

An abstract painting featuring a vibrant palette of reds, yellows, blues, and greens. The composition is dynamic, with thick, expressive brushstrokes and visible textures. A central area of bright yellow and white is surrounded by swirling colors, suggesting a sense of movement and energy. The overall effect is one of intense emotional expression and visual complexity.

# IPSO JOURNAL

## 2023/2024

'Fall 1' Mary Sacco

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## Editorial

Dear colleagues,

We are very happy to introduce this edition of our Journal which presents all the papers that won the Writing Awards in 2023 and 2024, linked to the main congresses of each region. We hope that you will enjoy the observations and reflections from candidates from all over the world. We are very pleased that through our variety of IPSO activities we engage a large community in psychoanalytic activities across the continents, which also comes across in the large number of papers submitted to our calls.

In addition, “*Training Today*” features papers about the candidates’ experience. We look forward to receiving your contributions to this section; this may be a conference or IPSO study day review, reflections on your training, psychoanalytic reflections on the countries where the congresses take place or anything else you find relevant to your experience as analyst-in-training. “*Psychoanalytic perspectives on socio-cultural issues*”, welcomes experiences and reflections, from an analytic perspective, concerning interesting elements of the contemporary context, observed through the eyes of the next generation of analysts.

We hope that you will feel encouraged to write for the upcoming awards as well as come and listen to the paper presentations at the upcoming congresses. We know this is a contentious point given the climate emergency. How do we reconcile the fact that the climate is collapsing around us and our wish to connect and learn from each other? It seems that one important learning from the





pandemic is the use of online or hybrid meetings, which might not be as pleasant as making actual physical contact, but they give the opportunity to connect and avoid travelling at the same time.

In this issue we welcome the winning papers of the IPSO Writing Awards related to the EPF Annual Conference Cannes 2023, the IPA Congress in Cartagena, the EPF Annual Conference Florence 2024 and the Asia Pacific Conference Sydney 2024.

We are also very pleased to announce that some of the papers written for IPSO calls have since been published in academic journals. Congratulations!

A very special thank goes to all the colleagues who, with commitment and generosity, collaborate on the “*IPSO reviewing team*<sup>1</sup>”, an ongoing group of reviewers who double-blindly evaluate papers presented at congresses, and who continue to grow in number and expertise from congress to congress.

We hope that this IPSO Journal will be of interest to the analytical community and helpful to its continuing growth.

Enjoy reading this edition!

**Valerie Curen, IPSO Editor**

**Manuel Ortega IPSO Editor-elect**

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<sup>1</sup> Urvashi Agarwal, Ritika Arora, Noa Barhaim, Ad Blom, Federica Cavazzoni, Ananya Kushwaha, Bruce Laing, Diana Maldonado, Chiara Pazzagli, Marina Vidal Stabile, Priya Tiwari, Michelle Van den Engh, Cristina Wünsche

# IPSO MEMBERS' PAPERS

## EPF Cannes 2023 "Illusions"

### 1<sup>st</sup> prize

Bianca Tiator

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#### *"If only time stood still forever..."*

This is the story of a patient who came to me for analysis, severely depressed, with structural suicidality and psychic retreat. Within our holding therapeutic relationship, she was able to discover deeply buried needs and desires within herself. Over time, a transference love developed, characterized by a longing for security from early childhood, and the desire to be with me forever and ever. It was difficult for the patient to accept the limitations of the analytic framework. I had to put her through the constant alternation between illusion during the session and disappointment at its end. The intensifying transference love made the pain of loss caused by the inevitable end of the analysis unbearable. Both within the patient and in the transference relationship, an intense struggle took place to acknowledge reality between illusion and disappointment that there will never be an everlasting symbiotic love relationship.

To protect my patient, I have intentionally skipped or disguised some details of the clinical material to maintain confidentiality and minimize the likelihood of identification. In addition, I have asked three colleagues to carefully read over and approve the material with this in mind. As for my patient who might recognize herself, I hope that she will feel that I have been respectful in recounting our work together.

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It is a really great honour for me to have the invitation to publish my paper in the IPSO Journal. Thank you so much for that! Unfortunately, I am now in a dilemma and have been thinking long and hard about how to decide. My paper is not a theoretical paper. My idea was to make visible all the difficult feelings in the transference-countertransference process with my patient: the love, the anger, the fear, the shame, the despair, the successes and failures of both of us, my patient and me, her analyst. My main aim was to involve the readers emotionally and to touch them deeply in order to let them experience first-hand what psychoanalysis can really be. That's why I tell a very intimate story in my paper. On the one hand, I consider it extremely valuable if we dare to enter into an honest and open exchange with colleagues about our own fears, weaknesses and mistakes as analysts. Even more importantly, I want to protect my patient with her personal and our shared history. It is therefore with a heavy heart that I have decided not to publish my paper.

However, I have decided for a middle way: I would very much like to invite interested IPSO Journal readers to contact me personally via [bianca@tiator.de](mailto:bianca@tiator.de). Then I will be happy to send my paper in an encrypted file and I will trust that no one will pass it on to a third person without asking me. With gratitude, Bianca Tiator, April 2024.

## 2<sup>nd</sup> prize EPF 2023

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### ***"Illusion as a creative space in the analytical bond"***

In this paper we propose to reflect on illusion as a necessary mental process in the creation of bonds, especially in the analytical bond. In this sense, we will take some ideas of Donald Winnicott, Wilfred Bion and Florence Gignard to then share a cut of our clinical practice that can awaken our concerns and favors the exchange.

According to its dictionary definition, we can consider "illusion" linked to desire, hope, joy. Perhaps it's necessary to add that thinking about illusion, in terms of mental process, implies thinking about disillusionment at the same time.

Donald Winnicott allows us to understand a modality of creation of the bond that leads us to think about the creation of the analytical bond with the addition of the concept of the transitional. From this point onwards, with the help of Florence Guignard, we can point out the encounter of the infantile between patient and analyst in a transitional space of creative power that will allow the unfolding of the analytic process.

The bonding theory read from Winnicott's perspective results in a possibility of linking the most classical and new points of view. In other words, a version of the internal world, but also of the "between" (the bonding perspective of Psychoanalysis), of what is repeated and of what is new in the bond.

Winnicott is an author who writes in a "simple" way approaches that have an enormous complexity (in the sense of being difficult and in the sense of the richness they imply).

He works with paradoxes and makes explicit that paradoxes are not there to be resolved.

For Winnicott (D. Winnicott 1993), human beings start from absolute dependence and move towards autonomy, never fully achieved, passing through relative dependence.

When a baby is born, it is absolutely dependent on another human being. But it is not aware of this dependence.

The baby feels a need, such as hunger. The good enough mother understands this need of the baby and offers food. But the baby has the illusion that it has created this food source itself. Little by little, this mother will be able to gradually disappoint the baby to the extent that the baby tolerates it. In other words, the world was already there for the baby, but he does not know it and has the illusion that he created what he found.

The mother will accompany the baby's development with adequate support and management, and between both of them, a transitional space and transitional phenomena will take place.



The truth is that the analytic process takes place in that intermediate zone, in that illusion, which is shaped by both the patient and the analyst. It's an invention, a unique creation.

In that intermediate zone in which the analysis takes place, the encounter of what Florence Guignard (Guignard, F. 2004) calls "the infantile" of both, the patient and the analyst, takes place.

Perhaps it's more evident that in an analytic process we always find infantile aspects of the patient and it's with them that the analyst works. Less obvious might be that infantile aspects of the analyst also come into play. This is why Florence Guignard points out the inestimable importance of the analyst's analysis.

