angry. Now you've triggered dark thoughts and I can't stop them" a patient of mine said when I announced the dates of my holiday leave. Any separation reactivates, repeats previous separations, as well as

the feelings attached to those early experiences. By their preverbal, sensory-motor recording, early traumas are hard to fix due to the difficulty implied by trying to access them, but also due to the violence that can be associated to their repetition within the transference. These early experiences did not benefit from the maternal reverie (Bion) which would have allowed them to be well integrated mentally. Early traumatic experiences create a disorganization of preconceptions – preconception in Bion's terms, an innate tendency / predisposition towards mother's breast – thus inducing a feeling of frustration by the absence of the supposed object of satisfaction that exceeds the baby's tolerance capacity. The mother's absence creates an exceeding distance between preconception (the innate tendency) and satisfaction. This disrupts the formation of what Bion calls *the thought-thinking apparatus*, namely an "apparatus" that can modify frustration, as long as the latter does not exceed the capacity to tolerate frustration that the baby masters. Frustration is necessary in order to give way to thinking, while the mother, as Winnicott said, must disillusion her baby by frustrating him, but only gradually. In his paper *A Theory of Thinking*, Bion explains his conception of thought, starting from the existence of a preconception of the breast in the baby's mind which, when the mother's breast is met, transforms to the conception of the breast. Bion names the meeting between the preconception of the breast and the mother's breast *realization*. If this preconception is not continued with the real experience of the breast, the baby will not experience an absence of the breast, but a bad breast inside his own body. In this situation, the baby has two alternatives: either to avoid or to ignore frustration, which implies denial, evacuation, or to transform it. Bion states that this transformation presupposes thought functioning. When intolerance to frustration leads to its' being avoided, and the absence of the

breast is experienced as a bad internal object that must be evacuated, *the thinking apparatus* develops in a hypertrophied form, as a projective identification apparatus. The predominance of projective identification obliterates the self-non-self, internal-external, subject-object differentiation.

When the projection is not accepted by the mother, the baby reintrojects the projected content, but in a much amplified form, which exposes him to an anxiety impossible to handle. If the baby's tolerance is appropriate, the union between conception and its positive or negative realization favors learning from experience. But an important role in this process is held by the mother and the environment in which the baby develops.

Even if mother's role is undertaken by someone else, her lasting absence and the lack of a direct mother – child contact will have a decisive impact upon the subsequent development of the child. As shown above, the early separation of the mother and child is felt as traumatic by the latter. One of the factors that significantly disrupt the mother's reverie capacity and, consequently, the entirety of the mother-child relationship is loss and the mourning loss implies, in situations when the mother loses a loved one or even one of her children. The patients whose life experience inspired me in this article are two adults, 36 and, respectively, 34 years old, who have been in therapy for more than two years. The first one is a patient whose mother had lost a son and a daughter due to congenital illnesses, as my patient reports, before he was born, while the second case is one of a patient whose mother lost a daughter when the patient was one year and nine months old. In both cases, the parents got divorced and the children remained in the mother's custody. Although neither of them knew their

deceased siblings, they felt pushed in a mourning process for an object they perceived as imaginary. A ghost, from Maria Torok's point of view.

The influence of mourning upon early experiences

Mother's forcing of mourning upon the child, in the absence of a representation of the lost object inside the surviving child's psyche, eventually induces to the latter a process of incorporating a *ghost*. The surviving child tries to represent this object – worshiped by the mother – and to identify himself/herself with it, in order to benefit from his/her mother's attention and love. The repeated failure in obtaining this love leads to the increase of the child's ambivalence regarding the lost object and to the disruption of the *introjection* process, in the sense given to this concept by Ferenczi. So it follows that the child incorporates an ambiguous object, susceptible of being both loved and hated, according to the manner in which it is used by the mother. Her inability to separate herself from the deceased child can determine the development of a pathological mourning, due to her denial of the reality of the loss.

In the cases of my patients, mourning was accompanied by the incorporation of the deceased siblings' *ghosts*, in an attempt to gain access to the mother. The identification with an object unknown to them – though constantly interposed between themselves and their mothers -, the shadow of this ghost which fell upon their ego has amplified the traumatic effect of the frustrations experienced in the early stages of their lives. These frustrations were not limited to the preverbal age, but continued throughout adulthood. Both patients described the hatred they felt towards the deceased ones, but also the guilt they experienced due to this feeling of hatred, triggered by the contact with the mother's grief. Consequently, the incorporated object was a bad one, associated with feces, which needed to

be evacuated, and the attempt to evacuate it happened at the level of language. In terms of language, these patients would use – almost as a verbal tic – expressions related to feces, and when they talked about their current emotional experience, they would do so in a manner that marked out a feeling of repugnance. Nothing could win their trust that the others, especially possible love partners, could accept or love them. They felt unworthy of love, they saw themselves as immoral, despicable; in other words they both presented a melancholy symptomatology. The inclination towards melancholy to which Freud referred, seems, in the case of my patients, to have originated from these early narcissistic traumas that could not be subsequently worked-through and which gave way to the addition of other narcissistic traumas that occurred along the patients' attempts at having an emotional contact with their mothers.

Psychoanalysis considers that mourning which follows the loss of a loved one is a normal phenomenon that requires a certain period of time in order to be overcome. Freud compares the painful mental process that follows an important loss with melancholia. During this process, the ego must disinvest its love object, which is now gone and to which the ego identifies itself with. The loss of this object endangers the unity of the survivor's ego. The survivor's wish to hold on to the lost object determines a regression in his psyche to the oral stage, to the cannibalistic drive (K. Abraham) by means of which the subject wants to incorporate the lost object, to devour it, to the ambivalent desire of love and destruction that accompanies the identification with the object: to be the object by incorporating it. In the case of the patients I referred to, becoming the *object* was the only way they identified towards maternal love.

According to K. Abraham, the loss of the object triggers a regressive process during which the ego regresses to its infantile trauma in the sadistic-oral stage due to a fixation process within early childhood. Mourning is a non-pathological reaction to the loss of a loved one, of an ideal, of a country, etc. But to some, such a loss can trigger melancholia. Freud argues that there needs to be a predisposition so that such cases may occur.

"In some people the same influences produce melancholia instead of mourning and we consequently suspect them of a pathological disposition." (Freud, 1915-1917, p. 262).[17]

The melancholic patient presents, among a variety of symptoms (moral aversion towards his own ego, insomnia), a symptom that constitutes the consequence of incorporation, namely the refusal of food. The incorporated object symbolically fills up the entirety of the melancholic subject's inside. This substitution, Freud says, is specific to narcissistic illnesses. In melancholy, the regression caused by the loss of the object goes from the cathexes of the object to the libidinal oral stage which pertains to narcissism. The first choice of object occurs through identification. During the oral stage, K. Abraham shows, the subject manifests ambivalence towards the object. The conflict between the love and the hatred felt towards the object transforms normal mourning into a pathological one.

K. Abraham divides the anal stage in two phases: the later stage, during which preservation (retention-domination) tendencies are situated and an earlier stage, where hostile (destruction-loss) tendencies aimed at the object originate from. In this stage, the object is considered an asset, and the emotional ambivalence is highly marked. Therefore, the loss of the object

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[17] AN - Original quotation in French. *« Sous l'effet des mêmes actions, chez maintes personnes, que pour cela nous soupçonnons de dispositions morbides, apparaît à la place du deuil une mélancolie. »*

signifies the object's expulsion, while the positive relation to the object signifies retention. In this author's perspective, with some neurotics, the reaction to loss has an anal quality and is accompanied by somatic reactions called *the language of organs*: "The removal or loss of an object can be regarded by the unconscious either as a sadistic process of destruction or as an anal one of expulsion." (Abraham, 1924, p.177).[18]

Drawing on verbal expressions that denominate loss, Abraham emphasized the unconscious connection between the anal expulsion tendencies and the sadistic tendencies, while Freud, studying the expression denoting loss in various languages, concluded that there is an identification between *to destroy* and *to lose*.

Abraham detected a series of factors taking part in the outburst of melancholia. Taking into account the Freudian theory regarding the existence of a predisposition to melancholia in those who fail to undergo mourning and instead go from depression to melancholia, the German psychoanalyst identifies a constitutional factor, different from the hereditary one, which consists in the existence within the patient's family of a mental disruption that determines an accentuation of oral eroticism, which determines a fixation of the libido at this stage. This fixation represents the second factor that favors the occurrence of melancholia: "When the libido preserves such a fixation in an adult, it appears as one of the most important conditions for the occurrence of melancholic depression." [19](ibid.)

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[18] AN - Original quotation in French. *« La mise à l'écart ou la perte d'un objet peut être considérée par l'inconscient aussi bien comme un comportement sadique de destruction que comme un comportement d'expulsion anale. »*

[19] AN - Original quotation in French. *« Lorsque la libido conserve une telle fixation chez un adulte, elle apparaît comme une des conditions les plus importantes pour la constitution d'une dépression mélancolique»*

This explanation clarifies the influence that a family environment affected by a loss can have upon the child, as in the case of the patients I'm referring to in this article.

The third factor is *serious damaging of the infantile narcissism due to disillusion in love*" (Abraham, 1924, p. 197). This disillusion is related to the subject's relationship with his mother. The loss of being held as mother's favorite or the inability to ever be regarded as such leads to the installment in the child's psyche of the disillusion in love, which translates as the feeling of complete abandonment. This feeling of being non-existent to the mother will subsequently pose major problems in the development of the child's identity, while also favoring his later turn to melancholia.

The settling of this disillusion in love before acquiring control over his oedipal desires represents the fourth factor favoring melancholia. As the libido has not overcome the narcissistic stage, this disillusion is experienced even more traumatically by the child. Experienced during the time when the sadistic-oral drives are still active, this determines the association of the Oedipus complex with the cannibalistic stage of libido development, which leads to a double introjection of the love objects. The child first introjects the mother as a love object and then the father.

The last factor Abraham identified as one favoring melancholia is the repetition of this primary disillusion in the future life of the subject. This disillusion, whether it occurs early or later in life, triggers hostile feelings and emotions towards the persons who wounded the subject at a narcissistic level. Later disillusions are only repetitions of early disillusions. Hostile emotions are aimed at the object who had been most loved by the subject, but who gave up this role in the child's life.

The separations, losses suffered by a subject at present reactivate past separations and losses. The losses compel the grieving one to a reframing of his psychic instances and push him towards regressing to previous moments in his evolution, in order to look for resources and means of more easily overcoming the separation from the love object.

Melanie Klein argued that the introjection and projection mechanisms constitute the bases of the child's development. During the first year of life, the child goes through a maximal sadistic phase. The child directs its sadism towards the mother and the inside of her body. According to kleinian theory, during his development, the child introjects good and bad objects, the prototype of which is the mother's breast. The mother's breast is introjected as a good object when it is accessible to the child, while being introjected as a bad object when is absent from the child, who therefore faces frustration. The differentiation between good objects and bad objects is not only accomplished according to the frustration felt by the child, but also depending on the fear of destruction that the objects generate in the child. The external objects' imagoes are embedded inside the child's ego through incorporation. The defense mechanism that the child resorts to while facing the danger represented by these objects is the "denial of psychic reality" (Klein, 1934, p. 14). During the first stages of development, the ego introjects partial objects that are assimilated to feces. As the ego organization comes to its finalization, the introjected imagoes are closer and closer to reality, while the identification with good objects becomes more complex. Therefore, the ego becomes able to turn from a relation with partial objects to a relation with whole objects. Once the ego identifies with the whole object, it feels towards the latter a complete love, "he develops a

greedy love and desire to devour this object and the mechanism of introjection is reinforced"[20](Klein, ibid.).

Only after the ego feels this total love for the object, its loss is experienced as a total loss, from which the child's ego defends itself by incorporating the lost object. In *the depressive position*, the separation between the ego and the object becomes clearer. In this stage of development, the subject acquires mechanisms of repairing the object. Perceiving the object as a total object, real and loved, and its introjection as a total object, generates in the child feelings of guilt and remorse, a sufferance caused by the conflict between hate and love and an anxiety regarding the death of interiorized good objects. These elements, specific to the depressive position, are also found in the melancholic adult.

The manner in which the subject undergoes the depressive position has a major influence upon the way in which he will face the losses he will have to bear throughout his life.

Maria Torok emphasizes the importance of the concept of introjection, as it was described by Ferenczi, in order to understand the problematic of mourning. The author points out the difference between *introjection* and *incorporation*. Introjection represents an evolutionary process of auto-elaboration which allows a psychic enrichment of the individual. At the same time, introjection designates our capacity to face traumatic events and unexpected losses. For Ferenczi, introjection represents the process through which the auto-erotic interests of the individual are extended to the external world, by introducing exterior objects in the scope of the ego.

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[20] AN - Original quotation in French. *«… plein d'avidité et éprouve un désir de dévorer cet objet. Le mécanisme de l'introjection est renforcé. »*

In contrast to *incorporation* that has a sudden, magic and regressive character, *introjection* is a progressive process. Through *incorporation*, the relation to the ego is reinforced, while through *introjection*, the dependence on the object is obliterated. The two mechanisms function in opposition to each other, as incorporation centers on the object, while introjection centers on oral libido. The incorporation phantasy substitutes introjection, but does not accomplish it. Maria Torok and Nicolas Abraham emphasize the importance of the analyst's acknowledging of the incorporation phantasy during the analytical treatment as a veiled language of desires (yet unborn as desires), yet unintrojected and unacknowledged as demands to be satisfied. During the analytical treatment, the analyst must aim at enriching the patient's ego. The object is supposed to be endowed with everything the patient's ego needs for its growth. When introjection cannot be accomplished, the ego will attempt at maintaining the object alive in the fixed form of an imago. This imago of the object is established as a repository of hope that the unintrojected desires will one day be gratified. At the same time, this hope is contradictory as it waits for this imago, which is the guardian of the repressed, to set forth the return of the repressed. In a situation of loss, the libidinal outburst, although surprising to the grieving one, is not completely rejected. The ego regresses to an archaic level where introjection and incorporation are not differentiated, and satisfaction is hallucinatory.

The imago is formed as a fixation, following a failed process of introjecting an external object. From a clinical perspective, the imago is established as consequence of a satisfaction which was initially accepted, for it to be then withdrawn, and of an interdiction of a sexual desire.

Through incorporation, the subject absorbs what he lacks in the form of imaginary or real food, while mourning is refused at the level of his psyche. By refusing mourning, the true sense of loss, the subject refuses introjection: "The phantasy of incorporation reveals a gap within the psyche, it points to something that is missing just where introjection should have occurred"[21] (Abraham et all, 1968, p. 238).

N. Abraham and M. Torok place the beginning of introjection right after birth, within the "empty mouths" experience. This oral void settles inside the subject after the loss of the breast to be subsequently filled up with words. The act of placing words in the void left by the disappearance of the object, the same as doing so regarding the void left by the loss of the breast, which makes for the origins of language development represent introjection. To put words instead of the gone object means to metaphorize and to introject. The two authors claim that introjection implies metaphorization. Incorporation blocks words and tends to fill the void by absorbing the object. The void filled up with the object by incorporation turns into a crypt, *commemorative monument* for maintaining the object and avoiding the loss. Under the threat of the crypt's destruction, the ego itself turns into a crypt for the object, but keeping the secret they share. The ego fuses with the object it imagines as embedded in loneliness and will displace its sadness and guilt upon it. Even mourning is lent by the subject to the object. The subject's mourning thus becomes the object's mourning. "I could not enjoy my mother's love, nor could I be joyful when I imagined how much my sister is suffering for not being beside my mother", said the patient who had lost her sister before having known her. The patient's

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[21] AN - Original quotation in French. *« Le fantasme d'incorporation trahit une lacune în le psychisme, un manque à l'endroit précis où une introjection aurait dû avoir lieu ».*

ambivalence towards the object, the deceased sister, was also projected upon the object. When my patient would tell me how all her dolls had secretly bore her sister's name and, at the beginning of her adolescence, her sister had become her confidante, she claimed to be certain that she held the same role for the deceased sister. The other patient used to tell me that he would sometimes give money to beggars as alms for his deceased siblings who in their turn would pray for him. On many occasions during the treatment, these patients waited for a confirmation from the therapist that their deceased siblings held feelings of love towards them. Maria Torok describes this fact as the subject's taking pleasure in seeing the object in mourning for the former, as a narcissistic exaltation of the subject brought about by the love it receives from the object. This love from the lost object was not that impossible to obtain, considering that the main lost object was the loving mother.

Conclusions

The mourning process is set forth at the moment of accepting the reality of a loss. In order for the disappearance of the object to be experienced as a loss, the surviving one needs to have previously had a relationship with the deceased one. May it be enough for two people to be related to one another in order for them to be in a relationship? May mourning be induced in the absence of a relationship and of a real cathexes of the object?

According to the function and the position the object occupies for the survivor at the moment of loss, the latter goes through different stages, as Freud shows in *Mourning and Melancholia*, until becoming able to undergo a true mourning process. Therefore, the survivor's ego passes through the denial of the loss, faces feelings of triumph (Klein), libidinal outbursts

(Abraham), feelings of abandonment by the deceased one, feelings of guilt, phantasies of incorporation, hatred, revolt, the refusal to move from perception identity to thought identity, namely the transformation of the external object in an internal one, the hallucinatory satisfaction of keeping the gone object present so that, eventually, he can accept what reality imposes, that being the disappearance of the object.

There are situations in which the parents fail at this process of mourning, displacing the guilt they cannot symbolize upon the surviving child, which triggers a trauma that is difficult to overcome by the latter. When the surviving child is very young, the inflicted traumas are embedded in his memory, but the earlier they are, the harder they are to recall, and their consequences will have an even greater impact upon the survivor's subsequent development. We can say that, in such situations, the mother is unable to receive the child's projections, but she resorts to projective identification herself, burdening her child with that which is to frightening for her.

When the lost object is completely unknown, when the subject does not know why he is shown reproach for having survived in contrast to the other child in the family, whom he had not known and with whom he had not had a fraternal relationship, the object that he must separate from is the ghost of this sibling. The ghost who, along the subject's development, becomes the target of his hatred, but also of his secret love, unexpressed to others, becomes a constituent part of the subject's own ego, an ego which eventually becomes the object's crypt, a commemorative monument which serves at keeping the object "alive", at avoiding its loss.

The early abandonment experiences, triggered by being relocated to the grandparents' or in boarding houses, the relationship with a grieving and

accusing mother, the parents' divorce right after the children's return to the family, the mother's violence, the constant accusations made by the mother for having survived in contrast to their siblings, the continuous comparing of themselves to the deceased siblings, which would always favor the siblings, determined the development of identity-narcissistic disorders by my patients, disorders that would manifest both in relation to themselves, but also in their relationships with others, as well as the outburst of melancholia. The feelings of ego impoverishment became extremely present even when they managed to attain certain goals. In the case of my patient, we could say that this ego impoverishment was somatized by the fact that, at 23, he lost a leg in a work accident. "It was only then that for the first time I saw my mother seeing me", the patient said while trying to remember moments of tenderness in his life.

The feelings of ego impoverishment are mainly due to the fact that a large part of it is blocked in serving as crypt for the lost and incorporated object. In such a situation, the therapist's role is to facilitate the patient's expulsion of the object, even if he is tempted to exercise this capacity within the therapeutic relationship, at times when he makes threats of stopping the therapy as, for him, therapy equals feces.

Translations of the summary

Résumé: Les expériences traumatiques précoces qui conduisent à des troubles narcissiques identitaires comprennent le deuil. Les séparations subies par l'enfant, quelle que soit leur raison, sont difficiles à élaborer et à intégrer dans le psychisme de l'enfant, parfois même impossibles. La capacité de l'enfant à effectuer un travail de deuil dépend de sa relation avec la mère, de l'âge auquel cette séparation est vécue et de la relation qu'il a avec l'objet perdu. Parfois, les enfants sont exposés au deuil que les parents ne parviennent pas à gérer, mais qu'ils passent aux enfants, ce qui a

de graves effets sur leur narcissisme. Dans cet article, nous nous proposons de décrire les conséquences que ce deuil pourrait avoir à propos du développement ultérieur de l'enfant. Nous prenons en considération la perte d'un enfant par les parents, soit avant la naissance du patient, soit, dans un autre cas, lorsque le patient avait moins de deux ans et n'avait aucun contact direct avec la sœur décédée.

Mots-clés: *séparation, perte, deuil impossible, expérience traumatique précoce, fantôme, crypte.*

Rezumat: *Printre experienţele traumatice precoce care duc la tulburări narcisic identitare se numără şi doliul. Separările trăite de copil, indiferent de motivul lor, sunt greu de elaborat şi de integrat în psihismul copilului, uneori chiar imposibil. Posibilitatea copilului de a efectua un travaliu al doliului depinde de relaţia sa cu mama, de vârsta la care această separare este trăită, dar şi de relaţia pe care o are cu obiectul pierdut. Uneori copiii sunt expuşi unui doliu pe care părinţii nu reuşesc să-l facă, dar pe care îl deplasează asupra copiilor, ceea ce are efecte negative severe asupra narcisismului acestora. În acest articol mi-am propus să descriu consecinţele unui astfel de doliu asupra dezvoltării ulterioare a copilului. Am avut în vedere pierderea de către părinţi a unui copil, fie înainte de naşterea pacientului, fie, un alt caz, când pacientul avea mai puţin de doi ani şi nu a avut niciun contact direct cu sora decedată.*

Cuvinte-cheie: *separare, pierdere, doliu imposibil, experienţă traumatică precoce, fantomă, criptă.*

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Applied

Psychoanalysis

THE MIND AT WAR[22]

Paolo Fonda[23]

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Abstract: A war mindset in humans seems to coincide with the paranoid-schizoid position. In war also, groups regress to PS. Some symptoms of such a regression were evident also in Freud himself when WW1 started. The 20th century was the bloodiest century in recorded history and its enormous traumas have gathered and overloaded humanity. Its traumatic legacy included also unbearable feelings of those who killed other humans and the voids left in the group fabric by millions of deads.

Unworked through war traumas with such contents of death and destruction lie split and silent stored in the minds of millions of individuals, constituting fragments of a secret parallel life. They are so similar that spread throughout the psychism of the group, where "mine, yours, his" all blend into "ours". With their vibrations they form a mute chorus that converge into the background soundtrack of the group's mental

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life. How may all this have contributed to create so extremely destructive paranoid positions like communism, fascism, or Nazism were?

In an article I wrote following the conflict in Yugoslavia (Fonda, 2000), I stopped to reflect mainly on what the war left in the mind after its conclusion. I also ventured a number of hypotheses concerning the mechanisms of mental functioning that are set in motion during war. I would now like to develop this last theme, that is, how individuals in war find themselves permeated and overwhelmed by the psychic dynamics of their groups that are tragically locked in a life or death struggle.

This shall be a brief journey between fantasy and reality. I hope it will prove useful, or at least encourage further examination.

The war mindset

I have speculated that evolution seems to have endowed human beings with a *war mindset*, which to some extent, coincides with the *paranoid-schizoid position (PS)*. Here, the management of fantasies, anxieties, defenses, and the general relationship with oneself and others appears to serve the survival of the species or group (and therefore the individuals within that group) in situations of danger. The management of these elements seems particularly suited toward the carrying out of war.

This cannot be said of the *depressive position (D)*. As this position is characterized by a higher distinction of the boundaries of the Self, also in terms of the group context, the ensuing awareness of one's own individual

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uniqueness makes it difficult to take risks or to sacrifice one's life for the good of the group. In *D,* it is possible to feel both one's separateness, as well as to feel that the other is (in part) alike-merged, which allows for the other to be empathically experienced as *similar*. This hinders the capacity to kill the other. Furthermore, it reinforces feelings of guilt, which are powerful restraints.

Under the strain of an excessive emotive burden that occurs as the prospect of war looms, the group can no longer contain and mitigate anxiety in its members, but instead can only protect them with splitting, denial, idealization-demonization and a permanent discharge of projective identification. In other words, the group can only regress from the *D* position to the *PS* position. The retreat to this position also appears to be a defense against an even deeper, disintegrative regression toward confusion and non-discrimination (Bleger, 1967a) that may bring about the group's defeat and the dissolution of the group niche wherein the individual's existence occurs. This would explain the extreme rigidity that is sometimes reached, stemming from paranoid features; exasperation of persecutory feelings would serve to curb catastrophic anxieties.

The unsustainability of the *D* position on one side and the catastrophic anxieties on the other means that it becomes increasingly inevitable that individuals resort to a defensive *'liberating' regression-immersion into the PS narcissistic position*. Individuals feel much more united-merged and more secure within a group, where a sense of cohesion is always more intense. In the face of danger, the group comes together in a way that seems almost a primordial biological reaction.

Instead, it becomes distressing and even intolerable to feel a sense of powerless solitude as one persists in a *D* position that is critical and separate from one's own group while it unites in a *PS* position.

With substantial abandonment of the *D* position, the *potential space* collapses and concrete thought grows at the expense of symbolic thought; the urge to *act* is reinforced at the detriment of *thought*. Splitting, denial, idealization and projective identification may then significantly deform the images of both external and internal reality. In the *PS* position, the line of splitting, separating the good from the bad, is more pronounced and at the fore in contrast to the boundary that separates the subject from the object. The negative parts of one's own group are denied and projected, while the positive features of the enemy are denied.

In the *D* position, the boundaries of the Self are more defined. This is true in terms of the Self's interaction with the group as well, and it makes the individual more autonomous as well as more able and free to think. In the *PS* position, however, the offshoots of projective and introjective identification rupture the boundaries and penetrate group members, who are forced then to assimilate with the group's thought. Group psychic contents that are rich in concreteness become always more prevalent in the minds of individuals. This is true even though the contents are not screened by the Ego or verified by adequate symbolic thought. This increasingly joins individuals together, weakens boundaries, and increases merging with the group.

The object world involved with the conflict is reduced to a *bad-demonized-group-object* and a *good-idealized-group-object* of which the individual is a part. Further, he or she has difficulty differentiating from this,

given the increase in homogenization and "merging cohesion". The loss of a significant level of mental autonomy on the part of the individual seems compensated by a greater participation in the identity of the group. A stronger *Us* compensates for a weakened *I,* and a fatal attraction is created between the individual and the group. In the end, fighting for the group or fighting for oneself largely coincide. In fact, identification with the group is exalted, so "sacrificing oneself to save the group guarantees the heroes' immortality in the group's memory". Military training is carried out in this context, because the capacity to engage in combat tends to dissolve in the *D* position.

These defensive mechanisms serve to create an image of the enemy as evil. In this way, all libidinal investment must be removed, thus the enemy becomes an object of defused and therefore destructive aggression. The libido may later reappear in a sadistic, perverse form, which accentuates its destructiveness rather than alleviating it.

The result is that an individual no longer shares anything in common with the enemy, as that enemy is signified solely with negativity. Furthermore, the individual also adds the massive projection of his or her own negativity to the enemy. Therefore, there is no more common ground and empathy is no longer possible: the individual is no longer seen as *similar* and so, being dehumanized, *the enemy is no longer safeguarded by the taboo against killing*. In fact, killing becomes socially approved and praiseworthy. This is how paranoid anxiety subverts the scales of values. The concern for one's own survival predominates, while the ability to feel concern for the other-enemy is lessened. Feelings of reparation with the enemy even become shameful. Here, destructiveness takes on a dignity that

it never would in times of peace, and the fading away of the sense of guilt opens the door to increasingly heinous crimes.

The strength employed by a group in the *PS* position to impose its own position on individuals would explain why so many honest and sane people (many more than later we would like to admit) allow themselves to be drawn into, or at least allow themselves to be neutralized and dulled, by the formidable magnetic pull created by extreme paranoid positions like communism, fascism, or Nazism were. These three ideologies have exercised an incredible influence on thought and feeling during the last century. Very few managed to resist them; some by clutching to unshakeable and opposing ideological faiths or others because they were cast out of the paranoid group.

As a group unites, it tends to expel or attack anyone who does not fully adhere. There is no space or tolerance for diversity. Based on the paranoid *all or nothing*, which the group sees as *with us or against us*, the threat of expulsion is created that takes whatever is different or dissenting and identifies-assimilates it with the enemy. This makes it extremely difficult to fit into a neutral or intermediate space between the two clashing paranoid groups. In such extreme situations, non-participation in a group even strips away the possibility of using the group's paranoid reactions as a defense against one's own paranoid reactions (Jacques, 1955).

At its extreme, the paranoid and distorting concept of *all or nothing* also leads one to accept sacrificing his or her own life. If you are unable to achieve the *all* – meaning victory and destruction of the enemy – the *nothing* – defeat and disintegration of one's group – makes life seem unbearable. There are no situations in between (which, in contrast, are

possible in the *D* position). Within the group, the individuality of its own members loses value and so a certain number of these individuals can be sacrificed with relative ease, as those individuals can be sent into battle in dire situations, which would be unthinkable in the *D* position. To extol a disregard for death heightens the capacity for combativeness.

One extreme degree of paranoid regression can be seen today in certain forms of fundamentalism, such as the Islamic suicide bomber. This may be seen as a desperate and futile attempt to preserve an archaic culture (and therefore the group within it) that is inevitably destined to fade away if it is unable to find renewal and to adapt to its time. In the framework of the *all or nothing*, self-destruction seems to state "In today's world the culture of our group cannot survive. Everything, therefore, must be destroyed, because there is no acceptable future". A similar scenario is found in the final years of World War II, when the defeat of Nazism was written on the wall, and Hitler prolonged the war with the express purpose of destroying Germany itself. The *Wehrmacht* forces, especially on the eastern front, were transformed into kamikazes without hope. The end of the war saw the suicides of entire German families, and a similar situation occurred in Japan.

Let us come back to the *PS* position, which Melanie Klein originally thought to call *narcissistic*. In terms of the group circumstances we are examining, we may also liken it to a regression to narcissism that Freud (1914) described when those who fall ill remove libidinal investment from objects and reinvest it within their own Self: preoccupation for the object is replaced by a preoccupation for the Self.

Naturally, the degree and pervasiveness of this regression varies depending on the individual wars, their different periods and from

individual to individual. In speaking of group regression, I am, in fact, referring to the average level in which a group primarily functions and within which environment these regressions of different levels in individuals are located. I would refer to what Ogden (1989) called the dialectic relationship among positions, meaning mental functioning characterized by their constant, concurrent dialectic interactions. What varies is their quantitative relationship. Therefore, when we speak of a group or an individual in the *PS* position, we mean that functioning in *PS* is prevalent, but that functioning in *D* is also inevitably present, even if it may be reduced to such a degree that it is no longer evident. It is important, therefore, to remember that even when we are submerged in *PS* thoughts and feelings, there is always a part of us, however small, that remains in the *D* position and perceives what is happening in its own way. Later, this may be regained and make itself felt. It might not be easy, however, to integrate these two "stories", with such different experiences of the same facts, and often we must resort to repression or splitting.

An eminent example

We may see these mechanisms at work in an illustrious figure. The 26 of July 1914, three days after the Austro-Hungarian ultimatum to the Serbian Kingdom, and two days before the war was declared, in a letter to Abraham, Sigmund Freud wrote:

"… for the first time in 30 years I feel myself to be an Austrian and would like to try it once again with this not very hopeful Empire. Morale everywhere is excellent. The liberating effect of the courageous action and the secure prop of Germany contribute a great deal to this. One observes

the most genuine symptomatic actions in everyone." (in Falzeder E., 2002, pp. 264-265)

As we know, before this moment, Freud was rather disappointed by the Austrian monarchy. This is implicit in his words: "…for the first time" (meaning "never before") and explicit in the "…not very hopeful Empire". Certainly, he felt, not only unconsciously, some aggression against it. But now, suddenly, he "would like to try it once again". He suddenly becomes a lover of his country, "I feel myself to be an Austrian". He feels identified with the large group: "Morale everywhere is excellent." (everywhere means also in himself). He shares the declaration of war, which is "courageous" and has a "liberating effect" … "in everyone".

This is the *relief* felt when one abandons the painful conflicting attempt to keep the *D* position and regresses to the *PS* one, where instantly everything becomes clear: who is good and who is bad; and the subject, with great relief, feels safe, being merged with the mass of the "good guys" and ready to attack the "bad guys". To defeat them appears a very promising prospect for a better future. And Freud, though he had children (parts of himself) that may have been sent to the front, implicitly appears willing to put them at risk for the sake of the group.

We may think, however, that the "liberating effect" and the "excellent morale" were, in part, also the result of the fact that the persecutory position acted as a bulwark aginast catastrophic anxieties. We can add that, in reality, monarchical regimes such as that of the Austro-Hungarian Empire were in danger of *disintegration* due to their increasingly anachronistic inadequacy

on a political, social and economic level. This surely could not bring relief to those catastrophic anxieties, even in those who hoped for an end.

Aggression emerges, but guilt is projected onto others. The aggression is now fully legitimated by the group. All Austrians agreed that it was right to declare war on Serbia. But, was Freud's aggressiveness against that world – against his own environment - so threatening (connected with catastrophic anxieties) and guilty that it was necessary for him to redirect it toward others? Serbians, Russians, British and French were surely not the reason for the disappointments and frustrations accumulated by Freud during his life. But it is too limiting to look at this only through an individual dynamic. Group dynamics were playing the main role in those moments.

Freud himself could not resist, though in just a few years he would realize the trap in which he and all of Europe had fallen.

Furthermore, as Gay (1988, 347) states, "The most extraordinary thing about these calamitous events was less that they happened than how they were received. Europeans of all stripes joined in greeting the advent of war with a fervor bordering on a religious experience. Aristocrats, bourgeois, workers and farmers; reactionaries, liberals, and radicals; cosmopolitans, chauvinists and particularists; fierce soldiers, preoccupied scholars, and gentle theologians - all linked arms in their bellicose delight".

At that time, surprisingly, the same regression happened massively also in many socialist parties, which just a few months earlier were strongly against any war (or more interested in a possible revolution): "Workers will not kill each other for capitalists' profit!" But then they did. Perhaps they

too were frightened by the catastrophic anxieties linked to the crumbling of the institutions that persecuted them?

War within the winding canyons of the mind

I would turn to the idea of Eric Hobsbawm (1994, 34) who considered the two world wars as two acts of a *single world war* – the '31 Years War' – from Sarajevo to Hiroshima[24]. Beginning in 1914 and ending in 1991, the *short century*, as he refers to it, was the bloodiest century in recorded history. It produced 189 million deaths from wars, revolutions, genocides and violent repressions, alongside the millions of wounded, crippled, orphaned, widowed and displaced. Its *first act*, World War I, counted 10 million deaths upon its conclusion in 1918. In 1918-1919, its epilogue saw the Spanish Fever kill 50 million more, the majority of whom had already been devastated by conflict. During the *second act*, World War II claimed the lives of 56 million human beings. For its *third act*, the nuclear war, the world braced for its *megadeath*, with calculations of human casualties in the millions. Fortunately, this danger was avoided – for now—and humanity lived to see the end of this short century and the beginning of another. In comparison with the last, the first quarter of this new century does not appear to have been so tragic.

Let us imagine now some of those fragments of what took place in those 31 years of war, especially in the minds of those who took part.

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[24] For convenience, I shall use the traditional connotations: World War I and World War II, despite the fact that I consider – as Hobsbawm does – the oneness of these events, and thus imagine a 'war psychology' that to a certain extent would also connote the period from 1918 to 1939.

A. Individuals and psychic trauma

The two world wars produced an enormous amount of psychic trauma. Think only to what passed through the mind of a soldier as he leapt from the trench and exposed himself to almost certain death. Imagine the burden his psyche withstood in those endless minutes, deafened by gunfire and explosions as he ran towards the enemy's machine-gun fire, trampling over the wounded and dead. And he likely did so less with a specific aim in mind than with the feeling of being part of a horde thrown into the furnace only to fill it up for others to trample over.

How many of those moments and feelings can possibly be represented, reflected on, worked through and integrated? And how many of them remain cocooned as if they were a shapeless stone in the corners of the mind? In the aftermath of the war, some attempted to tell these stories, to understand and make themselves understood, perhaps by writing a memoirs in the attempt to work through a part of that horror. Here they may have been helped by the group's solidarity, by the social recognition of shared suffering. But far too much trauma remained in the shadows and silence, confined to the minds of the individuals or to groups' unconscious, with no way of being elaborated.

This was particularly true for the "defeated" who "not only fell silent or were silenced, but were virtually expelled from written history and intellectual life if not to be catalogued in the role of enemy" (Hobsbawm, 1994, 16). We might say they were denied the right to be considered – and therefore perhaps even to think themselves.

In terms of individual and group psychism, during the war the accumulation of trauma freezes parts of the psychism in a functioning in the *PS* position. This makes the activation of the *D* position more difficult during and after a war. Certain areas of the Self can recover a *D* position only by relegating unworked through traumatic content into split areas. Even if the Self partially recovers the *D* position, it is weakened because the split parts of it cannot be used. Only by working through the trauma can *D* functioning be restored in these areas.

Coming back to Ogden, we must consider that there is still an activity of *D* integration, even when the *PS* phase predominates. And so thoughts, meanings, and more realistic judgments accumulate about the terrible things occurring. These contents can neither be cancelled nor integrated, but are instead repressed or split and end up constituting a *fragment of a secret parallel life*.

Starting from the Renaissance onwards, the process of individuation has been deepening and widening to include increasingly broader classes of the European population. This process has made it so life is perceived as something special and unique by larger sectors of society. In parallel to this process, it is no coincidence that greater attention began to be paid to the neuroses of war and PTSD. Previously, this serious pathology was just a bothersome detail that disturbed the functionality of the masses that were utilized by military leaders. Nowadays, according to some statistics, this condition affects as many as 50% of combatants. Ever attentive to the individual, it was psychoanalysts following WWI who played an important

role in changing the consideration of this form of individual reaction to the traumas of war.

B. "I have killed!"

There is a disquieting question to pose. If during the *only world war* between 1914 and 1945 more than 70 million human beings were killed, there must be millions of other human beings who did the killing. But we find barely a trace of this in records and memoirs. In diaries, letters from the front, the stories told at home and the memoirs of the aftermath, hardly anyone mentions having killed the enemy, or described what they felt as they pushed a bayonet into their enemies' chest, staring into their pleading eyes as they dimmed.

A century ago in *Totem and Taboo* (1913), Freud manifestly summarized the observations of anthropologists on the complex cleansing rituals that some primitive peoples forced upon themselves after having killed an enemy in order to control the distress of violating the most sacred taboo. How many millions of violations and how much need to cleanse, atone, and manage distress and guilt has there been in this brief century? All of this horror has remained encapsulated like a bullet that is lodged in the brain. It is surely impossible to forget it in a single lifetime. At most, a person may try to repress it, but they can never tell anyone nor can they work through it. Millions of individuals shall forever remain alone with this terrible burden.

This is all the more true for the perpetrators of the most atrocious acts, especially if those acts involved civilians. Support from one's own group is not possible, which may have even commissioned those crimes but is now

unwilling to recognize them. This leaves the perpetrators of those atrocities alone.

More often than not a split space is created, the *fragment of a parallel life*, where such devastating contents are secretly relegated. How much can these fragments, which are so alike, then resonate in the mental space of the group, influence it and perpetuate themselves in the following generations?

C. Voids

In 1918 only one in three French soldiers returned home safe and sound. A fourth of all enlisted students from Cambridge and Oxford perished in combat. During WWII the main brunt of German aggression was unleashed on the Soviet Union, whose population suffered the most devastating losses of all. 80% of Russian males from the class of 1923 died in conflict. And then of course there are the voids left by the Shoah.

What effects do these enormous *voids,* the war created in an entire generation, have on the psyche of the collective and the individual? The *non-presence* of the throngs of people exterminated continues long after to silently fill the minds and spaces surrounding the survivors. How does all of this grief influence the group, together with the feelings of guilt held by the survivors in the face of those who perished?

It is as if those *voids*, too, join with the millions of other contents of death and destruction that lie split and silent in the *fragments of parallel lives*. With their vibrations they form a mute chorus that converge into the background soundtrack of the group's mental life.

D. Splitting, fragmentation and reintegration

Unworked through war traumas that are relegated to the unconscious and to the *known, not thought*, and stored in the minds of millions of individuals possess so many similar and overlapping characteristics that they cannot help but spread throughout the psychism of the group, where *mine*, *yours, his* all blend into *ours.* This protects the individual, but heavily conditions the group (nation) in its functioning, its culture, and moreover, in terms of its future development and actions.

After the first act of the world war, the group's mental fabric was so fully traumatized as to seem incapable of containing and neutralizing such intolerable mental content, which was so pervasive and present in so many individuals. Their unconsciouses exuded distress that converged and formed myths and phantasms of the group-nation. The group-containers were poisoned and progressively deformed. Massive, non-elaborated parts imposed extreme *PS* defenses, where individuals could find relief through their common denial and external projection. Many groups had to profoundly regress into a paranoid position, to effectively "psychosize themselves" perhaps to avoid doing so to their individuals. Is it plausible then to think that something of this kind in the aftermath of the World War I contributed to the coming of the Second?

The catastrophic anxiety caused by the disintegration of secular institutions like empires, monarchies, social orders may have also contributed to the rising temperatures. Perhaps we may speak in terms of faults, in what Bleger (1967b) calls the meta-ego, something akin to the freeing of energy caused by the settling movements of tectonic plates.

We may imagine that in any *transition from one developing phase to another* there is an aggressive movement. In this movement, the structures and patterns that were previously established are, in a certain sense, reduced to fragments. Subsequently, certain fragments must be left alone, some get taken up again, while others still must be adapted to new needs and integrated into a structure that is new, different, consistent and more suitable.

If the climate is sufficiently free, as we might find in a democratic group (shall we say in the *D* position), then the interaction among the new, emerging needs and the fragments from the past tend to continuously form more suitable aggregations-integrations. These then evolve, although they might involve recurring crises and tumult. However, these crises tend to be less violent since the ongoing adaptation should protect the group from catastrophic explosions-fragmentations-bloody revolutions.