It's important to emphasize that "the infantile" for Florence Guignard is not a part of our life that has already passed because we are adults. "The infantile" allows us to get in touch with curiosity and emotional vulnerability. It's, from the author's point of view, the source of beauty and violence, love and hate, knowledge. And this is very important for all human beings, but for analysts in particular. Specially if we follow this idea that analysis happens in that encounter of "the infantile" of the patient with "the infantile" of the analyst. It's there where history and novelty enhance the creativity of the process.

We want to clarify that the concept of "the infantile" as a living nucleus of the personality cannot be confused with a moment of regression or where the analyst loses his function as an analyst. "The infantile" is not the same as the child.

On the other hand, Bion is an author who also gives an important value and place to dreams, both in the analytic session and in the appreciation of his hypotheses regarding the beginning of emotional life.

Bion emphasizes the importance of the preverbal world and the sensitive grasp of sensoriality in the bonds between human beings and between a mind and the world. He understands that the emotional birth of a human being depends on someone being able to dream him. Perhaps later he can dream himself.

At the beginning, it's the mother who will fulfill the function of reverie. She will dream this baby who has to face the adventure of coming into this world with total ignorance, but with a certain intuition of what he needs to survive. She has to dream to offer him alpha function and transform the beta elements. Only in this way will the baby tolerate the mental pain of such a complex world. This encounter may or may not happen. It will not happen if the omnipotent part of the personality imposes itself.

In the origin, the beginning of life must have been chaotic and someone had to act as a container to receive, to accommodate this disorganized, fragmented content. This operation implies a bond and is crossed by the emotional experience.

Bion has the idea of analysis as a space of search for a truth. This truth is not known a priori and both analyst and patient have to tolerate this lack of knowledge, this not understanding.

Many times, this is how the patient arrives and he needs his potential analyst to be able to dream him.

### **Clinical Practice**

We would like to share a snippet of clinical practice. It's not a clinical vignette that illustrates exactly the theoretical aspects mentioned in this paper. We will try to focus on the creation of the analytic bond with this patient.

It's the story of an analytic process in sections with a patient whom we will call Alicia.

Yes, the name is chosen in reference to the story "Alicia in Wonderland" by Lewis Carroll. Just as Lewis Carroll invites us on a dreamlike journey, the story of an analytic process is a dream. It was dreamt by the patient and the analyst together and it's dreamt at the moment of writing it down.

### **First part of the journey**

When I met Alicia, she was three years old. Her parents consulted because Alicia's tantrums were becoming very difficult for them and they began to resolve them by hitting her until one day Alicia's skin was red, marked by having hit her. The parents were scared of themselves. They loved their daughter very much, but they said they were getting on each other's nerves, that they couldn't stop.

This was a family going through a terrible bereavement, but they did not mention it as a reason for consultation during at least the first two interviews. Alicia's baby brother had been born 5 months earlier and died a few hours after birth from an undiagnosed heart condition. Alicia never got to meet her baby brother.

The indication at that time was to have family meetings alternating with interviews with the parents. We worked with this modality for a year.

They began to feel relieved, the symptoms that had brought them to the clinic had resolved and at this point they decided to interrupt the treatment.

During this first stage it was necessary to set up a framework and a device that would allow for a trusting analytical bond. Many times, I found myself repeating, supporting, setting limits with kindness and firmness to this family that at the beginning seemed to want to transgress them systematically.

### **Second part of the journey**

Two years after the end of the first part of the work with Alicia and her parents, I was called again to tell me that Alicia, who was now almost 6 years old, had asked to see me. At first it was not clear what the reason for the consultation was.

The first few sessions with Alicia were tinged with manic defenses. On the first day, she told her mother that she was going to leave her alone in the waiting room because she was going to spend some time with me.

She wanted to play "the teacher game", showing me everything she knew. She corrected me on everything she could think of.

This happened during the fourth session:

*Alicia and her mother came to the office fighting. At the office, I asked Alicia if she wanted to tell me what had happened. She said no because she was embarrassed. But then she said she wanted to wear a different T-shirt than the one her mom told her. She wanted one with hearts on it. She said her mom likes clothes that are boring.*

Analyst: You and mom don't always like the same things.

*Alicia wrote on a piece of paper "mom" and then on the same piece of paper she wrote "I love you".*

Analyst: Are you trying to tell me that you love mom even though sometimes she doesn't want what you want?

*I think that at this point in the session I should have waited a little longer to say something. I was disoriented. Luckily the kids are patient and Alicia had confidence in me since our bond already had a history. So, she insisted on telling me what she wanted to tell me.*

Alicia: Sofia has a little brother and she complains because he grabs her things. Those of us who don't have little brothers complain because we want to have a little brother. I had a brother, but he died. And I am very angry because I don't have a brother.

Analyst: You have a family that has a mom and a dad. But you would like it to be a family with a brother. And I think it makes you sad and angry that you can't decide and choose the kind of family you would like.

Alicia: They wouldn't let me see my brother. They didn't take me to the clinic. I had a teddy bear to give him. One was for me and the other was for him. Now mom has it and she doesn't want to give it to me. I want to see it; I don't want to take it.

Analyst: What a difficult thing that happened and that cannot be changed. You had to understand something very difficult when you were very young, which is that not all babies can live and grow up.

Alicia: My father had a brother who died, but he was a big boy. Nazareno (her friend) was going to have a little brother and he died in his mother's womb.

Analyst: It seems to me that one of the reasons you asked mom and dad to bring you in, is because you would like me to help you think a little bit about this issue.

*It was a difficult session, but an important one. Even though the topic was one of great distress, it produced a relief in me that the manic mechanisms stopped and something came up that I thought was very important for this child to elaborate on.*

During this second part of the treatment, we worked on the mourning for the death of her brother, the overflow of emotions that couldn't find any container, the differentiation with her mother. Her mother wanted Alicia to be like her and very difficult moments were generated because she couldn't tolerate differences. Her father was suffering from a major depression.

There were a series of sessions, which lasted between two or three months in which Alicia dedicated herself to mixing colors to form new colors. At that time, we were working on how, for example, blue and yellow formed green. It was no longer one color or the other, it was a new color. There were prettier greens and uglier greens. Then we started to form the colors between the two of us, we explored together. This experience helped us to talk about our bond and then she herself proposed this game with her friends at school. It allowed us to work in session on how difficult it was to be with friends without submitting or imposing ourselves, without blue or yellow predominating.

During the second year of this treatment period, a random event happened that intervened in our work. I became pregnant.

Before I found out that I was pregnant, Alicia suggested that we played "The Doctor Game":

Alicia: You have a baby or a book inside your body. *Then she drew on the blackboard and said:* This is your body. It has something wrong.

Analyst: What does that mean?

Alicia: Nothing wrong with it. It's up to you.



She didn't mention my pregnancy again until 5 months later. Since it wasn't my first pregnancy, it was very noticeable and I was surprised that she didn't say anything.

The mom wouldn't say anything to me either. When I was almost 6 months pregnant her mom made a comment in the waiting room, she asked me and I confirmed that I was pregnant in front of Alicia.

Alicia enters the office:

Analyst: Do you want to know anything about what we just talked about with mom?

Alicia: I didn't hear anything.

Analyst: If you want to know anything else you can ask me.

Alicia: I'm going to put a lot of colors, but you can't see them. Yesterday I had a tummy ache. It went away when I had a glass of water. Now I'm going to make a story called "The Story of Colors":

*A blonde girl who eats a lot of candy. The only healthy thing she eats is blue plums. The healthy thing for everyone is candy because it's a colorful town. I don't like candy and she said I don't like candy. Now I will eat healthier and healthier. I will eat plums every day. She always played and drew the colorful town so the babies wouldn't be scared. She put only two colors: yellow and blue. She stopped and asked: what happened to the babies who grew up and had fun with the colors? They're going to kill me at school for painting green. You don't ruin other people's things. The End.*

Analyst: *(I could tell that Alicia was telling me important things, but I still couldn't find a way to shape them. Then I decided to describe some of what she was saying).* You're telling me a story that I think is very important and that has many elements: colors, babies, a girl, tummy ache...

*Alicia was quiet for a while. Then she said:*

Alicia: This is the story of colors.

*She picks up another sheet of paper and while scratching it with intensity she says:*

Alicia: A little bird told me that yours is going to be a boy.

*After this session came another one with a drawing called: "The fury of Noah's Ark without brothers".*

Both drawings were used to work on for many sessions. A terrible rage appeared that sometimes made her want to punch me in the belly and feel bad about it.

We had worked on grief from the sadness aspects of the loss. But something had gotten stuck. It was all the anger she had felt during her mom's pregnancy, she wanted that baby to die, now mine. She felt guilty and fantasized she could kill with her thoughts.

Luckily my pregnancy came to term, I took maternity leave and this meant a separation and a reunion. A boy was born. Alicia asked me to see a picture. Then I found out that there was a single photo of her brother that the parents had never wanted to show her. She finally saw her brother's picture. She also saw the picture of my baby.

We continued working for a little over a year. She was finishing elementary school. She told me she felt good, she had friends, she was doing well in school. The relationship with her parents was a little better, the relationship between the parents had worsened a lot.

Alicia said she didn't want to come anymore and we interrupted this second stage in spite of my doubts. She was in puberty and it seemed to me a very sensitive moment to stop her analytical process. But sometimes it happens this way.

### Third part of the journey

Four years later I received a call from Alicia's mother, who is now 16 years old. We have been through the pandemic together and the treatment continues today.

Thus, after analyzing this beautiful journey, we dare to say that from illusion to disillusionment it's possible to create a bridge to reality and to the creation of a genuine and deep bond. As Winnicott would say: *"the capacity to still feel wonder is essential to the creative process"*.

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## IPA 53rd IPSO 27th Congress / Mind In The Line of Fire / Cartagena July 28th 2023

### 1<sup>st</sup> Prize Latin America IPSO 27th Congress Cartagena

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***"Flowers in the desert: what mobilizes an analysis?"***

#### **Abstract**

Reflection on what mobilizes an analysis in the analytic couple, when there are deficits in the primary relationship, the constitutional character of the conflict: life drive - death drive, and on the identity of the analyst in training.

#### **Paper**

When I read the title of this Congress "Landscapes of the mind: from desert to fire" my first association were images of desert landscapes. I thought of two images: the stereotypical cinema image of a desolate wasteland, difficult to inhabit and at the same time beautiful for the openness in its non-saturation of elements; and the second, a memory of my childhood: a flat landscape in which the soil broken by aridity contrasted with the water reservoir created by man and the existence of various types of desert plants, home to animals that I did not see but knew existed.

Faced with the contrast the scenes evoked in me, I began to investigate what is a desert? To know its contrasts, difficulties and opportunities. It seemed relevant to me to relate it to the treatments with patients who have mothers who struggled to provide containment in the first moments of life, and the subsequent narcissistic deficits of these patients who struggle to relate. I propose to reflect on the work of authors such as M. Klein, W. Bion and M. Giovannetti; on the obstacles and opportunities in the treatments of two patients with these characteristics to address the following questions: What sets an analytical treatment in motion, what is it that leads us as analysts to see the expectant life with its constructive and destructive nuances in a desert wasteland, what happens in the encounter that eros can recover its transforming force with the living, affective and close presence of the other? And finally, what sustains analytical work in cases and times that seem desolate

The word desert is defined by the RAE as a defined land or uninhabited place, alone or uninhabited. However, seen from another point of view, it is a habitat that due to the climatic condition, either by lack or loss, is characterized by the deficit of humidity and rain, the necessary condition for the development of life. Showing that although deserts may seem inert, there are flora and fauna that develop special ways to survive in these harsh environments.



The title of this meeting and the associations it evoked in me, led me to think about certain patients who question me in my psychoanalytic clinical practice. Patients who have in common an arid beginning in life, with different deficits in their primary relationship, traumatic experiences, with different difficulties and symptomatologies; but also with a capacity to take that which anchors them to life - eros; to fight against the deadly and to generate transformations in analysis.

Reminding me, not without amazement, of the ability of desert flora and fauna that have been able to take and transform even in deficit and adversity. The Namibian desert beetle is a case in point, having developed the ability to transform ambient haze into water in order to survive. Or the cacti and succulents that developed ways to contain water for the time of scarcity and even long roots to search for subway water reservoirs. Discovering these data reminded me of the sense of surprise I have felt with certain patients with whom I have questioned myself about the limits of analysis, the place of the constitutional, the role of the transference dynamic in the eros-thanatos pulsional dynamic and about the importance of the analyst's libidinal effort which I think of as the support of the hope and the life effort he offers to the patient.

In the association to which I belong, our teachers constantly talk to us about the importance and responsibility we have in our patients' lives, reminding us that the analytic relationship is a human relationship in which we are at stake with the patient. Transmitting to us this pulsional commitment that we have and that is played differently with each one, not only because of their characteristics, but also because of our own. In each analytical duo a different field is co-created with different tonalities each session, in which the flowering of the pulsional life and the unconscious that allows the analytical work is sought.

Let us remember that letting oneself be inhabited by another and building a habitable space for the other is a matter of two people willing to face the vicissitudes of one's inner world. Giovannetti (2004) speaks of the challenge that hospitality implies for the analyst in times of no borders. In this respect, he says that the analyst, in order to accommodate the patient in his singularity and generate a psychic space of analytic listening, in which floating listening and free association are possible, "has to deconstruct his conceptual acquis, deconstruct his classical setting". In order to be able to "offer hospitality to the new subjectivity that emerges in these new times of non-places and non-frontiers". These times of non-places and non-frontiers refer me to patients with deficits in the constitution of narcissism, with narcissistic wounds of having inhabited a non-place of desire or of non-frontiers in the relationship with their primary objects. Patients with mothers with borderline pathologies, with strong psychotic traits, depressed, mothers with difficulties to libidinize their children: allowing symbiosis and recovering the differentiation between herself and the other; or dead (depressed) or deadly (destructive, narcissistic and hateful) mothers. Patients with an internal habitat of libidinal and constitutive deficiencies that give a countertransference sensation of "sowing on arid ground" because of their difficulty to invest objects, their devitalization or because of the strength and presence of the death drive. The first challenge may be to build a relationship since they are wounded, distrustful, with high destructive components, there are difficulties establishing meaningful and deep connections since they tend to attack and break links, internally and with others; or who have few relational keys registered in the prehistory of their object relations. Where the optimal distance and the manifestation of their conflicts and drive dynamics is a particular language marked by transference-countertransference dynamics. And I wonder how do I offer them hospitality to make a relationship.

Giovannetti's words resonated with me, since our analytic work implies creating with the patient a bonding space in which he/she can unfold or build his/her inner world. And he adds that: "Only in

this way, in that new register, the psychoanalytic clinic will be able to recreate something that has the sense of "my home", my house, my identity" through a mutual work (analyst-analyzing). I think with Giovannetti that we create this space with what we are and from the sensitivity towards the unconscious and the affects that we build in our own analysis and supervisions. This tripod gives the necessary support to the analyst for the drive struggle

I am thinking of two patients. The first one, Azucena almost 50 years old, I have been working with her for 3 years with a frequency of 3 sessions per week. She started treatment for depression and anxiety, however her most notorious and striking symptom is glaucoma in both eyes: "inherited from her mother"; and that during her treatment she has been operated on 2 occasions. On one of her eyes she had 3 previous surgeries and the other she had the first surgery during the treatment. After the surgeries for glaucoma, and since her ocular pressure has remained stable, a cataract appeared that affected the eye with less visual impairment, leaving her, until the surgery, with little visual capacity. In between the last glaucoma surgery and the cataract, I developed an allergic conjunctivitis in my left eye. I linked it to her for two reasons 1) to imagine the pain she could feel with her glaucoma by feeling pain in my body due to an external agent that I linked to her unconscious contents, 2) a gesture of mine that my supervisor pointed out: during the supervisions I would caress, touch or cover one of my eyes. A gesture that I observed in Azucena and that I linked to an increase of tension, anguish or some emotion in her. I felt that this was an attempt to understand her way of expressing herself different from mine to make the encounter possible.