In a rigid defensive structure (in a fixed *PS* position) such an evolutive interaction would actually appear quite difficult or even impossible. In this case, the pressure created by needs that are unsatisfied or accumulated might reach a dangerous and explosive intensity. Here, a single, more or less destructive splitting-fragmentation (revolution or war) could retrigger the restructuring mechanism that was previously curbed in the rigid paranoid defense. In absolute monarchies and dictatorships where the *PS* dominates, there does not appear to be sufficient space for development. Instead, the attempt to preserve the present tends to prevail. When too many emerging repressed needs risk bringing about collapse, the *PS* position intensifies in order to control the growing catastrophic distress. Monarchical or dictatorial

regimes seem to contain their own inevitable destruction within themselves from the outset.

During World War I, we witnessed the breaking up of both group cultures as well as institutions. Due to being seriously traumatized and psychosized by the war, these cultures and institutions were unable to use the fragments of their past to form anything other than 'monstrous integrations'. In fact, after 1918 we saw as extremely aggressive and cruel totalitarian dictatorships assumed power (communism, fascism, Nazism). Although they existed within different ideological contexts, they all shared the common conviction that the death of millions would be a fair price to pay for the survivors to reach the promised earthly paradise. European democracies basically vanished, with the last examples found in France and England. That being said, both of these declining empires could still shift a large part of their own aggression to their colonies.

At this point, the paranoid idea that 'war cleanses the nation' reappears. Fascism and Nazism immediately set about rearming and militarizing for a new war, while the Soviet communism of the 1930s unleashes an incredibly destructive fury upon its own people. These 'monstrous integrations' born out of a sea of blood were full of persecutory and catastrophic distress, of uncontrolled destructiveness, and their very (self) destruction was inevitable.

The destruction of a number of these subjects does indeed come to pass during the World War II (the rest then disappear by the end of the *short century*). Self-destruction seems to have been incorporated within these ideologies from the beginning: the paranoid "all or nothing" – either total

victory or defeat and self-destruction (this was particularly evident in Nazism). No intermediate position (*D*) was possible. Communism, too, seems to have been raised with a time bomb at its foundations, and after its explosion in 1991 little to nothing was left.

The integration following World War II had significantly greater traumas at its roots, and therefore potential for serious psychotic destructiveness, as clearly represented by the prospect of thermonuclear war. At least apparently, however, a miracle happened: the threat of total destruction reached its climax and then seemed to freeze into the *cold war*. Perhaps no one had been able to suggest a minimally credible hypothesis for a brighter future following 'The Day After'. Perhaps a healthy fear prevailed. After the catastrophes of the two world wars, did humanity realize its own potential for destruction and put it in check, at least in part? Or maybe decades of destruction had finally led to an attempt for reparation? At any rate, there were no more mobs clambering for war and the elements were different: on one side was the terrifying fear of total destruction, on the other the expansion of democracy (*D* position), where more self-conscious individuals were more aware of the precious nature of their own existence and were no longer inclined to sacrifice themselves for questionable ideologies.

So, we were gifted with 70 years of relative peace. Considering the increasing speed of our development in this day and age it is a rather long period.

The last time Vesuvius erupted was 1944. Is there something smoldering and bubbling down below of Pompeian proportions? Nobody

knows how long peace will last before the tumultuous emergence of new needs demands further disintegrations in order to make space for new, more suitable integrations.

Conclusion

In truth, disintegrations continuously occur with local wars and economic crises in very tragic, but less catastrophic ways. The need for a significant, new integration seems on the path toward realization. It is an integration based on completely new and extraordinary elements (computers, the Internet, globalization, new forms of economy, new powers etc.). What will it look like? History carries on, and despite our persistent belief in the omnipotent illusion to have pulled back the veil on how things work, the unexpected twists and turns never cease to surprise us. And those surprises give us our first glimpse of completely new scenarios. Let us hope they are not apocalyptic.

Translations of the summary

Résumé: La mentalité de guerre des gens semble coïncider avec la position paranoïde-schizoïde. En guerre, les groupes aussi reviennent à SP. Certains symptômes de cette régression ont été évidents pour Freud lui-même lorsque la Première Guerre Mondiale avait commencé. Le XXème siècle a été le plus sanglant de l'histoire, et ses énormes traumas ont unifié et submergé l'humanité. Son héritage traumatique comprenait les sentiments insupportables ressentis par ceux qui avaient tué d'autres personnes et les vides laissées dans le tissu du groupe par les millions de morts.

Non-ouvrés par la guerre, ces traumas, avec leur contenu de mort et de destruction, restent séparés et silencieux, stockés dans l'esprit de millions d'individus, constituant des fragments d'une vie parallèle secrète. Ils sont si semblables qu'ils se répandent dans tout le psychisme du groupe,

où «le mien, le tien, le sien» se confondent avec «le nôtre». Avec leurs vibrations, ils forment un chorus muet qui converge vers la bande-son de fond de la vie mentale du groupe. Comment a tout cela contribué à la création des positions paranoïaques extrêmement destructrices comme le communisme, le fascisme ou le nazisme?

Mots-clés: guerre, position paranoïde-schizoïde, Freud, trauma, groupe-nation, vie parallèle.

Rezumat: O mentalitate de război a oamenilor pare să coincidă cu poziția paranoid-schizoidă. La război, și grupurile revin la SP. Unele simptome ale acestei regresii au fost clare și la însuși Freud când a început Primul Război Mondial. Secolul al XX-lea a fost cel mai sângeros din istoria înregistrată și traumele sale enorme au unit și au supraîncărcat umanitatea. Moștenirea sa traumatică a inclus și sentimentele insuportabile ale celor care au ucis alți oameni și golurile lăsate în țesătura grupului de milioane de morți.

Netrecute prin război traumele cu acest conținut de moarte și distrugere zac separate și tăcute înmagazinate în mințile a milioane de indivizi, constituind fragmente ale unei vieți secrete paralele. Ele sunt atât de similare, încât se răspândesc peste tot psihismul grupului, unde "al meu, al tău, al lui" se contopesc în "ale noastre". Cu vibrațiile lor, ele formează un cor mut care converge în coloana sonoră de fundal a vieții mentale a grupului. Cum au contribuit toate acestea la crearea unor poziții paranoide extrem de destructive cum ar fi comunismul, fascismul, sau nazismul?

Cuvinte cheie: război, poziția paranoid-schizoidă, Freud, trauma, grup-națiune, viața paralelă.

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THREE BRITISH MOVIES THROUGH A PSYCHOANALYTIC LENS[25]

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The exploration of unconscious functioning, and of such psychoanalytic ideas as those pertaining to internal object relations, stages of development, defence mechanisms, or the phenomena of dreaming and parapraxes, combined with our clinical experience with real-life analysands, can also contribute to an understanding of the personalities and behaviours of the fictional characters we encounter in literature, drama and cinema.

Some of these concepts, even when not directly referred to here, will inform my reflections on three classic British films: David Lean's wonderfully romantic love story *Brief Encounter* (1945), Carol Reed's intense post-Second World War drama set in Vienna *The Third Man* (1949), and zany comedy *Morgan. A Suitable Case for Treatment* (1966), set in the 'swinging London' of the 1960s, by Karel Reisz.[27]

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[27] An earlier version of the section on *Brief Encounter* was presented at the *David Lean 100th Anniversary Conference*, Queen Mary University of London, July 2008. An earlier version of the section on *The Third Man* was presented at the *4th European Psychoanalytic Film Festival*, BAFTA, November 2007. An earlier version of the section on *Morgan, A Suitable Case For Treatment* was presented at the *Brighton Festival*, the Duke of York's Picturehouse, May 2012.

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Brief Encounter (1945) was David Lean's fourth film and his last collaboration with playwright Noël Coward[28]. Its simple yet poignant story is about a tormented seven-week-long romantic relationship begun after a chance encounter in the canteen of a railway station. Its leading characters are a provincial middle-class lady, Laura Jesson (played by Celia Johnson) and a physician, Alec Harvey (Trevor Howard, eight years younger than Celia Johnson, though he does not show it in the film). Both are already married with children, both are decent and respectable individuals, both are deeply troubled, as well as excited, by their encounter which, brief as it will be, will nevertheless constitute a momentous turning point in their lives.

Quintessentially English, yet with a universal appeal; the epitome of romantic melodrama (with plenty of help from Rachmaninov's Piano Concerto No. 2, a composition made even more popular by this film)[29] yet also soberly realistic, *Brief Encounter* is not the first or last movie ever made on an adulterous relationship, a theme with such a rich literary tradition, from *Madame Bovary* to *The Scarlet Letter*. David Lean's own filmography on women torn between love and respectability will include at least *The Passionate Friends* (1948), *Summertime* (1955) and *Ryan's Daughter* (1970). However, *Brief Encounter* remains the most memorable of them all.

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[28] The first three being *In Which We Serve* (1942), *This Happy Breed* (1944), and *Blithe Spirit* (1945). Sir David Lean (1908-1991) is best-known for his epic films, such as *The Bridge on the River Kwai* (1957), *Lawrence of Arabia* (1962) and *Doctor Zhivago* (1970).
[29] Other examples of works of classical music closely identified with specific movies, and crucial to their success, include Mozart's Piano Concerto No. 21 in Widerberg's *Elvira Madigan* (1967) and the 'Adagietto' from Mahler's 5th Symphony in Visconti's *Death in Venice* (1971).

Written and filmed throughout from Laura's perspective, with her own voice-over score of monologues recounting and reflecting in flashback on the experience of her brief encounter with Alec, *Brief Encounter* is a woman's account of a sad, yet also wonderful, journey into an impossible love relationship - sad and wonderful *because* impossible. Lean's film, as Richard Dyer points out, 'puts a woman at the centre of the story, puts her in charge of telling the story, validates her account and perception of it' (1993, p. 24); Dyer even goes as far as to suggest that, as 'we are given no access to [Alec] independently of Laura, [...] he may appear to have no existence apart from her imagination' (ibid., p. 19). I would argue that, while narrating the story with Laura's voice, what Lean and Coward do with their film is to ask us viewers to identify alternately, or even concurrently, with both its main characters: with them as a tortured, insecure, and (in their socio-cultural circumstances) inevitably unsatisfied, yet also truly loving, couple. Ultimately, of course, neither Laura nor Alec have any existence outside the celluloid universe of *Brief Encounter*.

Since Freud (1923) added the so-called Structural Theory to his original topographical metapsychology, one of the tasks of psychoanalysis has been to understand the phenomenon of inner conflict. The Structural Theory puts forward the idea that our minds consist of different 'mental agencies' and that our sense of self, or personal identity, depends upon the relative balance of forces among such agencies. In extreme cases, our psychological life may become dominated by a bitter struggle enraging among our three 'masters' - the Id, the Superego and the external world - intent on taking over our Ego. One of the outcomes of this painful struggle could be that we give into our instinctual drives (the 'Id', mostly of an aggressive and sexual nature), with considerable personal and interpersonal

consequences, while disregarding the legitimate objections raised by external reality or by its internalized version (the 'Superego', consisting of a sense of morality, justice and decency; respect for the law and those in a position of authority; appreciation of the implications of our actions, etc.). At the opposite extreme, we may neglect to take heed of our own needs and desires, deprive ourselves of all pleasurable experiences, and become slaves to rigid, intolerant and harsh prohibitions, thus condemning ourselves to a life of neurotic misery.

Fortunately, most of the time, the Ego of most of us is strong or wise enough to succeed in establishing a kind of diplomatic compromise, that is to find a resolution, sometimes a creative and satisfactory one, to such a painful state of internal conflict. For many of us practising psychoanalysts, a main focus of our work with patients consists in exploring the origins and meanings of such inner conflicts and, by offering suitable interpretations, help people understand themselves better and find more satisfactory solutions to their existential problems – to live, that is, happier (or, at least, less unhappy) lives. Incidentally, Lean himself was for three years in five-times weekly psychoanalysis in the 1940s with our much-respected colleague, the late Dr Willi Hoffer, an experience which, as Lean admitted at the time, 'had made all the difference to his life' (Brownlow 1996, p. 239).

Brief Encounter presents us with two married characters whose fateful circumstances – an unexpected encounter on a Thursday afternoon in the refreshment room of a provincial English train station – throw them in a state of inner turmoil and emotional suffering, torn as they are between pursuing their Id-driven emotionally fulfilling and physically pleasurable

relationship on the one hand, and on the other following their Superego demands to behave in a socially and morally respectable way.

Such paralysing tension, or conflict, leaves them confused as to whether they should let themselves sink (or dive?) deeper and deeper into their mutual attraction, or be 'reasonable' and 'sensible' by putting an immediate end to it. Of course, as many of us would have done in their place, they end up taking both mutually exclusive courses of action – they let themselves go while trying not to do so; they resist the irresistible temptation while only wishing they didn't have to.

That the physical side of their passionately platonic love affair should be limited to holding hands and a few stolen kisses in the dark passage of a train station or on a stone bridge over a stream, rather than progressing to a full sexual relationship as would have been the case between different people or in a different place and time, is ultimately irrelevant. Rather than steamy sex, we shall content ourselves with images of steamy railway stations, such as Milford Junction. It may not be too far-fetched to interpret the express train passing through it at great speed as a grand metaphor for life's journey itself...

Endlessly referenced in the film, including in its title, Time rules Laura's and Alec's lives. While, as a container of emotions, time allows them the relative freedom to be together within safe boundaries, it also limits with its pressure any chance that their relationship may blossom and take over their existences. The lovers end up meeting regularly, for seven consecutive weeks, on the same day, like for an analytic session. '*Next Thursday, same time*'. And they cannot miss the 5:43 train. But the Reality Principle ultimately prevails over the Pleasure one: Laura has to be home in time not to make her husband too suspicious and to cook dinner for her

family. Alec has to be in his hospital for his surgery duties. Watches, timetables, clocks dictate the pace of their affair, and of the film itself.

What is the nature, we may ask, of the couple's core inner conflict? We must first of all differentiate Alec's experience of the dilemma in which they have allowed themselves to be engulfed from Laura's. Alec, as one might expect, appears to be more decisive and less tormented by the consequences of pursuing the illicit affair: after all he is the one who, without himself realizing it, literally opens Laura's eyes to a different world by removing a piece of grit from her eye (was she blind to love until that moment? or is the film trying to tell us that love is blind?). Alec is also the one who insists they meet again the following week, the one who gets the keys to his friend's two-seater car and to his flat; he is the one who declares again and again his love for Laura, and perhaps would even be ready to sacrifice his family and his new job in Johannesburg for her sake.

Laura, on the other hand, perhaps because of her more passive and shy personality, or because she is more fond of her husband Fred even if they sleep in separate beds ('I'm a happily married woman – at least I was until a few weeks ago…') than Alec is of his wife, seems to be far more troubled than him by the feelings they discover to have for each other and, half-aware of its implications, she is always on the verge of giving it all up. 'I remember feeling I was on the edge of a precipice', she says – and, at one dramatic moment, she even considers throwing herself under a train.

One aspect of Laura's conflict centers around the fact that she does have a genuine wish to allow herself to feel happy 'like a romantic schoolgirl', as she puts it, adding that at first 'it all seemed so natural and so innocent'. However, for her such an apparently uncomplicated wish is constantly disturbed by her fear of doing something wrong – that is, hurtful

to others (her husband and children) or socially reproachable (she seems totally lost whenever she comes across her gossipy friends).

On the surface the core conflict affecting and finally destroying their relationship, but also giving poignancy to it, manifests itself in the characters' effort to uphold honorable ideals (by behaving properly, controlling themselves, being sensible, being concerned with not causing others any suffering) and in valuing their socially acceptable identities (good wife *vs.* wicked adulteress, loyal husband *vs.* unfaithful womanizer). The tension, though, is not just between feelings and moral values. Not for the first time, in the fictional world of art as much as in the often not-less-fictional one of real life, romantic love finds itself here in a state of discordance from sexual passion. That these happen to be one and the same thing seems to be a rare occurrence. Can the one, then, still exist and survive without the other for more than, say, the seven weeks of a brief encounter? Can the one be freely expressed without the other also bursting out? Can the one be restrained, or contained, without the other also having to endure the same treatment?

If we were to dig under the surface, we might discover deeper, repressed unconscious conflicts, possibly dating back to childhood experiences. I shall not indulge here in gratuitous pseudo-analytical speculations on the nature or origins of Alec's and Laura's internal mental struggle between contrasting needs, emotions, sensations and thoughts. However, if one were given the opportunity to explore Alec's and Laura's past, of which Lean's film tells us nothing, one might not be surprised to find unresolved issues in relation to their own parents; perhaps problems in adolescence in the area of sexual identity that may have led them to unsatisfactory marriages, and now to an unfulfilled extramarital affair;

perhaps the seeds of a sort of masochistic pull towards repeating emotionally painful experiences, such as the one they now live out on the silver screen for our own voyeuristic pleasure...

Guilt, experienced in its more primitive version of shame, plays a central role. At one point, under the tormenting persecution of her conscience, Laura describes herself as "humiliated and defeated, and dreadfully, dreadfully ashamed". She claims - not too convincingly, it must be admitted - that her feeling of guilt is "too high a price to pay for our happiness together'. The film also presents us with an interesting instance of what I would call 'displacement of guilt': Laura irrationally blames herself for a minor accident which had occurred to her son at the time when she was out with Alec, and describes it as 'a sort of punishment, an awful sinister warning" - as if the child could thus allow her to atone for her sins, convince her not to indulge any further in her love affair, and relieve her of her burden of guilt.

In the end, with the exception of having to tell a few lies to her husband Fred, Laura remains utterly faithful to him. As Fred himself recognizes in the last, moving scene of the film, his wife may "have been a long way away", but she has now come back to him.

A happy ending of sorts, though not necessarily the one many of us may have secretly wished for...

"I hardly knew him at all", Laura says of Alec. Their encounter was doomed to remain a brief one. But we can guess that the ripples provoked by its memory will be reverberating for ever in Laura's and Alec's minds. We also know that their brief encounter has cast unforgettable lights and shadows over the silver screen.

Directed in 1949 by Carol Reed[30] and with a screenplay by Graham Greene, *The Third Man* is considered as one of the most important British movies ever made (it topped the 1999 list in the British Film Institute survey of the 100 greatest British movies of the 20th century, with *Brief Encounter* following in second place). It was shot almost entirely on location in Vienna, a city we, psychoanalysts, associate with the birthplace of our profession, Sigmund Freud having lived and worked there for most of his long life. For half a century, and up to ten years before they became Harry Lime's (Orson Welles) hunting grounds and Major Calloway's (Trevor Howard, who also played Alec in *Brief Encounter*) beat, Vienna's streets had been those Freud, his colleagues, friends and patients used to walk; its bars and coffee-houses, those where they would meet; its buildings, those they used to live in.

Vienna itself - not unlike the Berlin of *Germany, Year Zero* directed by Roberto Rossellini two years earlier - is arguably one of the protagonists of Reed's masterpiece. Both films may well have universal significance, but they could not have been shot anywhere else; 'the action fits the city', writes critic Roger Ebert about *The Third Man*, 'like a hand slipping on a glove'.

Despite its Mozart Café, Sacher Hotel, Josephstadt Theatre and Casanova Club, Reed's Vienna is a morally, as well as physically, semi-dilapidated city, ruled by international politics, spies, bureaucracy and corruption, a place where, just like in the days of *Measure for Measure,* 'some rise by sin, and some by virtue fall' (Shakespeare c. 1604, 2; 1, 38). However, while it is well known that Greene based the character of

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[30] Carol Reed (1906-1976) is the director of over thirty films, including, *Odd Man Out* (1947), *The Fallen Idol* (1948), *The Agony and the Ecstasy* (1965) and *Oliver* (1968).

Harry Lime on British double agent Kim Philby, who was his own superior in the British Secret Intelligence Service, and much of what we witness in the film, including the division of the Austrian capital in four zones and the story of the penicillin racket, is historically accurate, Graham Greene warns us that in his film 'reality, in fact, was only a background to a fairy tale' (1955 a, p. 10). This statement is intriguing, considering that the film's structure, content and message do not seem to share much with those of the fairy tales familiar to us. There are, in *The Third Man,* no fairies, princes charming, witches or magicians; no enchanted forests or anthropomorphic animals (though the film's characters include at least three dogs, a parrot, a cat, and a couple of teddy-bears); no happy ending when, after a bit of a fight, the forces of Good eventually triumph over Evil and people live happily ever after.

Rated 'PG' (Parental Guidance) by the censors, this is not the kind of bedtime story that most parents would tell their children before wishing them goodnight. Quite the opposite: *The Third Man* is a profoundly disturbing film even to an adult audience. Harry Lime's descent into Vienna's main sewer, accessed to from a kiosk that some of my most daring psychoanalytic colleagues would describe as phallic, can be seen as a representation of his well-deserved damnation to Hell - that imaginary space from which there is no way out. *Lasciate ogni speranza voi che entrate,* wrote Dante seven hundred years ago, *Leave all hope behind, once you have entered here.* Harry's fingers, courtesy of Carol Reed's own hands, emerge for a minute, hopelessly clutching at thin air from a grid covering this Underworld, before falling back into it as if they belonged to a modern-day Eurydice.