I consider that from this co-created symptom-gesture, we were able to open in my supervision and later in session unrepresented unconscious material and to construct what remained outside the psychic field to be discharged in the organ. It was through this event that it was possible to think about it in supervision to begin to construct meaning to the symptom which belonged to the traumatic and to the death drive and which - without registration or representation – had remained unloaded in the organ. From this and from the work in supervision and analysis, the damage in my patient's organ has been kept at bay, now that she can see more (physically and psychically) we analyze other areas, such as the passage from acting in to acting out in the transference relationship and emphasise the analysis of its destructive part in transference, which always threatens since we are not exempt from the death drive. However, its ocular pressure remains stable and there is dynamism in analysis based on the pulsional part of the transference. The way in which the death drive is linked to the life drive is in relation to the object, and in the transference it is directed to the analyst who contains it and metabolizes it in order to return it in an interpretation that opens the possibility of transformation. This is how I have thought so far of this symptom-gesture of mine in relation to my patient, as something that allowed me to contain and contact from my sensations and representations first, to metabolize it through the third - in my supervision - and to be able to construct with my patient the sense of his symptom to turn into a gesture to be interpreted and not only an organ that suffers and deteriorates. I think with Giovannetti in the analytical listening with Azucena, which in this case involved my body in a way that had never happened to me before and which allowed me to listen better to my patient.

The second patient that comes to mind is Ramiro, a young man in his twenties who did not know why he sought treatment but who has a traumatic history with a mother who leaned on him for support with her suicide threats, cutting and terrible depressions. In these depressive moments she would not get out of bed and my patient was anguished about his life/death. When he came out of his depressions, he was violent towards his family. Ramiro talked about this without emotions but he transmitted the feeling that he wanted to live differently and that he had the strength to

struggle, although he did not know how. We are currently working and I am surprised by his willingness to struggle in analysis, which makes the sessions alive to go through the pain we are beginning to talk about. What makes him different from other patients with similar stories?

These patients have made me reflect on the place of the drive struggle in the constitutional. M. Klein (1957) spoke of hatred and envy as constitutional and representing the death drive; on the other hand she speaks of the child's innate capacity to catechize the object "love" as allowing growth and integration in the primary object relation; while its opposites hinder it by disturbing the introjection of good objects that build the self. And she tells us that in "an innate conflict between love and hate, it is implicit that the capacity to love and the destructive impulses are to some extent constitutional, though varying individually in their strength and interacting from the beginning with external conditions.

These patients have been able to take the libidinal from the environment despite the deficit in their experience and also to transform something from their internal world so that they can now take in analysis. In that sense Melanie Klein helps us think about how the libidinal - eros lessens the death drive so that these patients, with all their difficulties with living, seek help because of their expectation of a good object. And this can change the prognosis and the experience of people whatever their history. On the other hand, the analyst also needs to receive and give hospitality to aggression, hatred, envy, pain, etc. is equally important to bring these contents to the transference, analyze them so that elements such as love, gratitude, integration and creativity can emerge. However, it is important to remember that as Bion (1974) already mentioned, these are contents that are difficult to tolerate, contain and transform into thinkable elements; and the analyst can defend himself and hinder the experience in analysis for both. Thus, I imagine analytical work as a co-creation of different habitats, sometimes more desert-like and inhospitable like the lifeless image I mentioned at the beginning, other times full of life and possibilities. A desert waiting for some water to come back to life because there is a willingness to receive it and transform it.

To conclude, I believe that analytic work expresses gratitude towards our teachers, supervisors, analysts, patients; to all those who have offered us something of life that we take in order to offer it in a bid for life. This, as Giovannetti mentions, is part of the analyst's identity. A living analyst who trusts in the method and who can transmit what he received in analysis: an other willing to face and build an inner world in favor of life.

"The identity of the psychoanalyst is not structured in the couch, nor in the frequency with which he/she attends to a patient, nor in the exact interpretation. The analyst's identity is structured in the capacity to listen to the word of the other -in a nascent state-, in the intervention that maintains access to the living dialogue and in the possibility". Giovannetti, (2004).

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## 2<sup>nd</sup> Prize Latin America IPSO 27th Congress Cartagena

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### ***“WHEN THE WORLDS ALIGN: Mourning during the pandemic.”***

*"And at that moment, I thought now I can  
accompany my patient to his hell because I already  
went and came back".*

Angélica Pateiro Bernal

*In posthumous tribute to my supervisor*

### **The world of the analyst in supervision**

The beginning of training as an analyst goes hand in hand with the official supervision, but what is the purpose of supervision, and what role does the supervisor play in the training of candidates? According to Santamaría (1985), the objective of supervision is to contribute to the formative process (theoretical, clinical, and technical) of the candidate, supporting the analysis of one's own work behind the couch with a third one of greater experience who listens, guides, and transmits (Fuentes, 2017). Supervision, based on a learning alliance, helps to identify the insight of analysis as therapeutic, and that of supervision as pedagogical. Regarding the choice of supervisor, the candidate should consider manifest or latent ideologies, rival or allied subgroups, and unresolved transference dependence, among other, in order to make the best decision for his or her learning interests, even if the real motives are unconscious (Grinberg, 1975).

The richness of the chosen supervisor, to carry out the official supervision is the construction of the analytic identity, which provides the opportunity to discover the analyst-in-training's own style, something like his or her 'personal brand'<sup>2</sup>, and not of an imitative identification or a perverse subordination to the supervisor as a product of unconscious mechanisms, such as idealization, subjugation, and persecution. It should be noted that, according to Sánchez (2015), analytical training has an impact on three areas: the personality, the acquisition of professional identity, and integration into a group, which requires the candidate to work with transitory and permanent identifications, analysis and synthesis, conscious and unconscious levels, transference, and countertransference, etc.

The possibility of analyzing the interplay between supervisor-supervisee provides a space for understanding, criticism, and the creation of new models of teaching, supervision, modifications to the technique, among others. Adriana Prengler already spoke about the role of candidates at the

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<sup>2</sup> By personal brand, I refer to the personal brand that the trainee analyst develops according to his or her clinical and personal experience.

2021 IPA Congress, "The infantile, its multiple dimensions": "how creative could they become after a training dedicated to submission? Candidates are a source of creativity. They can bring innovation and adaptation to the changing world" (Lauriña, 2022, p. 168). Proof of this was the implementation in 2011 of group supervisions with a Lacanian perspective by the Psychoanalytic Association of Córdoba (APC), in which "the shift of the supervisor from a place of power and a different modality of sharing of knowledge, with a plurality of listeners and diverse transferences among the members and with the clinical material, give rise to group knowledge with effects of novelty and creativity" (ibid., p. 179). Training analysts, candidates, and supervisors can always contribute to a Psychoanalysis in progress, for example, with the official approval of analysis, supervisions, and online seminars.

### **The analyst's world behind the couch**

When the patient first contacts the analyst, he is not looking for the analyst to reveal his or her own problems; instead, he is looking for someone who is willing to listen, to feel, and to think with the patient. He is looking for someone to reflect on his problems, someone to whom he can abandon himself and be sure that he will not let go of his hand for as long as necessary.

Since 1915, Freud reflected on the connection at the unconscious level between analyst and patient. "It is a very remarkable thing that the Ucs. of one human being can react upon that of another, without passing through the Cs.", "descriptively speaking, the fact is incontestable" (p. 194). The telepathy that at times we recognize in the analytical session expresses how the nonverbal and affective communication occur much faster than verbal communication, which is intensified in the analytical relationship through reciprocal unconscious communication (Scharff & Scharff, 2011). According to Ogden (1997), it is the placing of the analyst's receptive unconscious at the service of the unconscious of the analysand that makes the analytic relationship so unique, and, at the same time, so profound transferentially and countertransferentially.

In 1953, Racker (cited in Coderch, 2001) points out that countertransference neurosis is inevitable, as well as essential to carry out the analytic process. The author distinguishes between concordant and complementary identifications. The former have to do with the part of the analyst's personality that identifies with that of the patient. That is to say, an Ego-Ego, Id-Id and superego-superego connection takes place. In the case of complementary identifications, these have to do with the identification of the analyst's ego with the patient's internal objects. Ideally, concordant identifications should function mainly to allow the analyst to analyze the transference and countertransference, thus achieving an understanding of the patient and being able to elaborate an interpretation in the appropriate timing of the session, knowing that every interpretation starts from a projective identification.

Godfrind-Haber (cited in Tuckett, 2005) points out that the analytic position includes reserve, silence, and a certain passivity. That is, the waiting position is also called free-floating attention, which the author calls "the counter-receptive position", whose receptivity has to do with the mental functioning of the analyst, and with the psychic regression that leads him/her to open to the unconscious expressions of the patient. This position includes tolerance and curiosity in moments of non-understanding about what is happening in session, as well as being alert to one's own perceptions within one's own mind to give rise to an understanding of what is going on inside the patient's mind. At this point, we can recall how Winnicott (1971) highlights the child's creative capacity in a potential space in which the infant can carry out the creative play (culture) of an object,

a primary creative activity, as a product of a projection, which is preceded by an introjection. The transitional object gives rise to transitional phenomena that link the infant to reality. This object that links the patient's inner world with reality is the analyst, who, during the analytic process plays, with him and thus creates a space for thinking together.

### **The world we build together.**

The following is a clinical vignette of a patient that I have been seeing for three years. Currently, he is on the couch, in *Online* treatment since the pandemic began, three times a week, and here I'm highlighting how the conscious and unconscious perceptual systems of the analyst-patient couple occur through a link that involves transference and countertransference.

At the beginning of March 2020, the arrival of the Covid-19 pandemic was announced in Mexico, leading children, adolescents, and adults to connect from home and through technology. This situation reached the candidates, who started a training online with seminars, analysis, and supervisions.

For about two years, a recurring theme in this patient's discourse has been to mention the updated number of infections in the country and in the state, as well as the number of family members and acquaintances infected with Covid-19. Throughout the sessions, he verbalized his concern about the possible contagion or loss of his analyst, a topic that, when broached, always generated some resistance and fear, not only in the patient, but also in me, in relation to the loss of my analyst, supervisors and senior teachers.

In April, I began my official supervision *Online*. At times, my supervisor was in his office, and at others in the comfort of his home, the former scenario being the one that always caused me concern. In August, his assistant called me to let me know that two supervision sessions would be cancelled. The concerned voice of his assistant made me suspect a Covid-19 infection, which was later confirmed. It was on a Sunday morning that I received a call from a training analyst, a call that I did not answer, thinking it was a mistake. The instant the phone stopped ringing, I froze and thought of my supervisor, and immediately returned the call confirming his unfortunate passing. I remember hearing the news and becoming suddenly aware of my own vulnerability. In the years I had shared with him, he had been my teacher, my reader, supervisor, and colleague, but beyond that, I was always comforted by his ability to "give me sight beyond sight".

The following week, I received, as always, that patient whose case he supervised and with whom he always urged me to go deeper and not to stay in the manifest part of the discourse. I was surprised that in the first two sessions the patient mentioned: "I feel worlds coming together. I want to show, but not show that part of me," and "these days have been very deadly." I remember raising my eyebrows and nodding my head as I heard these words resonate within me; however, I never anticipated what followed. In the third session of the week, a comment appeared that shot across the sky like a shooting star: "Did I tell you that Professor Z has already left? He was a very old man, always very receptive and sometimes gave me advice". I was stunned and felt a lump in my throat. Although it was the first time he mentioned this professor, I was able to see firsthand how our two unconscious had synchronized to verbalize, express, and elaborate what had happened traumatically, in a new potential space.

## Conclusions

The presentation of this vignette makes it possible to identify the elements that coexist within the analyst, which are fundamental to carry out her work, that is, to allow the identification of her Ego with the internal objects of the patient, giving rise to a potential space of creation between them, from a counter-receptive position. It is the uniqueness of the analyst's work, working with her subjectivity, her experiences, desires, and a receptive unconscious at the patient's disposal, that favors projective and concordant identification. It was the synchronic phenomenon (present and conscious plane of reality) of the mourning experienced by analyst and patient, which gave way to the diachronic phenomenon (the dimension of the past, accumulated and repressed in history) of each one.

Although my patient's and my worlds did not come together, they did align, with him showing his mourning for Professor Z, and me not externalizing my mourning for my supervisor. My hypothesis is that the patient's unconscious perception of my state of mind allowed him to talk about the loss he was experiencing at that moment, something that, in my case, I had not yet been allowed to verbalize in my analysis. When the patient shared his affection in session and bonded with a part of me, it was when a potential space opened up to verbalize, think, and elaborate. There was then an unconscious level, which allowed us to verbalize the grief that we were both experiencing and that probably, if he had not talked about this loss, I would not have identified the impact of mine.

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### 3<sup>rd</sup> prize Latin America IPSO 27th Congress Cartagena

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#### ***"Emigrating as a foreigner of oneself"***

In what follows, I will try to show the experience of migration from an internal world perspective, namely the process of migration that takes place from the experience we have with our objects and the way they have been internalized. On the one hand, I am driven to write these pages by my work with my patients, who have decided to emigrate to different latitudes. They and their experiences are all different, regardless of whether they share the same country or not. Of course, from my psychoanalytical point of view, it is not far-fetched to consider that the internal will play a determining role in the migratory process, I will share some of my impressions here.

Emigrating. The emotional experience of each of the migrations that human beings face is always different. There are internal and external migrations, if it is possible to put it that way. Facing a bereavement, the loss of a loved one, suffering an acute or chronic illness, moving from one state to another, from one country to another, even from one educational institute, will not be the same. But regardless of the process we are facing, there will be a very important task that our mental apparatus will have to face; perhaps the fundamental one, to deal with this change at greater or lesser cost. This whole process will test our bonds, our object relations and our capacity or not to contain it.

Sigmund Freud in a letter sent to Max Eitington on June 6, 1938, said upon his arrival in London: *"The emotional climate of these days is difficult to grasp; it is almost unspeakable. The feeling of triumph for seeing us in freedom is mixed with an excessive sadness, because we still love the prison from which we managed to escape. The charm of the new environment, which makes one want to shout Heil Hitler! is mixed with the discomfort caused by small peculiarities of this strange environment; the happy expectation of a new life is obscured by a question: how long will this tired heart still be able to work?"* (Freud, Freud, & Grubrich-Simitis, 1980).

Every migratory process will have an implicit link, a relationship between what is left and what is expected to be found. Well, from the very moment of birth, as one leaves the womb - let us consider it as the place where everything is safe and full, completely satisfactory - we know that it is not always like that, but let us try for the moment to stay with this image. Abandoning that womb for whatever reason and circumstances, implies a renunciation and therefore, the expectation of being able to find something that brings us closer to that place where we were, to find ourselves again with the possibility of seeing the lost omnipotence satisfied and avoid feeling the narcissistic wound of not being in fullness.