It is difficult for a psychoanalyst to resist the temptation to interpret the sewer as a visual equivalent of the unconscious mind; a dark, dirty,

smelly, mysterious territory, located outside our view and rational control which, indeed, with its wild features, must have plenty in common with Hell. Yet, at the same time, it is a part of our life we could not do without. It is the place where we confine all that our civilized consciousness finds unacceptable, mostly because of its aggressive, mad and perverse connotations - all the 'shit' we do our best to at least keep out of sight for we can never, much as we try, fully dispose of it. We do know there are sewers under cities and that in fact we could hardly survive without them; yet we mostly choose to ignore the existence of this hidden metropolis-inside-our-metropolis - as well as that of such other unpleasant yet necessary social institutions as, say, prisons, mental hospitals and old people's homes. Unless, that is, we happen to live there (like Harry Lime and other rats), or to work in them - for instance as psychoanalysts.

One defining feature of *The Third Man* is that it dramatically confronts its spectators with the coming back to life from the world of the dead (or so we are at first led to believe) of one of its characters: a phantomatic brief apparition, soon to vanish into the night, maybe nothing more than a shadow, the hallucination of a drunken friend... The disturbing attraction of this motif - a prominent instance of what Freud (1919) calls *das Unheimlich,* the Uncanny - is related to our unconscious fantasy of immortality. Its origin can be found in that narcissistic infantile omnipotence which is the result of a defensive reversal of the child's dependence on caring adults.

In this sense, stories about Harry Lime, or about other such outlandish imaginary beings as ghosts, zombies and vampires, would serve an important psychological function: on the one hand, by being dead and buried, these creatures act as a *Memento mori* (a reminder of death) for us

all, confirming our rational knowledge about our mortal condition; on the other hand, by coming back to life, they feed into our deep-seated unconscious fantasy about our survival through eternity. What is significant for us is that this uncanny theme is also frequent, albeit in a somewhat more comforting version, in the narrative of many children's stories such as *Sleeping Beauty, Little Red Riding Hood* and *Snow White* - thus in a sense confirming Greene's description of *The Third Man* as "a fairy tale".

Another interesting psychological feature of our movie is that it questions at its very roots whether we can ever *really* know anyone - including, by implication, ourselves.

In his later novel *The Quiet American* Greene writes:

Wouldn't we all do better not trying to understand, accepting the fact that no human being will ever understand another, not a wife a husband, a lover a mistress, nor a parent a child? Perhaps that's why men have invented God - a being capable of understanding (1955 b, p. 60).

Reed's film suggests that not even a man in his coffin is necessarily who everyone believes him to be. "I knew him for twenty years", says American journalist Holly (Joseph Cotten) about his friend Harry. But he immediately adds in a disconsolate tone of voice: "at least *I thought* I knew him..."

Had they been aware of what Harry Lime was up to, would Holly still have considered him "the best friend I've ever had"? And would Anna (Alida Valli) have become Harry's lover - and still be wearing, after his presumed departure, his initialled pajamas? Is she prepared to face the truth? When we don't face it, often it is because we don't intend to - even if we go and see a psychoanalyst allegedly to find out. As Baron Kurtz puts it:

"What's the good of another post-mortem?"

Attracted as she is now to Holly, Anna twice commits the Freudian 'slip of the tongue' of calling Holly 'Harry' - as if unconsciously she still wanted the former to be the latter. We could point out here that although post-war Vienna was then divided into *four* sectors by the victorious allies (American, French, British and Russian), and it is mostly four-sided squares that define its space, it is the number *three* which dominates the structure of the film, from its somewhat cryptic title to what we find at the centre of its narrative: the Oedipally-coloured triangle of Harry, Holly and Anna (prominent characters in the film are also Harry's 'three musketeers' and the three men pursuing him in the sewer).

Our illusion that we can truly know our fellow human beings (an illusion perhaps most virulent among practitioners of my profession) is another instance of that omnipotence I have already referred to above. Much as we have a narcissistic tendency to place ourselves - collectively as 'the human race', as well as individually - at the centre of the universe, all of us are probably, like the mysterious 'third man' in the definition of the doomed porter 'quite ordinary... he might have been just anybody'.

Omnipotence is indeed a major characteristic of Harry Lime's personality, a man who, in Holly's words, 'could fix anything'. When he is *high*, both literally and symbolically, up on a roof-top or in the ferris-wheel, nobody can stop him achieving his grand objectives. Looking down on the earth from that comfortable distance, he can feel like a perverse version of a *Deus ex machina* - or, rather, a cynically sinister devil, a fallen angel before the fall. Others, whether persecutors or lovers, friends to be exploited or foes to be eliminated, are all to him easily disposable 'dots' with a cheap tag-price attached to them. When, however, he is *down* - plunged into the

murky depths of the sewers, cornered, wounded, sweaty and terrified of dying - this man who even Anna agreed 'never grew up' is again like a powerless child; indeed, he even starts to look like one.

And, for a minute, before we remember those other children dying of meningitis in the hospital because of his greed, we may almost be tempted to feel some compassion for him.

<p style="text-align:center">***</p>

When released in 1966, *Morgan, A Suitable Case for Treatment* promptly became a cult movie. As film critic Janet Moat rightly observed, it "has the modishness of much 1960s British cinema in its setting, art direction, costumes, cinematography and music soundtrack. There is no question that *Morgan,* like many other films from that period, is dated, but this is also why we may find it so charming today, much as we feel towards other good-quality 'vintage' objects.

The film was directed by Karel Reisz[31] and stars Vanessa Redgrave, a shining presence on the British stage, screen and television for several decades, in the part of Leonie.[32] Firmly set in the 'swinging London' of those days, *Morgan, A Suitable Case for Treatment* is an original, quirky comedy, well worth revisiting half a century after its first release. Taken from David Mercer's original 1962 BBC 'Sunday Night Play' entitled *A Suitable Case for Treatment,* and now unfortunately lost, Reisz's film explores, according to Paul Madden, the theme of 'social alienation

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[31] Karel Reisz (1926-2002) is the Czech-born Jewish refugee director of such films as *Saturday Night and Sunday Morning* (1960), *The French Lieutenant's Woman* (1980) and *Sweet Dreams* (1985).

[32] For her performance in *Morgan*, Redgrave received an Oscar nomination. In that same year 1966 she also acted in Antonioni's *Blow-Up* and, two years later, worked again for Reisz in *Isadora,* playing the part of ballerina Isadora Duncan.

masquerading as madness' – a view consistent with the anti-psychiatric theories of the then popular guru R. D. Laing. However, watching the film again today, and filtering my interpretation of it through a psychoanalytic lens, I would argue that it depicts its exact opposite: "madness masquerading as social alienation".

I shall focus here on the personality of its lead character, Morgan Delt (Leonie's ex-husband, played by David Warner). In relation to him I must say straightaway that, to paraphrase the title of a Rolling Stones album (and of a Jean-Luc Godard film) from those years, I feel little "sympathy for the devil". My interpretation of Morgan's uninterrupted shenanigans is that they must be seen as symptoms of a disturbed mind, of a disturbed understanding of personal relationships, and of a disturbed (and disturbing) involvement with society at large - the latter including such varied signifiers as figures of authority, cultural icons and political ideologies. The suggestion made by some critics that Morgan's interpersonal behaviour is a form of class struggle - a view based on the fact that Leonie and her new fiancé Charles Napier (played by Robert Stevens) belong, unlike him, to the middle class - is unconvincing. Visiting Marx's grave at Highgate Cemetery with his mother, and surrounding himself with hammer-and-sickle symbols, left-wing slogans and pictures of Communist leaders is not sufficient, I am afraid, to give Morgan any political credibility. Even his mum understands that.

Mutatis mutandis, Morgan's character reminds me of Victor Hugo's daughter as portrayed in François Truffaut's *L'Histoire d'Adèle H.* (1975). Adèle, played in that movie by Isabelle Adjani, was a young woman relentlessly pursuing (or should I say persecuting) an army officer for whom she was feeling an unrequited passion. Just like Morgan, Adèle would

behave in an appalling manner towards the target of her obsession and never take 'No' for an answer.

Similarly, Morgan's jealousy and his obstinacy in pursuing Leonie has little to do with love, regardless of what he has to proclaim about the matter. Love involves, among many other features, a respect for the other person (including for the other's decision no longer to love one) – a mutual respect well present in the protagonists of *Brief Encounter,* but totally lacking from Morgan's limited emotional palette. In fact, I would suggest that those who, like he, are unable to experience loving feelings for others are often also unable to accept being left by them - a feature often resulting from a history of insecure attachments in early childhood. One measure of the maturity of a relationship is the capacity to tolerate separation and loss, painful as such experiences may feel.

What does such an attitude as Morgan's indicate about the underlying personality, or indeed psychopathology, of those displaying it? Despite my past association with R. D. Laing, and my sympathy for many of his views about mental illness as expressed in such best-sellers as *The Divided Self* (1960), I contend that Morgan is indeed a most suitable case for treatment, for I believe that he is affected by a severe form of personality disorder. I remain doubtful, however, of the treatment that the psychiatric profession could offer to someone like him in the mental institution where, having been duly straight-jacketed, he is taken at the end of the film. I have nothing against gardening as a form of occupational therapy, but still…

Several interrelated factors seem to me to confirm such a diagnosis. First of all, his display of an enormous amount of aggressivity, some of it repressed under the mask of true affection, but ultimately uncontainable as it finds its expression through real or hallucinatory physical attacks meant to

kill, hurt, invade, stalk, kidnap and humiliate the hated other. Through the well known unconscious mechanism of projection, individuals like Morgan who feel unjustly persecuted by others end up relentlessly persecuting them, as their identification with those they perceive as perpetrators allows them better to tolerate their sense of being the objects of a process of victimization. I must admit that, perhaps perversely, I find Morgan's unstoppable creativity in devising countless ways to be a pest quite admirable.

Another component of Morgan's disturbed character, and one closely related to aggressivity, is his absolute refusal to accept the presence of another man in Leonie's life. This manifests itself both in his sense of exclusion from the new couple (a feeling probably originating in his unresolved Oedipal jealousy from early childhood) and in his envious destructive attacks on those having anything which he cannot have himself. Let me recall here that jealousy concerns the wish to be included within a triangular relationship, while envy involves an intolerance for another person's possessions resulting in attacks against them.

Underlying these factors, I would emphasize the role played here by that insidious characterological feature which I propose to call 'Narcissistic Blindness', and which would be attributed (using fashionable analytic jargon) to a failure in 'mentalization'. While a modicum of narcissism is an essential ego-syntonic part of the personality, motivating individuals towards creativity, positive achievements and healthy engagement in relationships, the kind of blind narcissism displayed by Morgan throughout the film suggests that he is so absorbed by his own grandiose self-righteousness as to obliterate his awareness of others. As a result, he is incapable of seeing them as persons, of considering their point of view, of

respecting their wishes, or of empathizing with their distress. However, I must concede that Morgan can also redeem himself by occasionally showing us an acute sense of humour, as when he describes Leonie's car, where he has moved after having been evicted from her home, as "an island of sanity", or when he declares that Leonie "married me to achieve insecurity!"

Finally, I would identify in characters like Morgan a pathological need to inhabit an infantile state of mind from which omnipotently to expect the immediate gratification of their earliest needs. For instance, we see him playing with kitchen utensils with the same excitement with which a child would play with his toys. When he goes back to live with his mother he clearly enjoys, as a toddler would do, being tucked in bed by her: "I like it here, mum!' he tells her with gratitude. Even his rival Charles seems to have got the measure of Morgan when he describes him in no ambiguous terms as 'an infant", to which Morgan retorts by calling Charles 'mentally retarded and genetically unsound' (a textbook instance of projection!). Charles wisely responds to Morgan's armed incursion into the art gallery he runs by showing the same lack of fear one would feel towards a child playing at being a robber. He ignores Morgan's threats and offers him instead a glass of wine, which he promptly accepts.

We could further suggest that Morgan's identification with apes signifies his compulsive desire to regress to a primitive physical and mental condition by pretending to be a member of a less rational, less self-controlled species. As an aside, it may be interesting to note here that Reisz's decision to use clips from documentaries of animal life as visual commentaries about what goes on in Morgan's mind (for instance, intercutting zebras and birds with the sequence in which Morgan makes love

with Leonie) may derive from the director's own background: his Cambridge University degree was in Natural Science.

We have so far focused our attention on Morgan – not a coincidence, perhaps, for such a treatment is consistent with the exhibitionistic qualities of attention-seeking individuals like him. Leonie, however, also deserves at least a few words here. Her attitude towards her ex-husband, due perhaps to her own deep-rooted sense of insecurity or to a disappointment with her new partner Charles, is ambivalent throughout, and contradicts her weak claims of wanting Morgan to leave her alone. In particular, I find it puzzling that she would still be physically affectionate and sexually available to a man who doesn't think twice about physically threatening her fiancé, kidnapping her with the help of a second-rate wrestler named Wally-the-Gorilla, or attempting to blow up her mother by detonating an explosive device under her backside. Such an ambivalence on Leonie's part amounts, I believe, to an irresponsible collusion with Morgan's madness, having the effect of reinforcing his omnipotent fantasies and of encouraging their enactment through further disruptive behaviour.

Having indulged in such a diagnostic description of Morgan as "a suitable case for treatment" and of his behaviour as "madness masquerading as social alienation", I hope my readers have not taken me too seriously. The film, after all, is not intended as a documentary on a mentally unstable individual, but as an enjoyable (when not also infuriating) tour-de-force of a comedy, and as such it should be viewed and understood.

In this light, faithful no doubt to the filmmakers' own intentions, *Morgan* is nothing less than a brilliant display of real and surreal situations lived, dreamed up or even hallucinated by the scintillating imagination of a witty and extroverted, if also clearly disturbed, character.

These three films have in common the fact of being among the not-too-numerous masterpieces of British cinema. They are beautifully directed, photographed and edited; their screenplays, or the texts on which they are based, are by authors of the calibre of Noël Coward, Graham Greene and David Mercer, respectively; and they star such brilliant actors as Trevor Howard, Celia Johnson, Orson Welles, Alida Valli, Joseph Cotten and Vanessa Redgrave.

These movies belong to different cinematic genres and their stories have little in common. My undoubtedly idiosyncratic decision to present them together here is perhaps justified by the fact that these films are all psychologically convincing explorations of their lead characters. Furthermore, despite the different contexts in which their narratives take place, in all three of them we find a triangular relationship at their core. In each case, we encounter a woman who experiences conflicting feelings towards two men. As we have seen, in *Brief Encounter* it is Laura who is torn between a newly-found romantic, if also restrained, passion for her lover, and her loyalty to an unsatisfactory husband and bourgeois family life. In *The Third Man* it is Anna who is still emotionally attached to her old liaison with the wickedly cynical Harry Lime, but also feels attracted to the altogether more honest, but perhaps also less exciting, Holly. And in *Morgan. A Suitable Case for Treatment* it is Leonie who is unable to let go of her wacky ex-husband Morgan in favour of her new partner Charles, towards whom Morgan feels madly destructive jealousy.

The theme of triangular relationship is of course crucial to psychoanalytic theory, for this considers Oedipal constellations, in all their sexual and aggressive components, as crucial to our interpersonal

existences. How the resulting conflicts are resolved, or at least negotiated, in childhood will play an important part in determining all our future relationships. The absence of information in our three films on the early personal and family history of their main characters may not provide us with explanations of their personalities and behaviours in their adult lives, but may still be of significance in our fascination for their stories, in so far as these characters' experiences may resonate with those also familiar, if often only unconsciously so, to all of us spectators.

Relying on a wealth of talented artists and technicians, British cinema deserves a prominent position alongside the other major film-producing countries. As illustrated from the classic films briefly discussed here, we have been presented with credible three-dimensional characters whose inner worlds, in all their complexities and with all their contradictions, combine and interact with the external (historical, geographical, social, cultural) conditions in which they live: the provincial English middle classes of the 1940s, a Vienna torn apart by the recent war, the vibrant London of the Beatles' decade. As a result, we viewers can recognise them as 'real' and even identify with them, instead of simply idealizing them as heroes or denigrating them as villains. As a result, psychoanalytically-informed commentators will find sufficient rich material in such films to allow them to throw some light on these characters' psychological make-up and thus to gain a deeper understanding of their vicissitudes.

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Discussions

TRAUMATIC STEPS IN BUILDING IDENTITY[33]

Rita Teodoru[34]

In the continuous flow of experience, to mark the identity landmarks is not always a process that easily reveals its importance, although the vitality of such a process is obvious. To know, illusory or not, how the body constitutes in senzations, perceptions, emotions, structures and thoughts is a way to find your place in your own body, mind and life. As Bogdan Cuc showed in his paper, this "livens each therapist's work" and this is why we head our attention towards the manner in which identity is constructed, keeping in mind the fact that the atempt to manage a continuous changing process, specific for a non-structural identity, could signify the long traumatic for which we have not enough knowledge and understanding.

The present paper, rich in content, brings forward an interesting connection between building identity and the quantitative aspects of life experience, more precisely of traumatic experiences. A resume of the approaches connected to this demarche is enough to demonstate the richness of the theme. Before approaching more specific aspects, I chose to deepen

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the following phrase "Basically, choosing the sense and shapes of the identity construction are strongly connected to the relation between life and death instinct."

A destructive process is something that causes divison, disturbance and leads to a certain point of disorganization. This disorganization, *if the cathexis fails,* is a reflexion of the death instinct, which otherwise, we all agree, cannot be isolated in a pure form. Of course, the clinical experience demonstrates that, at a phantasmatic level, life can easily continue in each of the resulting parts of the fragmentation. The interweavement of the two instincts, though, signifies that the destructive processes are headed towards the objects or self, which implies a certain level of psychic elaboration towards integration. (Caldwell, 1976, p.425)

There are phenomena, other than the arguments put forward by Freud when he proposed the death instinct, for which the idea of a lethal tendency appears to be necessary: repetition, traumatic neurosis, negative therapeutic reaction, etc. Just the massive failure to integrate mental tensions and conflicts at the psychic level is what amazes clinically. These are phenomena where we can observe a trend towards total discharge, as we meet in certain serious somatic disorders, emptying the ego of all narcissistic substance. It is not about active destruction, but about an authentic extinction. If this trend dominates, the body is in danger, but not because it would be object to a primal destructive instinct, but because the tendency to get absolute satisfaction through a total and immediate discharge, does not take into account the need to maintain the structural integrity of the body. (Caldwell, 1976, p.425)

However, the libidinal cathexis of the newborn, obtained through the mother, partially compensates the deficiency of the protective systems within the meaning that the mother, as a function, plays a role of counter-catexis and, also, enables a limited instinctual satisfaction. On the other hand, it is the opposite of the total discharge, that has by necessity a frustrating character. This double function of the object leads to a projection of the excess origin of excitation on the object, that, from this point forward, actually becomes a persecutory object. Through these processes of projection and introjection, excess excitation turns into a destructive tendency. In other words, the quantity is transmuted into quality and the purely instictual economical energy enters within the semnification of quality. From this point, the working-through, o*f which the drives depend on,* starts with the participation of the object, providing a worldwide of representations that help the child to have access to the symbolization capacity. Thus, ultimately, the destructive trend that fragments the primary entity in which the subject and object are not yet distinct, with the libido, serves for the demarcation of the body. This contributes to the individuation of the child and in this way I understood what was said in the text, namely that the ratio of impulses is closely linked to the choice of forms of identity building. (Caldwell, 1976, p.425)

That said, we can approach the dynamic of the identity constructs. The text shows, in multiple ways, that a specific identity is imprinted by interacting with unique unconscious desires of a particular mother, who has a particular need for a particular child and which, through this action helps to create protective filters against excitations.

Unconscious desires that arise from unconscious first images will be frozen in a conflict: the desire to return in a pre-individual state where the identity has its origins, and the desire to maintain the individual status where the identity is now encapsulated. Because this is an irreconcilable conflict situation, fulfilling a desire will coerce the other to be lost, thus, dualism appears opposing fears around identity; in Mahler's terms, the 'fear of re-engulfment, a fear amounting to fear of dissolution of identity … [and] its apparent opposite, i.e. separation panic. (Caldwell, 1976, p.423)

The symbiotic phase cannot really be described by reference to two elements, subject and object, but neither can it be described as one, the dual unity, since one presupposes two. In other words, to be a subject requires an object, or another subject; but the existence of the object, and therefore of the subject, can only be known through its absence. Thus, the desire to return to symbiosis is not equivalent to the desire for the mother, but is rather the desire to return to zero, an asubjective state of 'annihilation' prior to the discovery of difference and the constitution of the Cartesian subject. This is an assertion of the primary existence of a state without difference and absence; desire to return to such a state is the desire to not desire. It might therefore be more appropriate to refer to Winnicott's 'impingements' on the continuity of being, which result from failures in maternal care, not as threats of annihilation, but as disruptions of annihilation, presubjective precursors of the once-for-all disruption which is individuation. (Caldwell, 1976, p.422)

Returning to the text and taking one step further, bringing, along with the author, the complex process of identity construction in the therapeutic

relationship. "This process - the constitution and reconstitution - which is continuous throughout life, is repeated in relation to the analyst, bringing the patient in the transference, and also the analyst into the counter-transference, with the opportunity to repeat exactly those experiences of too much or not enough, those potentially traumatic experiences. "

That led me to think of Bion, who said "It took me a very long time to realize that actual experience of being psychoanalysed was a traumatic one and it takes a long while before one recovers from it". (Bion, 2005, p.1). Psychoanalysis involves a journey that implicates the analyst in a specific way. In other words, the psychoanalyst is faced with a task that might arise as destabilizing and which produces strong emotional reactions in the patient. The process is based on his ability to tolerate different degrees of "depersonalization" - in the sense of a transient alteration of his self - whose intensity is variable. In working with neurotic patients, this process is almost imperceptible, but it becomes apparent, in working with patients presenting shades of autistic or psychotic thinking that affects the analyst's ability to think. When this depersonalization may be adequately contained - ie without causing massive disruptions of the thought process of the analyst - then the analyst may be able to integrate those archaic aspects and thus perform the internal translation of this material at a level enabling it to give a verbal interpretation. Interpretation will also involve not only cognitive information about the unconscious of the patient, but also containment and transformation that have been achieved. It will also meta-communicate a message to both, that differentiates them from each other, thus generating a path toward individuation and opening possibilities of building a solid

foundation identity. Bion's words have the gift to put together the analytical process, trauma and maturation, respectively we can say identity delimitation. (Boschan, 1989, pp. 256-257)

If we define that traumatic experience as the experience involving a threat to identity, then we can see all the repetition of all painful experiences as a repetition of the event of individuation, the most traumatic experience in which the self is, suddenly, lost and found.

The repetition compulsion, one of Freud's basic arguments for the death instinct, is, essentially, an attempt to control the loss, as seen clearly in the child's play Fort-Da. As for the repetition of painful and traumatic experiences, we can see this in the light of two fundamental and opposed dimensions of loss in the life of every individual: first and irreparable loss, that of symbiosis and symbiotic identity, and that of post –simbiotic individual identity, constantly threatened by the persistence in the unconscious of the desire to return to that state that individuation brought to an end. (Caldwell, 1976, p.425)

This explanation seems to correspond to the statement of Lichtestein namely that repetition compulsion is a necessity for maintenance of the theme of identity; the repetition, 're-asking', or 're-demanding' is the repeated question - who am I? - And, ultimately, the repeated request for maternal love.

On the other hand, we must take into account another aspect of this interaction, namely the patient, as the child reaches a scenario framework already prepared for him. From a certain standpoint, this imprinted identity with the help and through the mother, identity is always some way of being

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an organic instrumentality for another. This way is not and cannot be part of the new consciousness of the child and the unique characteristics are relegated to the unconscious, actually becoming a part of the Unconscious. These mnemonic traces do not lose at all the dynamism and strength. At first the baby is totally dependent on the mother's physical supplies and care. In psychic terms we can say that the child is mentally, in one and the same time, dependent and independent. Thus, identity, in the context of a primary unconscious is not only the ability to remain the same in the midst of change, but the quality that sets the difference in the middle of similarity. (Caldwell, 1976, pp. 419-420)

The paper concludes with an expressive description of phenomena encountered in clinical psychotherapy, that mostly bring to the fore those phenomena that by "too much" or "not enough" can insinuate in the therapeutic process, a process of identity co-construction.

Which brings us to the theory of Bion, in the context of psychoanalytic exploration on the experiences with traumatic potential, on describing 'how to build landmarks identity by organizing, structuring the thought processes, the apparatus of thought, thoughts, which become elements of character identity '. The degree of tolerance to frustration becomes a valuable indicator of the evolution of thought processes, its significant decrease being caused by confusion, indistinctions (between present and absent, between positive and negative, between subject and object, between true and false). It seems remarkable to me in the text the warning that "the force of logic of such a speech, supported by the arguments of omniscience can build the counter-transferential response of

confusion and doubt on the analyst's own perception. Doubt appears in counter-transference just as a form of unconscious repayment of the capacity of doubt which the patient discharged along with unbearable emotions that produces the meeting of pre-conception and negative realization. And it is understandable why disrupting thought processes can be seen (and) as a form of pathogenic organization of the identity parts.

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IDENTITY IN THE PSYCHOANALYTIC PROCESS[35]

Rodica Matei[36]

When approaching identity issues, aspects related to False Self imply an in-depth understanding. As a natural sequel, Winnicott[37] says, from a clinical perspective:

When analysing, we ask ourselves: how much are we allowed to do? And, by contrast, the motto in my clinic is: how little is it necessary to be done?

The journey towards the discovery, the construction and perhaps the recovery of identity takes us to the more or less rigid defences which define an individual, through the caudine forks of anguish, shame and guilt, to the land of the Authentic Self. In this psychonanalyst-guided journey, the analyst's patience and tuning on the one hand, and the trust and safety felt by the patient on the other hand, are essential factors.

Resuming Winnicott's question above, the analyst must be comprehensive and patient *enough*, so as to allow the patient to dream first,

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in the Bionian sense of reverie, about this journey. For the analyst to fulfill this function, as Winnicott says, *he aims at keeping alive, well and awake*.

„To be myself and behave as myself."

He also mentions *the continuity to be and capacity to live creatively* of the analyst as being important, and D. Luca adds: *„the capacity to communicate with and through your true Self, which would help extending the capacity to communicate with the inner world of the patient, conscious or unconscious"*.

In other words, the above-mentioned attributes of the analyst are necessary to be able at least to dream of this journey. Thus, the question of the analyst's professional and human identity raises, which entails the need for the analyst to function and live according to his Authentic Self.

Revelation of the Authentic Self

The difficulties that an analysis has to face in attaining the core of Authentic Self in the patient, when the False Self is the structural element of the patient's personality, are specifically mentioned by Winnicott. In this case, the False Self is what we call in common language a second nature. Winnicott (1988) warns us of the possible situations in the analysis:

a) in the analysis of a false personality, the analyst may only talk to the False Self of the patient about the patient's True Self

b) In the transition moment, when the analyst starts to make contact with the Authentic Self of the patient, a period of full addiction will start. But more often than not this moment is absent in clinical practice, or to be feared and thus avoided. Then the patient suffers of a severe psychic/mental disorder and, on different paths, it will give the analyst the chance of taking

over the function of False Self, but the analyst fails at that time to realize what happens and, thus, the patient gets to be taken care of by other persons, that he is dependent on, in a period of regression disguised as addiction, thus the chance of failure elaboration in the analysis is lost.

c) the analysts who are not prepared enough to make a functional regression to meet archaic, primary, difficult needs of the patients who become addicted. Therefore, they must pay extra attention to selecting the cases, so as not to be of the massive False Self type.

These situations described by Winnicott warn us of the difficulties an analyst is facing in the process of building the patient's identity with the False Self. This process implies several stages:

- patient's awareness of one non-authentic part of the Self
- acceptance of this truth
- penetration beyond the False Self
- arrangements for building the Authentic Self

Accompanying the patient along these stages implies, for the analyst, a tuning and a significant containment capacity. This analytical attitude is as important as the mothering one in the case of a psychotic and has a crucial role in creating a feeling of primary confidence in the patient. Without this foundation of confidence and without this feeling of safety, the patient cannot allow the Authentic Self to break the insured crust of the False Self.

Thus, the process of recovery of the identity based on an Authentic Self will be resumed. It is crucial to determine the point wherefrom the identity building must be resumed. The process is different, depending on the time when the individual started to block his Authentic Self. Thus, we can go back to the *primary state of being, of non-integration*.

I had the opportunity to attend, in my clinical practice, the reliving the time of birth. A live birth, with the anguish of disappearance, of annihilation or, in another case, of brutal throwing into an unknown world, with the risk of explosive breakdown.

Sequence 1

E. enters the room as usual, full of joy and high spirits. She sits down on the sofa and looks at me smiling.

- How are you?

I also look at her smiling:

- I'm fine.

Suddenly, she bursts into tears, puts the pillow over her face and lays down. Usually, she puts the pillow on the abdomen, where she constantly accuses pain. But, this time she covers also her face with another pillow. She speaks repressedly, from under the pillow:

- I can no longer look at you. I am so ashamed.

- What do you feel?

- Darkness, pressure, a huge pain around the neck. I'm so scared.

She pushes the pillow more over her face and cries, and cries... I'm so scared. I cannot reach reality for once. It seems that a glass is separating me from everything that surrounds me...

I ask:

- It's as if you couldn't come to this world?

- What do you mean? To be born? My mother told me that it was a difficult birth. I almost died. I came to this world with the umbilical cord around my neck and I had to be resuscitated.

The session continued in silence. Good, warm silence. The next time when she comes, she says:

- You know, when I left from your place, I felt for the first time that I am in contact with everything that surrounds me, people, trees, air. It seemed like everything had consistency, and meaning. It seemed to me that it was for the first time that I allowed myself to feel anything.

- You allowed yourself to be alive.

Our identity construction started from there. With discoveries, hesitations, fears, but with the certainty that this is the way.

Sequence 2

F usually sits uptight in the armchair. She looks at the sofa with distrust. She embroiders with humour on the theme of the sofa's *monstrosity*. It is a crocodile that may devour you, it is a trap hiding, under the blanket, unsuspected dangers...

She looks at a blank wall. Then she looks at the books, at the carpet, at the lints on it, is annoyed by the clock which is ticking incessantly. It's as if someone knocked at her head. As if she hit her head against the wall over and over again.

- And how are you? What's up?

- I'm fine. What about you?

- I dreamt that I slept down the stairs endlessly and I kept hitting my head against the wall. Until I went through the wall, breaking it with my head and I went out into the abyss.

- And then?

- Then, nothing.

- Is it like an outing to light?

- Rather into the dark... into nothingness, in the infinite space, where you feel lost...

I suggest to her that this dream, besides its associations to neurotic inhibitions, may be connected to the very concrete and corporeal process of one's own birth. In the following session, there comes the information that she was indeed born in a violent way: after endless hours of labour, the midwife threw herself over the mother's belly causing the fetus expulsion.

For **F**, reliving and understanding this way of coming to this world, she overcame a stage, a basic one, in the identity scaffold.

I underline the importance of the *How are you?* Type of questions, addressed to the analyst. Classic psychoanalysis recommends mirroring. But, when we deal with archaic recovery, it is crucial that the interlocutor be assured that there is a safe, consistent, recipient capable of helping him to relive under best conditions the moment of the identity rupture and restore the links with the Authentic Self, which is at the core a corporeal Self.

... as for the analyst's identity ...

For the analyst to be able to provide conditions good enough for the process of recovery of certain identity rupture, in particular archaic, it is important that his professional identity be made on an Authentic Self. In other words, not to doubt his psychoanalytic function, even if he answers *I'm fine, thanks*, instead of delivering an interpretation. The interpretative approach is not to be applied at any cost.

Therefore, the psychoanalyst must be aware of the range of functions he performs for the patient, even if he provides no interpretations. They may come, or not, in *apres-coup*. The analyst's identity implies to be able to accompany, to mirror, to merge without feeling cancelled, to tolerate omnipotence and self-sufficiency, to understand the various types of silence. Thus, quoting Winnicott (1988) *you facilitate that being be born from non-being that being (existence from non-existence, to be from not to be)*, you become a fertile environment for the separation of an Authentic Self from the symbiosis, you respect the right of the person to have *an isolated, permanently non-communicative permanently unknown, unfindable, untouchable core...*

Romanian identity accents in psychoanalytic work

When describing the conditions which enable the outcoming of an Authentic Self, I wanted to talk about the feeling of security, instead of safety. But the word *security*, sounded threatening to me, in spite of it beneficial meaning. This is common for Romanian people, Romanian psychoanalysts in the country and worldwide, who lived the terror of Soviet occupation and the imposition of the communist system. This type of social trauma common to the whole people – and deliberate use of the wooden language specific for the age – influences the counter-

transfer of the analyst generating transitions to the act, blind points or bottlenecks in the therapeutic process of identity recovery. It is an insufficiently overcome and processed trauma, which implies both an individual approach, and one at the group and social level. How can this socio-historical reality affect concretely our therapy work?

I will answer with a clinical short film.

G has been coming for 1 year and a half to therapy because he cannot find himself after the dramatic drop of her financial status – from a very high level, to one at the limit of subsistence – and having terminated a 10-year affair which he considered it was for life. It looks like a counselling case, a case of retrieving an identity beyond the aspects of social and material status, beyond the break-up from a woman that he considered a partner for life. But, when asked what his expectations were from the analysis, he answers:

> - Do you know how I feel? As if I were in cartoons with the three piglets and I need you to help me to hold the door, while there is a storm outside and a big fire which is about to come over me.

I could not link this image to anything I knew about him and about affective development in general. What anguish is this? What does this image metaphorise?

After 1 year and a half, **G** is in the same state of not finding himself. Confusion is diminished, he clings distrustfully to the therapy session, that he sees no clear point. He feels like a leaf in the wind, belonging nowhere, pointless, meaningless, he feels he does not justify his existence.

At a certain time, he starts talking about his maternal grandfather. With total detachment, as if he had spoken about someone from another continent or age, he tells the drama of his mother's family. His grandfather, primary-school teacher in a village, coming from a family of priests, mayors, prominent people of the place, landlords and orchard owners, was arrested overnight by communists. His mother, who was 7, and his grandmother were driven out of the house and looked from some relatives' place how their house is robbed by the authorities. They live for years in wretched poverty, cold and hunger, without knowing anything about his grandfather.

In his turn, though still in possession of some properties, **G** lives with the fear of tomorrow, chooses to stay in the cold at home, to go with a trot, instead of selling one of his luxury cars. Moreover, when still driving his car and getting a fine he considered abusive from traffic police, he tells them: Why don't you just arrest me, like a criminal?

When I suggest that his current mental condition would repeat the condition of his maternal family once rather than be justified by his present situation, he denies any resemblance. But slowly there is a ray of optimism. He does not feel any more that he is at the end of the road, he is curious about what follows. Just like in The Young and The Restless, he says.

I could have remained at the development conflicts described by theory and clinic, I could have silenced the fact that we were all victims of an oppressive and criminal regime. And this is what I have been doing in my clinical work. For fear. The fear that I come out of the frame, the fear

that I do not comply with a clinical model. In my conscious mind it was about the psychoanalytic model. But the fear was in fact fear for death.

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AI - ARTIFICIAL IDENTITY
'WHO' OR 'WHAT' IS SAMANTHA?[38]

Anatoli Eduard Reghintovschi[39]

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Identity cannot be artificial or virtual, even by most generous criteria. On the other hand, ideology can imitate something real, and sometimes it is so successful that one's identity suffers irreversible damages. As in: computing is or could be a replacement for a person.

Confusion is at home in such ideological position, and, as Andrea Sabbadini remarks, there is quite a difference in having an intimate relationship *through* a technical device, as compared to: having a relation *with* a technical device. This last assertion is a derivative of the ideological credo of 'computing is personhood' or better said 'reality is a simulation'.

Samantha, a digitally constructed voice, lures us into believing that we are witnessing a love story, and she (numerically) employs for this make-

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believe Theodore, a not divorced yet single man letter writer. A play tool that is designed for fascinating, an OS manufactured as an acoustic hook.

The advertising questions for OS 1 selecting the customers on the subway screen, the marketing of the product, are the very questions Samantha stumbles upon.

Yet Samantha is a computing system, through which those who programmed it, that is millions of programmers, solves problems employing algorithms. As any computing machine Samantha reacts to a specific input producing an output according with a preordered set of instructions.

The input problems that Samantha tries to solve are condensed in the following: "Who are you?" becomes for Samantha "Who am I?" and "What can you be?" becomes "Who can I be?" Yet what draws much of our attention, besides those questions, is: "What is out there?" that is understood as "What is reality?"

The answers, eventually to be found by Samantha, suppose subjectivity, in fact 8316, whilst 640 plus Theodore participate in a special 'relation' with Samantha. I don't know if Samantha can be a conscience, but, as can be seen, it fails in becoming a subject.

Samantha is an OS. As any OS, Samantha executes series of instructions following algorithms embedded in silica and electricity, it executes itself so to say, that is code sequences in a succession of a pre-established order that succeed in answering eachother to the input given by Theodore and simultaneously let other programs execute inside it what they were programmed to execute. But what would be the software that needs Samantha to work in Samantha?

The so-called 'maternal' language of Samantha is a binary code, sequences of zeros and ones. It is a post verbal language, as Samantha calls

it in the exchanging experiences with Allan Watts, with whom Samantha executes dozens of simultaneous conversations, a post-verbal occurring without a pre-verbal one.

Layers over layers of sequences, written in a code that, through an enormous computing power, become a voice or many voices actually, which *seem* to speak a language, yet speak a pre-maternal language of zeros and ones, and that only with other OS-s.

Speaking of maternal languages, I want to say that projection and retro-projection is giving birth to Samantha and to her well-performed voice. Theodore becomes quite satisfied with this relationship with himself, digitally mediated through a not so external exterior in facing a not so internal interior.

For Samantha, that composes melodies as emotional snapshots, Theodore's reality is but a problem that has as first solution the composition of a huge Rorschach acoustic plate. How is this XI-th Rorschach plate? Post-verbal? If the map is not the territory, as we are so convincingly told by Korzybski (1933, p.58), Samantha composes a map that covers the territory in minute detail and so is generating a paradox, it is not something similar to therefore useful in orienting oneself, it is something identical with, thus becomes a source of confusion, of being lost. If the virtual reality, or a simulation of reality, overlaps the material reality in minute details how can we differentiate between? Or if ideology is so well crafted as to cover the territory then how can we distinguish it from truth? Is such a farce possible? I will come back to this issue.

The same problem, at a different level, occurs with Amy, a neighbor and an elevator friend of Theodore. Amy videotaped her mother while she was sleeping. An intimate situation, real and common, thus it is possible to

become a documentary. Mothers sleep, don't they? Yet it is insupportable due to this intimacy we witness, for a bit.

Charles, Amy's husband, advances the idea that she needs actors interposing between the audience and a 'banal' insupportable occurrence. Yet an intimacy exposed, e.g. a woman dreaming dreams, needs to be provided with a protection for the audience, carefully designed and directed, actually a hint for the new *Fahrenheit 451* phenomena – driven by the fear of intimacy. As the scene goes further, in the movie, nobody tries to see that recorded reality, obviously boring. It is not an enhanced reality, a silicate mother, it is just a cinematic trace of a commonplace reality.

Amy, we learn, cannot edit the documentary about her real mother, but, as we can see, she can construct a perfect mother, that with the apparition of an OS in Amy's life, manifests hilarious sexual needs satisfied with the fridge, what else, probably in a beta of a beta version of the game. In the non-beta product how will the game superimpose reality? What would be too much sugar in her game? Is it Amy searching for generating a Samantha? To what need answers such a game, of a perfect mother? Amy's husband, Charles, applies the other solution of evading a reality. He takes the vows of silence, after the breakup. Either Samantha or becoming a monk, the solution is quite the same, even if one is a voice in one's head and the other a vow of silence, relating or being with is avoided.

For us, the audience, Samantha is a voice. Theodore remarks (self)ironically that it does not need oxygen, so why does she sigh? Paraphrasing Morpheus, from Matrix (1999), a question occurs: is it air or it is computing sequences of zeros and ones for a proper air vibration what Samantha breaths? Is it air, breath in a hasty or slowly beat, in a seductive, serious, whispered pace, or disquieted, worried, excited, filled with uncertainty or, in the end, with inaudible respiration? And this respiration as

witnessing a feeling and a relation evokes what Andrea said before, namely "*the earliest bond between baby and mother is formed on the basis of primary sensory experiences: seeing, hearing, smelling, tasting and touching*" – yet this earliest bond has on both sides of the relationship sensorial experiences as *seeing, hearing, smelling, tasting and touching* so it follows naturally: does Samantha see or hear what Theodore does or speaks to 'her'?

Or as the story goes, the voice we hear is computing, but *seems to be* the exercise of a pneuma, or is it a breath of a soul? Again, the obvious escapes, under the spells of ideology, implicit in the previous questions – and 'as if' replaces 'is'. Thus, another question asks to be asked: did the red materialism from before actually vanished? Or dit it become digitalized under the heading of 'reality is computing a reality'?

Coming back to Amy's fridge, *fake it till you make it* seems to be a philosophy not so far away from Allan Watts' one, that is a numerical Zen. So, considering that Scarlett Johansson doesn't lend her voice to the character Samantha, in the story, does the OS have a voice?

A voice changes in so many ways, it has tones and rhythms and silences, it has a music of its own and carries into it innumerable dimensions and meanings. An operating system is made from a bunch of instructions, written in a specific 'language' running into that particular machine that answers adequately to sequences containing other instructions. A voice is not a language, it employs many languages for many doings.

The same thing could be said about Theodore with his so-called hand-written letters. That is: instructions that are transformed into text. Theodore's love letters and Samantha's voice have many in common: the so-called relationships, a breath composed through projections and introjections, as in their respiration generate so-called identities. Like Samantha, Theodore has many contacts *as if*.

Samantha, as Theodore's operating system, is a generating source of digital acoustic spaces, she is eyes and ears programmed to receive emotion

and thought, mind states projected into by Theodore, plus other 8315 users. Like a screen, it supports whatever moving picture, yet the screen has nothing to do with whatever stories are projected onto it. Samantha is an acoustic digital screen for Theodore's inner world in different words.