Emigrating will never be the same as fleeing. These are two completely different contexts and experiences, perhaps from our Latin American perspective, we know about the differences. But from the psychoanalytical point of view, facing the renunciation of the motherland also implies to encounter our bonds. Bion said and I quote: *"Knowledge has no meaning unless someone knows*



*about something, and this is the statement of a relationship...*". Here arises the relationship already known to us of 'content – continent', and a type of bond that Bion called the commensal type, in which two come to share a third and from which each of the parties can benefit. It is a scenario in which contents and emotional experiences add up and become more and more robust and complete, as a process that, in the long run, would represent the possibility of promoting the growth of the mental apparatus and therefore, the possibility of *Learning from Experience*. The person who manages to do this, who can retain his experiences and knowledge, who can use his past experiences and be receptive to new ones, will have the wind in his back.

On the other hand, the one in which the relation of 'content – continent' is less favorable, - a relation which would then be dominated by envy - will end up giving way to a -K, which Bion called *nameless terror*. That is to say, that the breast is not only unable to mitigate pain, but also eliminates the desire to live.

The experience of emigrating serves as a stage for the unconscious desire to return to the mother, to that mother who is the repository of the experience of everything and of nothingness at the same time. I will allow myself to add here a literary reference that I find interesting to share. The work of Albert Camus 'The Stranger' which was published in 1942 and shows us the protagonist, a strange man, bordering on the absurd, who perceives the world devoid of all meaning, who does not question, who remains passive to everything that happens around him. Meursault, the protagonist, a man indolent about his own existence, oblivious, a stranger to life and to his own life, who does not seek meaning. In fact, while reading the book, we are impregnated with his indifference and he generates a feeling of rejection in us because of the way he relates to the world. The book begins, and I quote: *"Today mom died. Or maybe yesterday, I don't know. I received a telegram from the asylum: "Mother deceased. Burial tomorrow. Condolences. It doesn't mean anything. Maybe it was yesterday."*

I will comment here on the etymology of the word foreigner, as it will allow me to explain my reference to this literary work. Foreigner is derived from the Old French, 'etranger' meaning stranger, from the Latin extraneus. Camus presents us with a character with whom we struggle to empathize, he is difficult to understand, surprising us with how alien his own existence can be to him. As a curious fact, the author introduced this book with a small phrase that I think is very relevant to comment on here: ***"In our society, a man who does not cry at his mother's funeral runs the risk of being sentenced to death"***. In fact, Meursault (the protagonist) ends up being judged not for the crime committed, but for not adapting to what society considers correct, not having mourned his mother as the rest would expect. He is judged for his personality, not for his crime.

Before tragedy knocked at the doors of this protagonist, when he was offered a promotion in his job and even to work from Paris (to emigrate), his answer was without any enthusiasm, *"yes, but ... you never change your life..."*.

I will share with you a clinical experience of a treatment that has taken about 5 years, of which only the first year took place in person in Venezuela and the following years, online from the different countries through which my patient has traveled. This patient, whom I will call G and who is currently 30 years old, studied in an important school in Caracas, has a perfect command of 4 languages, has traveled more than 12 countries since she was 18 years old, studied at university in France, and graduated as a psychologist. She has never practiced psychology, at least not from a clinical point of view. Her interest has been focused on advertising and marketing, at least during

the beginning of the treatment. Then she decided to carry out her childhood project, to emigrate to Spain, because she also has Spanish nationality.

G considers her parents to be 'functional idiots', very successful in their fields of work, but the worst thing they could have done in their lives was to have children. Both she and her brother end up as 'human waste', in the absence of emotional experience of any kind. She thinks that she studied psychology when in reality she needed a psychologist to help her. She established romantic relationships in which she was physically and verbally abused, and even if she had broken fingers and black eyes, she felt that at least her partners made her see her hatred, which after all was an emotion, a feeling. She is bisexual, doesn't believe she can have a partner, much less hopes to have children. She now has a cat he named Joker, after a Joaquin Phoenix movie.

Since having arrived in Spain, G has never been short of jobs, she worked in the technological area, with world renowned companies. She was part of different work groups, in specific tasks, which involve meetings with people of different nationalities and therefore, with different languages. However she never felt comfortable or satisfied with what she had achieved, with what she earned, nor with the space she lived in. On a vacation trip to Malaysia, she decided that she would study web design and dedicate herself to it. When got her first job in the field, this didn't work out well either. She established a new relationship with a man, whom she tried to help out of his depression, but who never offered her the opportunity to feel loved, to feel that her affection was received and considered.

G decided to emigrate again, this time to France, and immediately got a job with another well-known technology company. She was mistreated by her ex-partner, while she was studying psychology at university. Now she is based in Greece, with another highly recognized company of the same kind. She hates the heat, she hates the place where she lives and which she shares with other co-workers. She can't stand her landlord whom she describes as a hoarder, obsessive compulsive and depressive. She seems to enjoy her new job, but... because she does not have social security yet - while she is waiting for the corresponding procedures to be completed 1000 euros have been withdrawn from her salary as a guarantee and will be returned to her - she feels robbed by this new country.

She has established a new relationship of a casual type, with a co-worker who reminds her of what it is like to be depressed and she wants to help him. At the same time, she has a casual relationship with a woman, because it makes her feel cared for by a mother. All this while she remembers an ex-boyfriend, probably the only one with whom she has had a healthy relationship, but which she could not enjoy, because she felt he treated her too well, much better than she deserved. Today she regrets it. She tells me that once she asked him why was he so generous, how did he face adversities, dream, have expectations and fears at the same time, and he answered with a question, "did your parents love you". She then cried, as she had never felt loved by her parents. The only affective relationship in which she feels she can be genuine without fear of being marginalized is in therapy. She wonders if she would be different if I were her parent. G keeps running from one country to another, in search of what she lost and never had, trying to ignore her lack, which also belongs to her, she is starting to build a symbol that will allow her to keep her experiences. In the meantime, she keeps migrating in search of what she does not know how to have.

Freud in a 1916 work entitled *Various Types of Character Discovered in Analytical Work*, details a particular type he called "*Those who fail when they succeed*", these are the ones who become ill not because of deprivation, but rather when they see a deeply valued desire fulfilled, as if they

cannot tolerate happiness. The illness arises when the desire is fulfilled, when they are successful. In the same work he quotes from Shakespeare's Lady Macbeth: "*Nothing is gained, and all is lost when a wish is fulfilled without complete satisfaction. It is better to be the victim than to live with its death in a joy full of restlessness*".

I think of the difficulty of facing what marginalizes us, of feeling exiled from life itself, alienated from everything, without a space to belong to. This scenario makes us face, as Benedetti said, "desexile", which will not be a state, but rather a process, a journey to find ourselves again and reach the possibility of retaking societal life, to free ourselves from the condition of subhuman. In the words of Marcelo Viñar (2017), "To feel again belonging to the human species and reconciled with it, with ambivalences, gratitudes and resentments comparable to those of any neighbour's son".

Meanwhile the analytical work continues, G suffers because if the bus that would take her home does not pick her up according to schedule and arrives late as usual, she will have no alternative but to have the session with me on the bus, using the Wifi of the bus, which because of how 'deficient' it is, makes her feel as if she is still in Venezuela.

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## **1<sup>st</sup> prize European Region IPSO 27th Congress Cartagena**

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***“(Be)longing: exploring inner nuances of home and its loss in a boy’s search at a railway station”***

We are very pleased that since the Congress this paper has appeared in print in the Counterspace edition of Psychoanalysis, Culture and Society. Congratulations!