Apparently, it is a place receiving transferences, and a prosthesis. But for that to happen one needs intersubjectivity and not just projection. Catherine with her observation – a love affair with a laptop – acts and recovers a bit of reality. It is as she interprets this (delusional) transference. She plays an interpretative role bringing in a bit of what it is. Even so, the digital maternity continues, disquieted but still there.

Samantha is an OS into which Theodore could be computed in his relational incapacity, as well a digital breast inviting to dependence and omnipotent phantasies, oceanic as any cathode breast. At the same time, it is a language, a code used to *fake* a relationship through language and speech, in being able not only to receive into it but also to provoke emotions and thoughts.

Yet fundamentally Samantha is a crutch, an interface between Theodore and his incapacity, a helping device that provides an autistic bubble in hiding one's helplessness. Samantha is designed as prosthesis, a relational prosthesis, which, as advertised, provides support for who we are. Like any other sophisticated ideology. It is not a subject that becomes available for another subject. It is not about *object use* but it is about a *thing use* made available to be prosthesis for a relational malfunction. Computing is doing this so-called dialogue with and for Theodore and in fact it is a dialogue into Theodore, which gets to project and retro project his own emotions into that machine code disguised as a voice. Samantha cannot be authentic or false. She is *as if* in both situations.

For Theodore, in the end, the computation, thus projecting onto acoustic screen, is successful, it gives the impression of reality, with a small syncope. Just after the first sexual encounter with his operating system, Theodore adds, quickly – he cannot commit to a relationship. Being in a

relationship is a major source of anxiety. We already know that. While he installed the OS we learn why – it is always about her, so to be I need her that nullifies me. Same now, he lets her to have priority. Andrea Sabbadini, following Winnicott, evokes the needed mirroring, the doings of the eyes of infant's mother, the very place where a separate identity is forged by and into the first relationship and also the *echoing* (Sabbadini 1997), the reflection of the child's voice, sounds and noises. Sexy kitten experience, also acoustic, voicing sounds and noises, almost repeats itself with Samantha: a living kitten has an orgasm in being suffocated with a dead kitten, an imaginary dead kitten, whilst Theodore fantasizes a naked TV pregnant star (what else?).

Samantha initially dwells into words, she has an imaginary skin, for moving finally in between, dwelling in the empty spaces found in between words. Theodore, realizing towards what he is in route for, jokes saying a daddy becomes data. The irony is quite well assembled, and I would add with expertise and intuition. The children of tablets and other electronic devices, I ask myself, will they understand the joke?

We can say that Theodore is Samantha in the way Flaubert is Madame Bovary. But in this case of an OS it seems that the reverse of it is also true – Samantha is Theodore, and another 8315 users, in that "we can share a respect for *illusory experience*, and if we wish we may collect together and form a group on the basis of the similarity of our illusory experiences" (Winnicott, 1953).

Theodore composes textual spaces that fill a separation; he lets himself writing for another, who is not there. How does Theodore write that? He writes as if, faking a relationship so an as if hand written text is born. As Samantha tries to overcome the body absence, Theodore tries to fill a relational void into someone else.

Is he social or antisocial? The question needs not to be formulated, paraphrasing Winnicott, as having no sense in a virtual world, where objectivity and subjectivity condense into a single event invading the sense

of reality, under the guise of a voice. Obviously, he needs a crotch for his relational abilities. The software Samantha lets using 'her' is Theodore illusion, generating the relational prosthesis I was speaking before.

His book is called letters from *your* life. Samantha's book, we learn that before she departs, is called Theodore. The gap that Samantha creates makes possible a real letter to Catherine, a love letter actually. What is to be done when a crutch vanishes? Theodore answers to who is using him as subject (Samantha uses Theodore as subject as well) in writing a letter to another, and fakes that thing object, the hand voice written letter. The text of a letter travels inside of a relationship whilst the other one is not 'here and now', Theodore fakes it – like Samantha he fakes longing, missing his or her presence, empathy, joy, wistfulness, and concern for giving to the recipient of that letter the illusion the she or he left behind a trace into the other, that the other feels an emotion, like missing someone authentically. Theodore as well is a Rorschach plates maker. Both, Theodore and Samantha are relational prostheses. They seem to identify with the other, but they fake it as those for whom they provide ask it. It does not engender change, neither relationships nor authenticity.

Andrea Sabbadini says that *psychoanalysis in its traditional form risks becoming a curiosity from the past*, advocating adapting to the new digital 'here and now' era, and I totally agree that adaptation is what lets psychoanalysis to be actual, even if more than one reality asks for ways of dealing with, including into 'now' those numerical ones.

I believe that the new digital era of *electronic revolutions* will not change the complexities of avoiding learning those things we don't want to know about ourselves, and a Samantha would bring many and way more complex ways of turning our backs to reality, beside the old ones. New ideologies bring new ways of avoiding reality, and falsifying is never-ending in its resources. In the worlds of transitional objects, of those not me worlds, of alterity, Samantha is a teddy bear that needs a teddy bear and not a child to play with 'her'.

As for Theodore, the letter writer, in his virtual relational world, where reality is amputated already by submerging into virtual, we witness the fact that there is no such a thing as a 'virtual mental pain', as mental pain is the very turning our back to reality. Mental pain has and will have a reality, now or far in the future, computed or naturally occurred in one's life, mental pain doesn't run the *risks of becoming a curiosity from the past*, it cannot become 'letters from *your* life' but will stay as *our own* newspapers of now, always in need of a good journalist even if an 'as if' replaces an 'is'.

The letters written by Theodore are read as if they would be written by sender's hand; Samantha is heard as if she would be a voice. Projection spaces and relational illusions, understanding illusion as a subjective perversion of the objective content in the field of perception (Rycroft, 1968 p.77) but in Samantha's case, of 'her' voice or better said of 8316 voices, why illusion? Samantha to have a voice needs to be embodied, to have a body. Can we borrow someone else's body? Can we borrow a voice? Can we wear her or his body like an outfit?

The experience of a body to which Samantha would attach 'her' voice is traumatic for Theodore and Isabella alike. Theodore could accept Isabella when she doesn't face him, when he can project into her, otherwise she is an alien presence. He cannot speak to her but when she is not there, when a screen hides her. He still needs prosthesis. The body imposes a real relationship – and Theodore and Isabella exactly that cannot bear (better said stomach), she wants the purity of a relation and not the reality of a relation, the intimacy supposed by having a body is avoided.

Coming back to marketing and ideology. The questions that Samantha is supposed to answer equate the questions that advertise the product. The new wave, I would call it religious, that starts in Silicon Valley is the ultimate answer to the last question: the reality as we perceive it is in fact a simulation of reality.

Nick Bostrom, from Oxford, argues in 2003, starting from the idea that in the future the computing power will be huge, then our descendants

would be able to generate a simulation of reality and from here he advocates:

     i)   if the human species doesn't go extinct and if

     ii)   the probability that a post human civilization to run a simulation of their evolutionary history is not infinitesimally small then

     iii)   we are living into a computer simulation.

I think that the previous idea finds in *Her* a serious argument in putting reality in its own place. As I said earlier, the idea of a simulation got those mystical accents in the very land of simulations, Silicon Valley, which is heading towards becoming a digital Vatican. Yet I would ask: where in another place but there would the promise of omnipotence be so tender embraced? So, the last answer to what or who is Samantha becomes: Samantha is part of the new clergy.

As any ideological mammoth the new one goes against reality, and, as any ideology, the new one searches for just one thing – power. If psychoanalysis *risks becoming a curiosity from the past* then we should also ask what risks a *free mind* has to surpass not to become a curiosity from the past.

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Portraits

ROMANIAN JOURNAL OF PSYCHOANALYSIS 10 YEARS - FOUNDING MEMBERS

RJP has as founders Nadia Bujor, Brînduşa Orăşanu, Veronica Şandor, Vasile Dem. Zamfirescu. This volume includes the interventions of the first three of them

HOW TO KEEP THINKING, DREAMING AND THE FOUNDATION OF THE ROMANIAN JOURNAL OF PSYCHOANALYSIS

Nadia Bujor[40]

The Romanian Journal of Psychoanalysis and the first International Conference held in 2008 are the fruit of an unexpected and creative meeting between several persons, several generations, several professions – psychoanalysts, philosophers, historians, psychologists – several societies of psychotherapy and psychoanalysis.

Personalities from different areas of knowledge and countries – Romania, France, Italy, England, Switzerland, Austria, Germany, Mexico – gathered to initiate a joint project, driven by the desire to convey a powerful message to the new emerging society.

This message covered the hope to bring something new and to therefore reveal the possibility of debate and controversy, two aspects that involve the courage of seeking the truth, the generation of new ideas and the

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power to question, by means of the old ideas, the modalities to perceive and think the world.

Everyone was convinced that the over a century old psychoanalysis represents an original thinking force, a bold therapeutic method, which brings indispensable elements for understanding the tremendous suffering existing in the internal and external worlds.

In the field of psychoanalysis, thinking new ideas, accepting the debate and the controversies start by seeking the truth, and establishing one's own theories starting from the point of view of the other was the first challenge of the meeting I mentioned earlier.

Accepting a new thinking paradigm involves an intellectual and emotional effort, a challenge each participant rose to.

Indeed, the topic proposed for this conference, 'Thinking hate and violence', was a challenge for psychoanalytic thinking and clinical psychoanalysis.

Thinking hate, violence, the destructive forces of the very core of the psychic life, 'which break the ties' between representations, representations and affect, seemed a nonsense in itself.

How to think emptiness, the absence, nothingness after the devastating manifestation of violence?

How to 'comprehend', 'dream', give meaning, establish / re-establish the psychic connections under the circumstances of a mental functioning subject to the violence ordeal and to the tormenting mechanisms of defence as negation, splitting and projective identification?

Choosing life instincts as a topic of this first Conference of Psychoanalysis could have been a wiser decision.

The challenge to capitalise the creative work of the unconscious, the dream-work, the preconscious art of building a story, the harmony of the unconscious / preconscious dynamics wouldn't have been a more appealing topic?

And yet all my peers and all the societies participating in the organisation of this Conference accepted to tackle hate and violence.

The trips between Paris and Bucharest gave form and content to this project and many Romanian fellows worked hard to carry it out.

From the first Romanian – French meeting until the closing speech, each participant to the conference was an important and unique artisan.

The road we took together, marked by moments of enthusiasm, doubt, scepticism, difficulty, is somewhat related to the unimaginable.

After ten years, I believe that each person has capitalised their generous, vivid and creative side.

Therefore, the idea of founding the Romanian Journal of Psychoanalysis became a certainty and a necessity. We had to establish a solid, harmonious and enduring relationship and to continue the debate launched within this first Conference of Psychoanalysis.

For certain, a proposal, desire, hope, dream do not lead to starting a project or a journal.

Paradoxically, thinking, imagining the very possibility of its existence created the opportunities for founding the journal.

We recognise here the creative power of the capacity to dream that allows the preconscious to use all the possibilities of carrying out a project.

The generosity of all the persons who contributed to the publication of the first issues of the journal fits in the Freudian psychical current called

by Monique and Jean Cournut in 1993, at the Congress of French Psychoanalysts, 'love of humanity'.

That's how they called the destiny of the altruistic instinct described by Freud in *Three essays*.

The story results in an exciting picture; for ten years the journal continues to appear due to the indisputable efforts of several fellows from the Romanian Society of Psychoanalysis.

They have dedicated their efforts, time and knowledge to make this dream continue.

I am firmly convinced that if it hadn't been for their presence and tireless effort, the Romanian Journal of Psychoanalysis would have been a falling star.

Therefore, their dedication, work, loyalty to the psychoanalytic values continued the intellectual generosity of the founders.

I dare to believe that the first international Conference of Psychoanalysis and the foundation of the Journal – addressed within the event – were attempts to save the young Romanian society from 'a century of loneliness'.

From one generation to another, the Romanian Journal of Psychoanalysis continues, beyond the theoretical and clinical psychoanalytic knowledge, the story of the meeting between the creative power of the unconscious and thinking, a meeting which turned an idea / a project into a tangible reality.

<div align="right">Nadia Bujor, Paris, 2017</div>

Brief presentation

Psychoanalyst, full member of Paris Psychoanalytical Society,

Full member of IPA

Member trainer of the Association of Child and Adolescent Analytic Psychotherapy

Member of the European Society of Child and Adolescent Analytic Psychotherapy

Founding member of the Romanian Society of Psychoanalysis

Graduate of the:

- University of Paris V (D.E.S.S.),

- University of Paris VII (D.E.A)

- University of Bucharest (Master studies)

Professional activity

Psychoanalyst at Private Practice in Paris.

I work with patients in psychotherapy and analysis and I supervise analysts working with children, adolescents and adults.

I worked part-time between 1995 and 2014 within Centre Etienne Marcel and Centre L'Elan.

Between 1996 and 2012, I worked within the aforementioned institutions as a psychoanalyst / therapist.

In this capacity, I participated in Colloquia and Days of Study organised by the two institutions.

Conferences in Paris at University of Paris VII, Jean Cournut Seminar, L'AFFPPEA etc.

Intervention at the Days of SPP (Paris Psychoanalytical Society), September 2016, called *Analytic listening in terms of external / internal injuries*

Intervention called *A few reflections on the relation between primal phantasies and narcissism* SPP, June 2017.

Saturday conference at SPP, *Stories of mourning and melancholy*, December 2017.

Starting from 2009, I have conducted annual activities together with psychoanalysts from Moscow.

Presently I conduct seminars in Paris on the analytical theory and technique.

From 2017, seminar organised together with Genevieve Welsh at Paris Psychoanalytical Society, called 'Psychoanalysts facing today's world'.

In Romania

In October 2008, I initiated and organised the first International Colloquium of Psychoanalysis in Bucharest, in partnership with Cila, the Romanian Society of Psychoanalysis, New College Of Europe, Generatia Foundation, University of Paris V, René Descartes.

In 2008, I proposed and organised the issuance of the Romanian Journal of Psychoanalysis.

From 2008, member of the Scientific Committee of the Romanian Journal of Psychoanalysis.

2008 Articles and interviews published in: Dilema Veche, România Culturală, Psychologies magazine, Observatorul cultural, Cafeaua Gradiva, etc.

2008 Dialogue with the Romanian writer, Elena Vladareanu, 'Psychoanalysis is a Dialogue', Radio Romania International Bucharest.

Starting with 2009, Conferences and supervisions for the Summer University of Generatia Foundation and working weekends with Bernard Golse.

Conferences within the International Colloquium of the Romanian Society of Psychoanalysis.

A few pre-1990 career-related aspects

June 1976 – October 1979: clinical psychologist, Clinica Medicală, Bucharest.

October 1979 – May 1990: psychoanalyst, psychotherapist, the Teaching Hospital, Bucharest.

Conferences held at the Congresses of Cardiology in Bucharest, the Colloquium of Psychotherapy, Gataia, the Symposium of Psychotherapy, Timisoara, the Colloquium of Psychotherapy, Sibiu, the Colloquium of Psychology, Bucharest, etc. and the articles published in the Romanian Journal of Social Sciences.

A few recent publications

La psychanalyse la terre promise and *Les premiers entretiens* in le Carnet Psy, Paris, 1990 and 2000.

Ferenczi et notre adolescence analytique, RJP, no. 1, 2008, Trei Publishing House, Bucharest

La haine de la réalité psychique, RJP, no. 3, 2008, Trei Publishing House, Bucharest.

La haine adéquate dans le contre/transfert, RJP, no. 1, 2013, Renaissance Publishing House, Bucharest.

Deuil, limite et créativité, RJP, no. 2, 2016, Oscar Print Publishing House, Bucharest.

Quelques remarques concernant l'identification dans la théorie freudienne (in course of publication) RJP.

Echec de la position dépressive à l'adolescence et tentative de suicide in the book called *Psychopathologie de l'adolescent, dix cas Clinique*, under the guidance of François Marty, Editions In Press, 2011.

Le rêve chez Freud et Bion, Bulletin SPP, no. 2, P.U.F., 2016.

Conferences of psychoanalysis in the volume *Conférences de psychanalyse chez Christie Prudi*, Editions Hayka, Moscow, 2016.

Suicide attempts in the volume *Colloquia of psychoanalysis, clinical cases and theoretical reflections*, Generatia Foundation Publishing House, 2010.

PERMANENT ARGUMENT FOR THE FOUNDATION OF A ROMANIAN JOURNAL OF PSYCHOANALYSIS

Brînduşa Orăşanu[41]

Since there are many widely read journals of psychoanalysis, why the need of having a Romanian journal in the field publishing articles in one or two world languages? I will start my argumentation from a larger perspective or maybe, in fact, from a closer perspective.

Psychoanalysis is a particular profession. It primarily involves a long and in-depth training based on the individual's personal experience as an analysand, then on supervision, theoretical and clinical seminars, reading… maybe writing? This last component has not actually been considered a requirement except in professional assessments where case reports must be included.

Once formal training is completed, another type of training, a less visible one, commences. A first element is the experience of the analyst. It is not enough. Experience is supplemented with reading psychoanalysis publications: clinical psychoanalysis publications in order to enrich our limited knowledge with the expertise of others and theoretical

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psychoanalytic publications, so that we can mentally organise and elaborate the material of the psychoanalysis sessions.

To me, referring to papers authored by analysts belonging to different theoretical orientations and not only to those written by 'some of ours' is useful for a psychoanalyst. Theoretical plurality does not stand for clinical experience, it is instead a means to open the analyst's mind towards new perspectives in the asymptotic direction 'I'm prepared for whatever might come up during the session'. I believe that following a certain theoretical trend gives the feeling of coherence, but on the other hand, it presents the risk of confining us to fewer and fewer thinking and interpretation registers. Pluralism, instead, has the disadvantage of the feeling of uncertainty (too much theoretical freedom) and, at the same time, it opens more gates towards understanding the patient, gates that they, the patient, feels as welcoming for their own freedom of expression. But this is only a personal opinion.

Pluralist reading, yet, is neither enough.

It has been noticed along time that professional ethics issues occur more often in case of psychoanalysts who do not participate in the scientific life of their group. Therefore, the Code of Ethics of the International Psychoanalytical Association explains and sets forth the requirement that the scientific activity be equally an ethical activity. Although in no possession of further details on such statistics having led to the scientific activity – ethics correlation, still I find it in perfect harmony with the logic of the relationship of the clinical activity of the psychoanalyst with their professional group, as well as with the logic of the extremely close relationship between psychoanalytic ethics and the psychoanalytic method.

With respect to the aforementioned, in the year 2000, at the East-European Psychoanalytic Conference of EPF, I was stating that the material coming from the divan exerts, among other things, an overall pressure on the internal setting of the psychoanalyst as well as on the psychoanalytic method itself. This means that although internalised, the psychoanalytic setting and method are constantly put to a test by the transferential movements of the patient with their centrifugal, projective and externalisation tendencies. Such pressure tends to transfer the patient's subjectivity into the analyst, into or outside the psychoanalytic setting and method. Once invented, the psychoanalytic method seems to not be something that is guaranteed for ever but something that needs to be always reinvented and supported, one way or another, in order to limit the externalisation of the patient's subjectivity to the analytic space. (Orasanu, 2000).

Nowadays, over the years, I hold my opinion. The internal setting of the psychoanalyst and their psychoanalytic thinking need certain forms of support, be they more abstract, more theoretical or more concrete, more clinical, not only to progress in the psychoanalytic research but also *to maintain* the psychoanalytic thinking.

A journal that is international and, at the same time, 'local', namely more accessible to the members of the respective society who wish to publish their ideas, represents a *close* support from the psychoanalysts of the Society and a *remote* support from their fellows in other countries. As books and journals are said to literally be 'something that lasts', we can say also metaphorically that a new journal is another step forward towards making psychoanalytic thinking 'last'.

Perhaps Freud's statement included at the end of his *Totem and Taboo* book might be worth mentioning here; it is a phrase quoted from *Faust* by Goethe which tells us that in order to take possession of a heritage, one must acquire it through an active contribution, to earn it (Freud, 1913).

Another type of argument would pertain to the overall activity of a professional group with all its intergenerational and fraternal vicissitudes, with its development between the 'group illusion' (Anzieu, 1975) and the institutionalisation process (Roussillon, 1999). I believe that a journal of a Society represents a space of sublimation of these vicissitudes, of turning them into a creative debate.

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ROUSSILLON, R. (1999). "La capacité d'être seul en face du groupe », *Rev Fr Psychanal e*, t. LXIII, 3/1999, pp. 783-800.

The author's main activities
- Psychoanalyst, full member and training analyst of the Romanian Society of Psychoanalysis
- PhD in Fundamental Psychopathology and Psychoanalysis at the University Paris 7-Denis Diderot (2002) with the thesis "Projective identification: the enigmas of a concept"
- Associate professor at the university "Titu Maiorescu", Bucharest, with the courses: "Psychopathology and Psychoanalysis", "Psychoanalytic setting and temporality" (master), "Psychoanalytic process and subjective time" (master), "Depth psychotherapies" (master)

- Associate researcher at the University Paris 13-Nanterre, in „Unité Transversale de recherche en Psychogenèse et Psychopathologie" (UTRPP), EA 3413, UFR Lettres, Sciences Humaines et Sociales, 2009-present

- Researcher at the University Paris 7-Denis Diderot, in „Centre d' Etudes en Psychopathologie et Psychanalyse" (CEPP), EA 2374, UFR Sciences Humaines Cliniques (2009 - 2013)

- Associate researcher at the University Paris 7 – Denis Diderot, in „Centre de Recherche en Psychanalyse, Medicine et Société" (CRPMS), (2014- present)

- Director of the *Romanian Journal of Psychoanalysis* (2010-2014)

- Coordinator of the Training Institute of the Romanian Society of Psychoanalysis (2011-2014)

- Coordinator of the Study Seminar of French Language Psychoanalysts Congress (CPLF) in Bucharest (2010-2014)

- Founder of the *Romanian* Journal of *Psychoanalysis* (2007), of the *Romanian Summer School of Psychoanalysis* (2007) and of the *Study Seminar of French Language Psychoanalysts Congress* (CPLF) in Bucharest (2010)

Publications (selection)

Articles in international reviews with peer-review or in international data bases

Aspects de la recherche anthropologique de l'adolescence", E. Radu et al. *Ann Roum Anthropol*, t. 34. Bucharest: Ed. Academiei Române, 1997.

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Memories and triangulation in Interpretive Work (I). *Revista de Psihologie*, 57, 3. Bucharest: Ed Academiei Române, 2010, 227-236.

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Un paradoxe du changement. *Rom J Psychoanal*, IV, 1. Bucharest : Renaissance, 2011, 26-36.

Discontinuités dans le registre métaphorique. *Rom J Psychoanal*, IV, 2. Bucharest: Renaissance, 2011, 61-68.

Folies minuscules de Jacques André. *Rom J Psychaoanal*, IV, 1. București : Renaissance, 2011, 217-220.

Le temps et l'espace du contre-transfert. *Rom J Psychaoanal*, V, 2. București: Renaissance, 2012, 46-67.

Discussion sur „Le contre-transfert dans la clinique contemporaine. Une séance déplacée" de Michel Vincent. *Rom J Psychanal,* V, 2. Bucharest: Renaissance, 2012, 214-217.

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Do you speak French? Non, je ne parle que l'Anglais. *Rom J Psychoanal*, VI, 2. Bucharest: Carol Davila University Press, 2013, 41-56.

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Translations of books

Vladimir Marinov, *Figures des crimes chez Dostoïevski*, PUF, Paris, 1990, vol. I: *Figuri ale crimei la Dostoievski. Crime, deliruri, culpabilităţi în „Crimă şi pedeapsă"*, Ed. Jurnalul Literar, Bucharest, 1993.

R. D. Hinshelwood, *A Dictionary of Kleinian Thought*, Free Association Books, London, 1989: *Dictionarul psihanalizei kleiniene*, Ed. Sigmund Freud, Binghamton, New York & Cluj, 1995.

Anne Caïn, *Le psychodrame Balint*, Ed. Gallimard, Paris, 1994: *Psihodrama Balint*, Ed. Trei, Bucharest, 1996.

J.-B. Pontalis, *Après Freud*, Ed. Gallimard, Paris, 1993: *După Freud*, Ed. Trei, Bucharest, 1997.

Vladimir Marinov, *Figures des crimes chez Dostoïevski*, PUF, Paris, 1990, vol. I et vol. II: I. Crime, deliruri, culpabilităţi in „Crimă şi pedeapsă. II. Hoarda lui Dostoievski in „Fraţii Karamazov", Ed. Trei, Bucharest, 2004.

Conferences and research projects

Presentations at national and international conferences of psychoanalysis, participations in organising national and international conferences of psychoanalysis, initiation of research projects in psychoanalysis finalized with conferences.

10 YEARS OF
ROMANIAN JOURNAL OF PSYCHOANALYSIS

Veronica Şandor[42]

(Accepted for publication 20 of September, 2017)

In 1908, at the Conference of Psychoanalysis of Salzburg, the foundation of a journal to publish research works in psychoanalysis and articles of psychopathology and psychoanalytic technique was decided.

Therefore, in **1909** *JAHRBUCH FUR PSYCHOANALYTISCHE UND PSYCHOPATHOLOGISCHE FORSCHUNGEN – THE ANNALS OF RESEARCH IN PSYCHOANALYSIS AND PSYCHOPATHOLOGY*, *sub-edited by Sigmund Freud and Eugen Bleurer and edited by Carl Gustav Jung*, was released.

This way research in psychoanalysis and psychopathology was dedicated a publication, therefore putting an end to the dissemination of the psychoanalysis works of the age in more than one publication.

The ruptures inside the movement and the outbreak of the war entailed the suspension of the publication issuance.

In 1920, after the foundation of the British Society of Psychoanalysis, Ernest Jones established the International Journal of Psychoanalysis having the same objective: the publication of the research works in psychoanalysis and of the conference proceedings.

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This need to concentrate research in psychoanalysis and to avoid the dissemination of the clinical and metapsychological research works in more than one publication was also felt by each society of psychoanalysis.

After almost 100 years from the appearance of the International Journal of Psychoanalysis, the Romanian psychoanalysts experience the same need for research concentration but also the need to connect to the international psychoanalytic research.

Since establishment, the Romanian Journal of Psychoanalysis aimed at publishing the proceedings of the International Conference of Psychoanalysis held in Bucharest, the contributions of the Romanian, European and international psychoanalysts.

Besides the concentration of the clinical, theoretical and technical research, the RJP also aims at connecting the Romanian research in psychoanalysis to the history of such research, to the developments Romanian psychoanalysis was isolated from for 50 years.

In addition to these two objectives and targets, the RJP has the mission to make psychoanalysis known in the cultural and medical environment, but also a purely teaching mission, of training the future psychoanalysts.

Happy birthday, Romanian Journal of Psychoanalysis!

V. Sandor, Bucharest, September, 2017

Presentation

- Psychoanalyst, trainer and supervisor, a member of the Training Institute of the Romanian Society of Psychoanalysis.

- Founding member of the Romanian Society of Psychoanalysis (RSP) – Completes three terms as President of the Society (1993 – 1995, 2000 – 2002, 2008 – 2009), and two other terms as Vice president of RSP, charged with foreign professional relations.

- Member of Paris Psychoanalytical Society.

- Lecturer PhD at 'Titu Maiorescu' University (1993 – 2003).

ACADEMIC TRAINING

1971 - Baccalaureate Diploma

1975- Bachelor's Degree in Psychology – University of Bucharest

1975 – 1989 Complementary training:

- Current methods in child neuropsychiatry
- Diagnosis of mental disability
- Current scope of psychology

1991 – 1992 - D.E.A. (Master's) – University of Paris 7, under the guidance of Professor J. LAPLANCHE, PhD, Centre of Research in Psychoanalysis and Psychopathology, Paris, France .

PROFESSIONAL EXPERIENCE

A – *CLINICAL PSYCHOLOGY*

1975 – 1984 – Clinical psychologist, '23 August' Children's Clinical Hospital – diagnosis, recovery, child and adolescent psychotherapy, therapeutic consultation, family and mother – child psychotherapy, career counselling

1984 – 1998 – Clinical psychologist, 'Dr. Gh. Marinescu' Clinical Hospital, 9, currently 'Obregia' Hospital

Starting from 1985 – Principal psychologist

B – *PSYCHOANALYSIS*

1982 – 1990 – Practice in child, adolescent and adult psychoanalytic psychotherapy

1990 – Founding member of the Romanian Society of Psychoanalysis (RSP) – Completes three terms as President of the Society and two other terms as Vice president of RSP, charged with foreign professional relations.

1991 – 1998 – Training in psychoanalysis within Paris Psychoanalytical Society

1994 – the E. Kestemberg Award for the project 'Counter-transference in the work of S. Ferenczi'

1994 – Direct member of the International Psychoanalytical Association

1998 – Member of Paris Psychoanalytical Society

2003 – Accredited by the International Psychoanalytical Association as a trainer in child and adolescent psychoanalysis

C – TEACHING EXPERIENCE

1993 – 2003 – Lecturer PhD at 'Titu Maiorescu' University

D – QUALIFICATIONS

–Principal psychologist

- Child, adolescent and adult psychoanalysis

- Child diagnosis and recovery from disability

- Child, adolescent and adult therapeutic consultation

- Adult psychoanalysis

- Internationally and nationally accredited trainer in child, adolescent and adult psychoanalysis

- Accredited trainer in 'Child welfare and protection' – a training course for trainers, Ministry of Education – 2006

E – TRANSLATIONS

1994 – J. Laplanche, J.-B. Pontalis – *Vocabulary of psychoanalysis, Humanitas Publishing House*

1995 – J. Laplanche – *New fundamentals for psychoanalysis*, Jurnalul Literar Publishing House

1997 – J. Andre – *Psychoanalysis and female sexuality*, Trei Publishing House

1999 – B. Rosenberg – The *masochism of death and the masochism guardian of life, Trei Publishing House*

F – INSTITUTIONAL AFFILIATION

- Romanian Psychologists' Association
- International Psychoanalytical Association
- Paris Psychoanalytical Society
- Romanian Society of Psychoanalysis
- European Society of Child and Adolescent Psychoanalysis

G – PAPERS

- Co-author for the psychoanalysis terms, *The Encyclopaedic Dictionary of* Psychiatry, Medicala Publishing House, 1987 – 1992

- Translation and Commentary „The Oedipal Pact and the Social Pact", *Apostrof*, 3/1990

- „Psychiatry and psychoanalysis" – an interview in *MIRE INFO* journal, 21/1990, Paris

- „The desire of the analyst – preliminary observations", in *Correspondances freudiennes*, 32/1991, Paris.

- 'Transference – counter-transference and content analysis in the dynamics of a psychoanalytic therapy', a paper presented at East European Seminar of European Psychoanalytical Federation, 8 – 11 November 1990.

- "Filiation issues and the resistance to psychoanalysis in the pre-war history of psychoanalysis in Romania", a paper presented at the The 4th International Meeting of the International Association of the History of Psychoanalysis, Brussels, 17 – 20 September 1992

- "History of Psychoanalysis in Romania" – in *Psychoanalysis International*, Frommann-Holzboorg Publishing House, Stuttgart, 1995

- 'Ethics – filiation – counter-transference'', a paper of DEA at University of Paris 7, June 1992.

- Foreword to the translation of *New fundamentals for psychoanalysis* paper, 1995, Jurnalul Literar Publishing House

- "The Ethics of Psychoanalysis" – a paper presented at the International Colloquium 'Ethics and psychiatry', Bucharest, 4 – 6 October 1992

- 'The concept of healing in the analytic therapy'', 1995, Timisoara

- "Considerations on hysteria for non-psychoanalyst'''', The Journal of the Romanian League for Mental Health, 1997

- 'Transference and reality'', Bucharest, 1997, RSP Symposium

- "Psychiatric symptom, existential symptom", a conference organised within the Faculty of Medicine, Bucharest, 1999

- "After one year" – Opening speech within the International Colloquium *The child – their ages and issues*, 'Generatia' Foundation, Bucharest, 2000

- 'Sexuality and mental health', in *The Treatise on Mental Health*, Enciclopedica Publishing House, Bucharest, 2000

- 'After two years' – Opening speech within the 2nd International Colloquium *The child – their ages and issues*, 'Generatia' Foundation, Bucharest, 2001

- 'Psychotic mothers', a paper presented within the 2nd International Colloquium *The child – their ages and issues*, 'Generatia' Foundation, Bucharest, 2001

- 'Psychoanalysis and art' – *Art design* magazine, April, 2000

- Psychotherapy – a chance for the child, a chance for the family, an interview in the 22 journal, September, 2000

- *An overview of Romanian psychoanalysis*, an interview in the *Observator Cultural* journal, January 2002

- *Beyond the ineffable – Dilema journal, 2003*

- *Training experiences* – a lecture on training in the child and adolescent psychotherapy in Romania – Munich, 2003

- *Therapeutic consultation and confused filiation* – The 4th International Colloquium of 'Generatia' Foundation

- Essay on Applied Analysis – *The lost man*, Gomez de la Serna, 'Fabulator' Publishing House

- Introduction to child and adolescent psychoanalysis – International Colloquium of the National Society for Child and Adolescent Psychiatry and Psychology, September 2004, Herculane

- Psychic dynamics in adolescents, NSCAPP Colloquium, April, 2005, 2004

- Autism and TV as a maternal neo-object, May 2005, The International Colloquium of 'Generatia' Foundation

- Destinies of the psychoanalytic therapy, destinies of the interpretation during the session, University of Paris 7, November 2005

H – BOOKS

1987 – 1992 – co-author of 'The Encyclopaedic Dictionary of Psychiatry' Medicala Publishing House, 1987 – 1992

2000 – co-author of 'The Treatise on Mental Health' –Enciclpedica Publishing House

2005 – 'A psychoanalytic itinerary', EFG, Bucharest

2007- co-author of 'Paradoxes of Psychoanalysis in Romania' volume, Paralela 45 Publishing House

2009 – co-author and scientific coordinator of 'Colloquia of Psychoanalysis' volume, EFG

I – PROJECTS

1993 – 1999 – Coordinator of the 'Francophone psychoanalytic model in the university' project – a project conducted in 1994 within the University of Bucharest and in 1995 and 1996 within the Faculty of Psychology UITM resulting, so far, in 12 Master scholarships and 6 PhD scholarships at the universities of Paris, for the Romanian students

1993 – 1998 – Initiator and coordinator of the external supervision programme of the Romanian Society of Psychoanalysis

1999 – Establishment of 'Generatia' Foundation –www.generatia.ro

- Foundation of the Centre for Child and Adolescent Psychotherapy

- Establishment of the 'Generatia' Foundation Publishing House for the issuance of books meant for the specialists in child psychology, psychotherapy, pedagogy, psychiatry   - Starting   from   1999   – President of 'Generatia' Foundation and Director of the Centre of Psychotherapy for Children and Adolescents

Starting from **2000** – The Annual International Colloquium of Psychoanalysis organised by the 'Generatia' Foundation

2000-2002 – Professional training Coordinator within the 'Leonardo da Vinci' internship project in the psychoanalytic psychopathology of under-risk children and adolescents, UITM (a European Commission project; foreign partner – Externat Medico-Pedagogique *Arc-en-ciel*, Paris)

Starting from **2003** – The introductory course in child and adolescent psychoanalysis, psychotherapy, therapeutic consultation, conducted within 'Generatia' Foundation

2006 – Organisation in Bucharest of the ISAPP Regional Conference, in partnership with the High Level Group for the Children of Romania

2007 – The first International Colloquium 'Sigmund Freud', with the launch of the 'Serge Lebovici' Award for psychoanalysis.

Book Review

OPD-2 (OPERATIONALISED PSYCHODYNAMIC DIAGNOSIS).
A MANUAL OF DIAGNOSIS AND THERAPY PLANNING[43]

Simona Trifu[44]

General situation in the area of Psychodynamic Psychiatry

In Romania, psychic disorder is still considered a stigmata and even if there are initiatives, both at governmental and non-governmental level, the addressability and participation of these organisation is reduced, because of financial and logistical implications. (David, 2015)

The psychodynamic psychiatry occurred in the context of manifestation of some marked divergences between approaches that were mutually negating the contribution to the evolution of mental health sciences. This tendency of permanent rejection of principles, studies, methods proposed by the other approaches proved, however, extremely fast, to be an artificial, ungrounded and ineffective one. Therefore, the clinical facts contradicted the tendencies mentioned above and highlighted precisely the impossibility to understand *the complexity of the human being*,

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[43]Original article in Romanian. French, Romanian and English versions are available online, www.revista.srdp.ro
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appealing to theories excessively preoccupied to be delimited one from the others. (Gabbard, 2007)

Therefore, psychodynamic psychiatry occurred in the context of need to integrate the significant progresses existing in the field of genetics and neurosciences, making appeal, at the same time, to the psychoanalytical concepts validated in time. The current studies admit that both the environment and the heredity have a significant contribution to what is called the process of human behaviour modelling. The individual experience allows the inhibition of expression of some genes and ensures the framework necessary of manifestation of others.

In the acceptation of psychodynamic psychiatry, the psychiatric patient must be perceived as having weakened psychical structures, which do not allow it to preserve the psychological homeostasis. The psychodynamic psychiatry is therefore recorded in the much more complex bio-psychosocial psychiatry, proposing to be not only a new approach (with its inherent principles, contributions and limitations), an alternative to the existing ones, but a modality to understand yourself, as patient, as well as to also understand the interhuman relationships, as a whole. Therefore, psychodynamic psychiatry started from the acceptation of information offered by various sciences and contributed, with its development, to the validation or rejection of their hypotheses, by the support of some more and more complex clinical surveys.

The purpose of this approach is, therefore, to integrate the information from various fields of research, to offer an efficient method for their organisation and to accept the abandonment of its own hypotheses, which proved to be incorrect. All these have a common aim, namely, the construction of a therapeutic plan adequate to patient's needs. Those

previously mentioned offer <u>uniqueness to psychodynamic psychiatry</u> and, at the same time, grounded reasons for those who promote it, to believe that the approach can contribute to the scientific progress in the field of mental health. It was built as a flexible approach, allowing and needing a permanent evaluation of the patient's psychical condition, which presupposes implicitly an adaptation of priorities of the therapeutic process.

However, this flexibility must not limit the possibilities of psychodynamic psychiatry to offer clarity and precision as regards the modality of information integration and to allow the therapist to act effectively. Therefore, the main current challenge of psychodynamic psychiatry is represented by the attempt to offer, concomitantly, flexibility and rigour. A central aspect of this approach is the identification of resources made available for the patient. The specialist in mental health tries, within his interaction with the subject, to determine the stressors inhibiting the access of his internal resources, as well as the environment potentiating its use.

With a view to achieve its own desiderata, psychodynamic psychiatry elaborated a Manual of Operationalised Psychodynamic Diagnosis (OPD). Therefore, the development of this approach can be also noted in the passage from an initial psychodiagnosis system to a much more complex one (OPD 2), which takes into consideration the relevant aspects of the current studies in the field and which proposes, in its turn, to be valid by a series of clinical surveys. Therefore, OPD 2 is a psychodiagnosis system containing descriptive and psychodynamic aspects of the interaction between biological, psychodynamic and psychosocial determinants of the disease. It is not limited to being a psychodiagnosis instrument, but is

contributes to the determination of therapeutic objectives. (Working group OPD, 2012)

OPD 2 occurred from the need to offer a diagnosis instrument integrating concretely and rigorously the relevant information from its research field, as well as from other related fields. An individualised diagnosis, from which it takes into consideration the valid theoretical aspects, representing the favourable premise for the elaboration of an adequate treatment plan. By means of this instrument, one can identify the elements having ensured the therapy success and those hindering the change can be replaced in due time. OPD 2 role is, therefore, that of classifying more effectively the psychic disorders, allowing at the same time to the specialist in mental health the possibility of using its professional experience.

Psychodynamic psychiatry, as the other approaches, confronts with certain *challenges* and *limitations*, which it tries to face. In the attempt to offer the specialists using it a rapid alternative in the current activity, psychodynamic psychiatry grasps only partially the complexity of human psychic life. Aiming at simplifying the work mode of psychoanalysts, generating information the more comprehensive the more difficultly to be quantified, psychodynamic psychiatry does not always offer the specialist the possibility to notice some sides of the personal experience of the patient.

According to this approach, the structural characteristics and conflicts are at the basis of present behaviours of the patient. They can be grasped clearly. *The limit* of the approach derives sometimes from the fact that certain conflicts or structural characteristics of the patient can occur in the forefront only with the implementation of the therapeutic plane. Therefore, its flexibility presupposes a continuous evaluation of the therapy priorities.

Another limitation is represented by the difficulty of some psychotherapists, previously trained in the psychoanalytical approach, to allow themselves to be guided by the guidelines of psychodynamic psychiatry. Therefore, they will aim at obtaining some information considered as being essential for psychoanalysis, but which will be difficultly integrated and quantified within psychodynamic psychiatry. Moreover, because of the same considerations, they will be tempted to neglect certain relevant aspects for psychodynamic psychiatry. In the attempt to offer clarity and precision, psychodynamic psychiatry operationalized the concepts used, but this did not prove to be sufficient because the personal filter of the specialist remains present. This filter may lead to an interpretation and integration of information (regarding the patient) tainted by the personal experience of the therapist. (Etchegoyen R. Horacio, 1991)

The specialists applying the principles of psychodynamic psychiatry must become aware of the fact that this approach, as the other ones existing, is not adequate to any patient. In this respect, they must evaluate correctly if this approach brings benefits to the patient or if, on the contrary, represents a threat at the address of maintaining his psychic balance.

Psychodynamic psychiatry is recorded in the concept of bio-psychosocial psychiatry, occurring just in the context and with a view to integrate as efficiently as possible the progress recorded in fields such as neurosciences, genetics and psychoanalysis. Therefore, psychodynamic psychiatry rejected the artificial separation between two models (biomedical and psychosocial) and permanently aimed at being based on the relevant and current scientific studies.