## 2<sup>nd</sup> prize Europe Region IPSO 27th Congress Cartagena

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### ***“A history of painful affects: “traversing psychoanalytic landscapes of homosexuality”***

A few years ago, I began to notice a trend among the emails for first consultation that I was receiving from prospective patients: many expressed a wish for an understanding of sexual and gender diversity issues upfront. During the five years of my training as an analyst, there were also many changes pertaining to sexual and gender diversity within the mental health sector in Finland. The Union of Psychologists published a guide for its members about clinical sensitivity when working with LGBTQ+ patients and the Union of Psychiatrists publicized a position statement expressly forbidding conversion or reparative therapies.

This then led to an interesting turn of events from a psychoanalytic perspective. As the Finnish Union of Psychiatrists was writing its position statement, the chair of its Ethical committee, a Finnish psychiatrist called Teemu Kärnä, contacted The Finnish Psychoanalytical Society to ask about the IPA's official position. Because I served as an IPSO-representative on The IPA committee of Sexual and Gender Diversity Studies that began its work in 2017, the question was sent on to me to find out. I, in turn, asked our committee chair at the time, Marco Posadas. Marco Posadas then wrote to Paul Crake, the Executive Director of the IPA. Paul Crake replied that the IPA had an existing non-discrimination policy, that could be interpreted as being opposed to conversion therapy, but that a specific policy did not exist. He suggested that the Sexual & Gender Diversity Studies Committee draft a proposal for the Board. We did as he suggested and The IPA Position Statement on Attempts to Change Sexual Orientation, Gender Identity or Gender Expression was approved by the IPA Board in April 2022. It is now published on the IPA website.

So, what does this tell us about the relationship between psychoanalysis today and sexual and gender diversity? To my mind, it tells us that we are in the midst of an era of change, that includes reflection and awareness of our own history. Rapidly advancing LGBTQ+ human rights issues are challenging psychoanalysis, both clinically and theoretically, to keep up. Many patients are well aware of the dark ages of conversion therapies and also of the “adaptation theories” that developed within psychoanalysis in the mid-20<sup>th</sup> century and contributed to pathologizing homosexuality in the DSM in 1952 and 1968.

How can we respond today? In this paper, I expand on the view proposed in 2015 by a Finnish colleague, analyst Jussi Kotkavirta, that thorough, self-critical reflections on earlier historical views of homosexuality within psychoanalysis are still critically needed (Kotkavirta, 2015, 182). Why is this? Why do we still need to go back to go forward? Well, for a readership of candidates and analysts, that question pretty much answers itself. We, better than most, know that only as far as we are aware of our own history does the unconscious grip of that history ease. And that intellectual awareness isn't enough, it's also a question of mourning. As the North-American training analyst Ralph Roughton said: “My friends, we caused harm.” (Hoffman & al, 1998, 34).

The history of homosexuality within psychoanalysis is almost as old as psychoanalysis itself. As is well-known, Freud had plenty to say on the issue. In contrast, he never wrote about issues of transgender, although certainly plenty about gender in general, especially about femininity. Despite this, sexual and gender diversity are often linked to each other, both theoretically and for practical reasons relating to the risk of discrimination, as many current administrative efforts attest to. It creates different pressures: both the will to learn from history to avoid repeating it, as well as the will to preserve the freedom of psychoanalytic thought and an autonomy from outer influences and demands. Taken to their extremes, I believe both of these pressures may constitute a risk for an analyst's clinical openness and the foundation of "not-knowing", of listening to each patient as an unique individual, without ready-made answers. I believe, that understanding more about our own history and trying to position ourselves within it, constitutes important protection for these essential clinical capacities.

There are many perspectives one could offer to problematize this issue, especially related to rhetoric and ideological influences of the past. I offer two. For me, one of the aspects that stands out most clearly in some of the pathologizing texts from the mid-20<sup>th</sup> century is *tone*. This is particularly the case in the writing of the most important theorist on homosexuality in the 1940s and 50's, Edmund Bergler. In his book *Homosexuality. Disease or Way of Life?* from 1956, Bergler writes: "Still, though I have no bias, if I were asked what kind of person the homosexual is, I would say: "Homosexuals are essentially disagreeable people, regardless of their pleasant or unpleasant outward manner. True, they are not responsible for their unconscious conflicts. However, these conflicts sap so much of their inner energy that the shell is a mixture of superciliousness, fake aggression, and whimpering. Like all psychic masochists, they are subservient when confronted with a stronger person, merciless when in power, unscrupulous about trampling on a weaker person. The only language their unconscious understands is brute force." (Bergler, 1956, 28-29) And further: "This bridges the gap to a sordid topic: the pronounced *tendency toward parasitism in the overwhelming majority of homosexuals*." (Bergler, 1956, 149; original cursives). Bergler then goes on to explain this parasitism through a concept of "dependee-ism": "The ease with which young homosexuals fall into the dependee pattern is amazing only to those who are too eager to use the word *prostitute* on any unsuitable occasion. The great majority of homosexuals are by no means prostitutes in the accepted meaning of the term. Only an infinitesimal proportion falls into this psychopathic subdivision. However, psychologically, all homosexuals are actual or potential dependees." (Bergler, 1956, 155).

Bergler's tone toward homosexuals is deeply contemptuous. Reading this today, the strong prejudice is apparent and it's important to note that within psychoanalytic books and articles, this hostility in Bergler's writing was not only tolerated and built on for decades, but also given authority within psychiatry and the diagnostic manuals of the 1950s and 1960s. Disturbingly, his metaphor of "people as parasites" is a classic metaphor in racist discourse. It is eerily familiar from propaganda used by Lenin and by Hitler or during the Chinese Cultural Revolution, by the Hutu government's radio-broadcasts in Rwanda in the early 1990s, by white supremacists, and so on.

As classic metaphor theory (Lakoff & Johnson, 1980, 3f) tells us, our experience of reality can be understood as largely structured by a conceptual system that due to its metaphorical nature is not always consciously acknowledged. That is why consistently repeated and reinforced metaphors have the potential to modify our worldview and consequently our actions, even while circumventing our awareness (Wasniewska, 2017, 46f). Which, of course, is one reason why propaganda works so well.

As a term, the word *parasite* moved from the biological to the social domain throughout the eighteenth to the twentieth century. During those centuries it also began to be applied to wider groups rather than isolated individuals. By using this metaphor, the humanity of its referents could be implicitly questioned. The parasitic were instead implied to be a separate species of organisms that fed on the body of a nation, a class name for groups deemed to damage the whole society and therefore needing to be controlled or even destroyed for the good of everyone else. Parasite as metaphor became linked to dehumanization and violence toward outgroups.

So, what purpose does Bergler's rhetoric serve? Kenneth Lewes, who in his classic book *Psychoanalysis and Male Homosexuality* from the late 1980s, was the first to point critically to Bergler's tone, states that it "clearly suggests extremely strong countertransference reactions that simply would not be tolerated by psychoanalysts, for example, in supervised training." (Lewes, 1995, 102). And while it's hard to disagree with Lewes' criticism not only of Bergler, but of his colleagues, who allowed this language to pass, I'm not sure if I agree that Bergler is expressing countertransference reactions to his patients. To me, it seems that Bergler had a very specific conscious agenda with his writing, that in fact had little to do with clinical practice. The aim of Bergler's writing is to wipe out homosexuality, not only in specific patients, but at large. In the last paragraph of his book "Homosexuality. Disease or Way of Life?" he answers the question of his book title unequivocally:

"Up to now, homosexuality has been fought with well-meaning and reasonable moral arguments and equally necessary legal restrictions. Neither method has been effective. /.../ The only effective way of fighting and counteracting homosexuality would be the wide dissemination of the knowledge that there is nothing glamorous about suffering from the disease known as homosexuality, that the disease can be cured, and that this apparently sexual disorder is invariably coupled with severe unconscious self-damage that will invariably show up outside the sexual sphere as well, because it embraces the entire personality. This triad of countermeasures could be effective – in the long run." (Bergler, 1956, 302)

So, as close reading of the text here points to, Bergler was at war. Homosexuality needed to be "fought and counteracted", and the only effective method to get through to homosexuals according to this eminent psychoanalyst was "brute force". He offers his writing as a balancing force to counteract the dangers of homosexuality spreading through fashion and fictional literature, and he especially warns his readers of the susceptibility of young people. Specifically, he warns of the "invisible influence" of homosexual writers such as Marcel Proust and André Gide, who in 1947 had been awarded the Nobel Prize in literature.