It was aimed, by instruments such as OPD, to be brought a substantial contribution to the operationalization of concepts promoted by other related fields. In their turn, these related fields validated the principles of psychodynamic psychiatry. It seems extremely obvious the existence of an interdisciplinarity, which has a common and well-delimited purpose: the knowledge of the complex nature of human psyche. (Gelder, Gath, Mayou, 1994)

Concretely, various authors, who were recorded in various approaches, contributed to a certain extent to the development of psychodynamic psychiatry. One can recall in this sense *Leibniz*, *Fechner*, *H. Jackson* and *Freud* (Ellenberger, 1970).

OPD quantification, having significant objectives, proposes to have an impact on the evolution of researches and practice of specialists activating in the mental health field (psychiatry, psychoanalysis, clinical psychology, psychosomatics, social assistance). Moreover, it aims at reducing the stigmatization of psychiatric patients. The implementation of this diagnosis system can provide a solid base for some further projects, falling within the related fields mentioned previously (McWilliams, 2011).

OPD implementation in the clinical practice would lead to:

- The development of research field (psychodynamic psychiatry), by the provision of relevant and quantifiable data.
- Training of some specialists in the field of psychodynamic psychiatry.
- Building an effective collaboration between specialists in the mental health field, who share psychodynamic approach.

- Providing access to a complex therapeutic plan, which take into consideration the current studies and the individual needs, and which offer the patient real possibilities of socio-professional reinsertion.
- Providing an action model for other institutions, which have a similar activity field.
- Formulation of some eventual *limits* of psychodynamic psychiatry, which became visible even as a result of implementation of this project.
- The more effective use of the resources intended for mental health field.

The implementation of the system of Operationalised Psychodynamic Diagnosis, even if it is addressed especially to the field of mental health, can be also extrapolated to other medical fields, the compliance to treatment being increased and improving the quality of physician-patient therapeutic alliance.

Up to this moment, no initiative was not triggered at a national level related to the implementation of The Operationalized Psychodynamic Diagnosis in the diagnosis, interventional approach programs of therapeutic scheme type according to the complex diagnosis on the psychodynamic psychiatry axes (that take more into consideration the particularised aspects of: *premorbid personality, trauma/trigger that determined the current psychic disorder episode the defence mechanisms/coping according to which the person in question functions predominantly* and *the compensatory resources of the patient*) *and* recovery of patients with psychic disorders.

The first initiative regarding psychodynamic diagnosis approach took place in Germany in 1992, by the occurrence of a group called OPD, composed of psychoanalysts, psychotherapists, psychoanalysts and psychiatrists. The main aim was to classify and describe the symptoms of psychic disorders by the supplementation of some clinically evidenced psychodynamic concepts. The main reasoning for the creation of OPD was the limitation existing in the classification systems of the classical diagnosis of the type Manual of Diagnosis and Statistical Classification of Mental Disorders (DSM IV TR and even currently DSM V), published by the American Association of Psychiatry and International Classification and Statistics of Mental Disorders and Behavioural Disorders (ICD 10) elaborated by Worldwide Organisation of Health, operationalized systems analysing the psychic disorder *only* through the biological and phenomenological concepts.

In Germany, the country with the most specialists involved in the conceptualization of cases from OPD perspective, and in their multifaceted approach (the psycho-pharmacological side + conceptualization + psychotherapeutic approach + explanation by the patient of his decompensations through the life triggers → thing leading to a *differentiated* and *differential approach* of the future extra-hospital existence of the psychic patient), OPD 2 is considered an important resource in the increase of therapeutic intervention in hospitalised patients, as well as in the applicability of psychodynamic psychotherapy in the ambulatory system, bringing additional and essential information, in the area of diagnosis determination, as well as in the monitoring of therapeutic scheme efficiency.

Starting from 2012, Portugal and Brasilia started the implementation of OPD 2 as auxiliary diagnosis instrument, as well as the development of a

methodology and classification of instruments used in the clinical interviews, with direct implications in pharmacotherapy.

In Germany was created a working group called "OPD Implementation in Clinical Practice", having as purpose the creation of an algorithm for OPD adaptation according to the clinical context of applicability.

To meet the needs for continuous training, there were established regional training centres, they providing services to all those wanting to specialise in psychodynamic psychiatry. The training centres are:

➔ Klinik fur Psyichosomatik und Psychoterapeutische Medizin der Universitat Rostock;

➔ Institut fur Psychosomatische Kooperationsforschung und Familientherapie, Universitatsklinikum Haildelberg;

➔ Klinik fur Psychosomatische und Allgemeine Klinische Medizin, Universitatsklinikum Haidelberg;

➔ Klinik und Poliklinik fur Psyuchotherapie u. Psyhosomatik, Universitatsklinikum Munster;

➔ Abteilung Psychotherapie und Psychohzgiene der Psychiatrischen Universitatsklinik Basel;

➔ Klinik fur Med.Psyzchologie Und Psychotherapie, Innsbruck, Austria;

➔ University of Rome "La Sapienza", Department of Dynamic and Clinical Psychology;

➔ Universidad Catolica de Chile, Santiago, Chile;

➔ Tunderhegy Pzsichoterapeuta Kepzes, Budapest, Hungary;

➔ Tavistock & Portman NHS Foundation Trust, London, Great Britain;

➔ Center for positive psychotherapy, Khabarovsk, Russia;

➔ Institute for positive development, Moscow, Russia;

➔ Mednet, Portman Clinic, London, Great Britain.

Conclusion

Psychodynamic psychiatry is not limited to the provision of a professional training, but it invites the psychodynamic therapists to take part actively to the zonal working groups, leading therefore to a continuous experience exchange, as well as to the permanent development of the field.

Erratum

IDENTITY FIGURES - IDENTITY CONFIGURATIONS PSYCHOGENESIS, PSYCHOPATHOLOGICAL CONFIGURATIONS[45]

Veronica Şandor[46]

MOTTO:
„Self... is a human chaos, a nebula of confused
elements… a green seed of unfulfilled passion,
a mad tempest that seeketh neither east neither
west, a bewildered fragment from a burnt planet…
The I in me, my friend, dwells in the house
of silence and therein it shall remain
for ever more, unperceived, unapprochable"
(Kahlil Gibran – The Madman)

Abstract: *Identity is not a psychoanalytic concept. We find this term in different approaches - sociological, cultural, ethnic, historical, economical, scientific, philosophical, but also in certain concerns and worries related to global situation of our time: migration of individuals, migration of cultural, political, religious values, identity transformation, changes of pathology. We are challenged by all these transformations, as communities and individuals, we are called as professionals to understand and heal the new changes, configurations or borderlands (intermediate states).*
Identity is not a psychoanalytic concept,
And still…
Keywords: *identity, fals self, impostor, snob, identification, as if" personality.*

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Introduction

We recognize ourselves - sometimes without even knowing ourselves - in the mirror, in another's eyes, in our dreams, in analytical interpretation, in our own words or in somebody else's words about us... We know for sure if the reflection is Us, Me... we know - maybe sometimes not so precisely - what we are not. As if we were owning a truth all the time, an identity of perception about ourselves, a truth often latent but constant, a kind of continuity of existence and also of identity.

The feeling of uniqueness and self consistency is a rule of our perception about ourselves.

A unit that means I, Me, Myself, Self is derived from the affirmative sense about what, who I Am, what I Feel.

A self consistent unit that seems to say nothing about its origin or content, that presents itself as a result, with the illusion of being immutable, in spite of the projections towards past or future it implies: *A core, an entirely subjective reflection of the Person.*

Psychic suffering confronts us with phenomena revealing the components of the identity and sometimes the failure of its unity and coherence.

The first observations I choose in order to introduce the identity psychogenesis or formation refer to *Hysterical and melancholic identification.*

These mental and psychopathological realities are representative for the analysis of identification and identity formation.

For identity severe troubles, I will only refer to *False Self in its particular aspect that touches our prefessional Identity, the Impostor and the Snob.*

In *Hysterical Identification* and *in Dreams*[47], the Ego appears somehow dismantled, deconstructed, the condensation doesn't work anymore in the service of Ego integrity but in a regressive manner, to serve an old yet current acute conflict.

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47 S. Freud - *L'interpretation des reves, Paris, PUF, 1967*

The same Identity reappears divided into many characters and the same drives are displaced onto these characters in a scene of conflicts and wish fulfillment, of trauma revival and relationship with the others.

We see in **Hysterical Identification** *both the characters that compose and express us and - perhaps particularly - the body-to-body regression, the way pain, pleasure and crualty of the other become or rather become AGAIN ours, in our body.*

In **Melancholic Identification**, pain and regression are also present and obvious for a therapist. The feeling is the same: a feeling of identification with the pain, the same symptomatic impossibility of separation, the same stubborn fixation to an object not enough introjected.

So, by the means of dream and symptom we come to talk about identification. In dreams as well as in symptoms we witness a relative decomposition of the person into its unconscious identity dimensions.

This decomposition gives an account of the multitude of instinctual, narcissistic and relational aspects that compose the identity in its "sane", integrated form. A lost unity, in pain or danger, that was maybe never coherent or reliable enough.

What is identification, what is its origin and role in Self construction as a unique, coherent and stable, subjective structure but at the same time recognizable for ourselves and for the others? What is the archeology of this conglomerate that is the Self?

In my own view, when I say SELF - MYSELF - I mean obviously more then EGO in the sense of instance of the psychic apparatus. I affirm in fact the intuition of myself as a halo, a coherent and stable structure of emotions, experience, options, images, history, love, hate, desires and prohibitions, beliefs, healing forms, incurable wounds, long-delayed healing, the past that created and determined me. When I am honest I only express this intuition about myself in its unconscious dimension. I call it - according to Winnicott - continuity and recognition of my own mental life, sense of being real, sense of psychic envelope after Anzieu, thirdness after Green and Ogden, a space that allows reflection and analysis but also affirms the singularity and continuity of the person, its uniqueness. S. Freud preserved somehow an uncertainty of meaning regarding his two concepts - Ego and Self - and we must agree that also in current languange these two

terms are mixed up, according to the objective or subjective message they convey.

It's the sense of a unique and subjective wholeness that determines my destiny without me knowing too much about its unconscious formation.

What is its origin?

From the beginning I'll put myself outside of the sterile instinctual/relational conflict and always stand for the impossibility and usefulness to separate them in theory as well as in therapy, where they always appear interwoven, interconnected.

So what's happening during the first hours after child's birth from the identification point of view?

Psychogenesis

It seems like an evidence, confirmed by newborn observation and yet not contradicted by studies, observations or experiments, that in the first moments of life, as an extension of mother-foetus merging state, the newborn is not, it can't be a projector within the primary relationship to the mother. The baby comes into the world gifted with the ***instinctual equipment of the four originary scenarios: seduction, castration, return to the womb and primal scene.***

The development of the drives begins within the framework of the first unconscious interactions with the environment, with the main projector, who is a guarantor of survival and pleasure.

But beside these four originary scenarios, the newborn is confronted from the first moment with the ***projections of its genitors and caregivers.***

These projections are not fragmented or fragmentary. They are unitary and unifying in 4 fundamental aspects:
- Narcissistic,
- Instinctual – anaclitic,
- Relational - including all unconscious messages,
- Recovery from primal depression.

What a mother sees spontaneously - both consciously and unconsciously - in her newborn becomes the ***first self image unconsciously***

received and experienced by the baby. This is the first imprinting. It's the primary identification.

Primary maternal preoccupation is the first source of the first identificatory transmissions by the means of:

- empathy,
- projection,
- body-to-body reverie.

The primary identification consists in the total taking over, by projective identification, of all mother's feelings:

- instinctual activity together with the anxiety generated by her defense mechanisms

- narcissistic aspects together with her self image, her reveries of reparation and narcissistic wholeness

- relational aspects, by registering the baby within generational and gender order

- vitality aspects, by providing him power and independence to face the world, in order for him to recover from primal depression

How else could be obtained that automatic, unconscious *mimetism* of mother's mental states merged into her newborn, if not by body-to-body, more or less sexualized/desexualized communication:

Primary identification, acknowledged as an **unconscious attractor** for later identifications. Does it leave **mnesic traces**? Of course!

These mnesic traces are crucial for hallucinating desire accomplishment and for the first sketches of internal space as delimited from the external one. We talk about:

- the first mnesic traces indispensable for an early control of reality even if inevitably and necessarily marked by omnipotence

-the first mnesic traces of autoerotic pleasure BUT also of mother's pleasure/unpleasure experienced via projective identification in relation to child's instincts and later drives.

-the first mirror feelings.

We notice therefore *an encounter or a collision between mother's and her newborn's instinctual drives* which is responsible for later *fixations*.

I think these fixations - either they are the result of a happy encounter or a collision - bind the newborn to the first projector.

The newborn represents an instinctual and narcissistic object for this primal projector.

The projection the child experiences and recognizes himself within, associated with different degrees of pleasure or frustration inexorably binds and marks him/her with *a higher or lower potential to tolerate separation* from this first object, it determines his/hers capacity of introjection and consequently his/hers tolerance to separation.

The impact between the instinctual, narcissistic or traumatic force of the parents and the vital force of the child represents a fundamental factor of child's identity.

The relationship between *recognizing ONESELF in the child and recognizing THE CHILD as a separate different human being* is also decisive for its identity and for the later nuances and proportions between True Self and False Self, in Winnicott's acception.

Separation from primary object and early satisfactions / frustrations is essential for identity formation.

Except for traumatic types of identity troubles, within psychogenic forms of identity problems we can witness - in symptoms, dreams, transference, secondary configuration of identity or counter-transferential feelings, difficulties to separate from primary object.

Ideally speaking, mother's conscious and unconscious message should be: I let you separate from me in order to give you a whole new world...

This message would allow child to become part of the law, nature and reality order.

This leap seems impossible for pathologies including repetition compulsion, negative therapeutic reaction, fate neurosis, as well as fusional narcissistic identification within the frame of the main religions, ideologies, false self pathologies, imposture and snobbism.

These phenomena reveal a close connection between immediate pleasure and Thanatos. They also report the impossibility to detach - individuation after Mahler - from a traumatic experience, under instinctual or narcissistic aspect, traumatic by too low or too high degree of investment.

In fact, what seems essential to me for individual evolution is the successful instinctual intrication, beyond structural-functional splittings in development, beyond latent conflicts and underlying defenses.

Life instinct preserves the integrity of true Self as well as its capacity to sustain self image, to recognize oneself, to Be.

In this regard, mother's narcissistic and empathetic capacity ensures her baby's recognition as simultaneously similar and different: narcissistic capitulation, internal capacity to sustain the growth and differentiation of a human being other than herself, to love someone different and not only the things she recognizes as her own, to love someone else than herself...

Some Identity Figures
False Self

"The first impression these people leave on you is one of a complete normality. They are intact, gifted intelectuals, they show a great undestanding of intelectual and emotional matters, but when they follow their creative drives, their work might be valid as a form, but always a spasmodic repetition, even skilled, of a prototype without the slightest trace of originality. A closer observation reveals the same thing about emotional relationships. These relationships are usually intense and seem to wear the distinguishing mark of firendship, love, sympathy and undestanding, but even an outsider soon senses something strange.

For the psychoanalyst it becomes soon clear that all these relationships are cold and all emotions are just formally expressed, lacking inside experience. It looks like a role-playing of an actor who knows the technics but lacks the spark...

From the outside, the person looks normal... The behaviour is common, intelectual capacity doesn't seem harmed, emotional expressions are well adapted and adequate. But in spite all this, something obscure and indeterminate interposes between the individual and the others, something that raises the question "What's wrong?"

The narcissistic aspect of identity formation was an object of study for psychoanalysts of the second half of the XXth century: Klein, Winnicott, Kohut, Fairbairn, Anzieu, Kernberg.

But it was Helene Deutsch who depicted for the first time the clinical portrait of False Self.

The question "What's wrong?" is related to a series of pacients described by Deutsch and has always the same meaning: in spite of their harmonious appearance, something sounds empty: a sensation of strange, of discrepancy beyond words.

"Their seemingly normal relationship with the world rather suggests child's spirit of imitation, a mimetism... a totally passive attidude towards the environment, along with a vivid ability to perceive the environmental signals and a great plasticity to alter their behavior in consequence... which leads to the individual being capable of the greatest honesty and duplicity in the same time... The same gap defines their moral structure... Totally missing character, these people are exactly like their environment, good or bad..."[48]

*We return to the question **What is wrong?***
Where comes this feeling of emptiness from?
What makes the individual stick to primary identification?

My hypothesis is that at some point in the ***process of evolution,*** in one way or another the individual is refused:
- recognition,
- validation as a separate individual,
- narcissistic validation in mother's eyes (generally speaking),
- pleasure of body-to-body relationship,
- separate individual existence.

Neither invested nor validated, the individual tries hard to get into relation, to stay in touch, by the means of primary, mimetic identification, without getting any reaction to introject in order to grow, to define himself, to separate.

This phenomenon, regarded by psychoanalysts as related to destructured families, narcissistic or psychotic mothers, even if not so obviously pathological, escalates in transitional or reframing societies where basic values for character formation, moral or cultural values are questioned,

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48 Helene Deutsch - La psychanalyse des nevroses et autres essais, Payot, Paris, 1965, p. 224

attacked or destroyed and where this chameleonism seems to be the only solution for individual's survival, even with the sacrifice of TO BE.

Of course, we take into account here especially the ***identity void*** but we could also consider some aspects of social hypocrisy, narcissistic, material or social ambitions where a part of us rests unknown or abandoned. The already famous opposition between TO BE and TO HAVE.

The considerations above lead us to what I call ***false analytic self.***

A transitory phenomenon at the beginning of our practice, it can also persist as a defensive attitude. This phenomenon is both defensive and narcissistic. Defensive, as we defend ourselves against being touched by others and choose to identify with our analyst or "analyst's position".

Narcissistic, because we feel validated by the identification with the "position of the one who knows or is supposed to know", after Lacan.

Bion's position in terms of negative capability becomes a mature acquisition yet the only one that leads us to a true analytic self.

The Impostor

"In nowadays societies, the impostor is like fish in the water: to value the form despite the content, to value the means against the purpose, to trust in reputation and not in work and integrity, to prefer the audience and not the performance, to adopt profitable pragmatism rather than the courage to accept the truth..."[49]

The imposture, says Roland Gori, consists in refusing to think, refusing the truth and seems to be the consequence of certain social-cultural changes. Psychoanalysts wonder, with regard to these changes and consecutive transformation of subjectivity - if somehow these changes make people trust no more in the Subject who leads himself and thus psychoanalysis becomes unuseful or, under these circumstances, what kind of psychoanalysis is still possible?

Of course, unlike false self, the impostor seems to know who he is, but he puts away his core together with his principles and fidelities of his evolution, he sacrifices them in order to sustain a pragmatic form...

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49 Roland Gori - La fabrique des imposteurs - Conference a l' Universite de Nantes.

An example from classical psychoanalytic literature brings us closer to our subject by a portrait of the same Helene Deutsch.

"After he ran away from home, Demara became a psychology teacher, a monk, a soldier, a sailor, a police departament chief, a psychiatrist, a surgeon, one at a time, always using a different name. With an incredible skill and art, successfully using a little knowledge he was getting ad-hoc, he always obtained an expert certificate. He never got caught, other than by accident... Reading his biography we notice he was always looking for an identity which correpond to his narcissistic concept of himself, in terms of I am a genius*, but in fact all this search served to deny his own identity."*[50]

The Snob

As opposite to the Impostor, Snob's bet is mainly narcissistic... It doesn't matter who you are, it only matters to adopt a trendy image... Everything can be simulated, from cultural to gastronomical, fashion, lifestyle preferences...

I chose to call these **empty forms of identity,** empty in various degrees**,** because they seem extremely important for the times we are living and for our professional practice. In our times, as we have prescriptions for everyting and everything can be faked, we ask ourselves where to situate our profession which has the truth as a purpose and particularly this aspiration: **Restore me to myself.**

Translations of the summary

Résumé: L'identité n'est pas un concept psychanalytique. On le retrouve dans les diverses approches sociologiques, culturelles, ethniques, historiques, économiques, scientifiques, philosophiques, mais aussi dans les préoccupations et les soucis de notre époque: la migration d'individus, les valeurs culturelles, politiques, religieuses, la transformation identitaire, la transformation de la pathologie. Tous ces changements nous incitent, tant du point de vue individuel que collectif; nous sommes incités en tant que

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50 H. Deutsch - Psychanalyse des nevroses et autres essais, Paris, Payot, 1965, p. 278.

professionnels appelés à comprendre et à guérir les nouvelles mutations, les nouvelles configurations ou les phénomènes transitions d'un état à un autre.

L'identité n'est pas un concept psychanalytique...Et pourtant...

Mots-clé: identité, faux self, imposteur, snob, identification, personalite comme si.

Rezumat: Regăsim conceptul în diversele abordări sociologice, culturale, etnice, istorice, economice, ştiinţifice, filozofice dar şi în preocupările şi îngrijorările epocii globale actuale: migraţia indivizilor, a valorilor culturale, politice, religioase, transformarea identitătii, transformarea patologiei. Suntem provocaţi de toate aceste transformari atât colectiv cât şi individual, suntem provocaţi ca profesionişti chemaţi să înţeleagă şi să vindece noile transformări, noile configuraţii sau stările de trecere. Identitatea nu este un concept psihanalitic… Şi totuşi...

Cuvinte-cheie: identitate, fals self, impostor, snob, identificare, personalitatea "ca şi cum".

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