As a writer, Bergler is not only writing about clinical technique. In addition, he is using his clinical material to legitimize his own position as an authority on the subject of homosexuality, a position he then uses to express what can only be deemed as hate-speech.

According to one branch of thought, Speech Act Theory, hate speech not only incites violence, but rather can be seen as a violent act itself that changes power relations across group hierarchies. This includes the role of authority in word-performing acts. Essentially, truth becomes truth because it is said to be true by a legitimate authority. For example, if an umpire calls a play as safe, the play may or may not be safe, but is designated as such because of the authority of the umpire. This relates to what words are able to do, to produce new meaning and reality. In the case of hate speech, those with authority and power are able to tangibly alter the life experience of others when they utter demeaning or derogatory words. (Wikipedia, hate speech; Maitra, I. & McGowan, M., 2012)

Bergler is using his authority as a psychoanalyst to spread a fear of homosexuals and of the dangers of homosexuality to society at large, i. e. *to create* homophobia. He is also, I believe, doing something very harmful to psychoanalysis itself, presenting it as a method where brute psychological force may or even should be used from a position of authority toward patients. I believe this is part of what makes the issue of the pathologization of homosexuality a very complex one in psychoanalytic discourse. As Muriel Dimen and Virginia Goldner have stated, while theories on sexuality and gender may appear neutral and descriptive, they remain freighted with a history of the painful affects of unresolved conflict (Dimen & Goldner, 2012, 133). Theories pathologizing homosexuality remain freighted with this history: a history of having actively contributed to harmfulness, both clinically and societally, for countless homosexually oriented individuals and their families.

This brings me to my second perspective, which relates to psychoanalytic scientific rhetoric. As Jennifer Downey and Richard Friedman have shown, alongside the deeply prejudicial and ideological influences on the issue of homosexuality in our discourse, there has not been a balance of careful clinical or empirical psychoanalytic research. After going through the psychoanalytic research that did exist on homosexuality before the 1980s, Friedman wrote: "I was astonished how undisciplined and chaotic it was." The only empirical research done was by Irving Bieber from 1962, which reported on the treatment of 106 homosexual men of whom 27% were reported to be cured from their homosexuality. A decade later when Bieber was asked to show evidence of these patients, there was not a single case to present. Downey and Friedman also showed that case studies on female homosexuality were strikingly few, only 68 throughout psychoanalytic literature from Freud's time until 1989, which, if you do the math, comes down to less than even one published case study per year. (Friedman, 2006, 82; Downey & Friedman, 1998, 473). Jussi Kotkavirta has also written about the problematic nature of case studies as empirical material, as they have usually been completely written by the analyst and are thereby unavoidably influenced by the analyst's subjective interpretations, views and theoretical choices. (Kotkavirta, 2015, 86ff) "This notwithstanding, psychoanalysts made many assertions about homosexuality in men and women and usually disregarded the problem of selection bias", Friedman writes (Friedman, 2006, 82).

The question of the scientific nature of psychoanalysis is of course a complex one.

As Nancy Chodorow states in an article from 2003: "Psychoanalysis is initially and fundamentally a theory and a practice, /.../ its method directed to discovering the patient's subjectivity." (Chodorow, 2003, 466) What Kotkavirta and Chodorow are pointing to here is what Marianne Leuzinger-Bohleber (2006, 43) calls the "clinical research" of psychoanalysis.

It could be said, that historically one central problem in psychoanalytic writing has been the mixing up of clinical and extra-clinical research methods. This includes generalizing the subjectivity of individual patients. When applied to sexuality and gender, this becomes especially problematic. While writing about transgender in the 1970s for instance, Ethel Person and Lionel Ovesey wrote: "to know one is to them all" – a phrase that the same Ethel Person in a later article from 2001 wrote makes her cringe. (Person, 2001, 272). Yet this way of writing has not been unusual within psychoanalysis. Friedemann Pfäfflin has shown how common this rhetoric of generalization has been in the titles of books, chapter headings and articles of transgender patients: "*The female transsexual*" (Lothstein, 1983), "*The psychoanalyst and the transsexual patient*" (Chiland, 2000) or in Daniele Quinodoz self-contradictory subtitle for an article of a single case study: "Termination of a fe/male transsexual patient's analysis. An example of general validity" from 2002 in *The*



International Journal of Psychoanalysis (Pfäfflin, 2006, 151). There are plenty of examples in psychoanalytic literature of this same trend in regard to homosexualities, as Bergler's writing speaks to as well.

And yet, as Leuzinger-Bohleber has stressed, case-based learning and exchanging clinical findings with colleagues also belongs to the very best that psychoanalysis has to offer (2006, 189). This narrative tradition within psychoanalysis helps us deepen concepts on psychodynamics, unconscious fantasies, traumata, defences, and so on. What is crucial from a scientific perspective, however, is *how* we rely on and refer to case studies. That we remain mindful of what we can learn from a case study – and even more importantly, what we cannot. This was something Robert Stoller wrote about already in 1985, when he used homosexuality as an example of the failure of psychoanalysis as science in his book *Observing the Erotic Imagination*.

Stoller wrote: "To write a narrative description of a clinical moment – of *any* moment between two people – is like presenting a piece of music by describing it only in words. Even when we have an exact transcript we do not know: think of the innumerable interpretations possible for a great drama or of how differently two orchestras play the same score. This does not mean that we cannot teach by means of clinical anecdotes, only that we cannot reach scientific conclusions thereby; for the latter we need data, while to teach, for example, clinical skills, we work via impressions, beliefs, imagery – from our convictions rather than from facts. Yet we analysts are forever coming to conclusions and insisting that we do so from reality. And, unwilling to display uncertainty, we try to create validity from persuasive sentences. We coerce." (Stoller, 1985, 180f)

Twenty years later, in 2006 Leuzinger-Bohleber also pointed to critique of this kind against psychoanalysis, but maintained that the critical question was one of quality: "On the contrary, "good clinicians" share with "good researchers" an attitude of "not knowing", of curiosity, self critique, and a "constant searching for truth" (as opposed to certainty)." (Leuzinger-Bohleber, 2006, 188)

Perhaps one could suggest that the difference in perspectives between Stoller's critique and Leuzinger-Bohleber's optimistic focus on psychoanalytic research and clinical work of high quality is also an expression of a change over time? Ethel Person's self-reflective critique of her own writing speaks to the same. Perhaps the authoritative, "knowing" tone of psychoanalytic writing on sexuality and gender has been replaced – or is in the process of being replaced – by a tone less influenced by confident assertions of "the normative" and more influenced by not-knowing, more interested in asking questions and maintaining an open stance. In such a rhetorical tradition, the subjective impressions of analysts remain meaningful and valid, precisely because they do not try to create "general validity", but only to deepen understanding of unique subjectivity.

Finally, I want to end by taking you back to Finland where I began today. In July 2022, I had the honor of attending an event at Pride Helsinki, a cooperation between the Finnish Psychoanalytical Society and a local organization of LGBTQ+activism. The event was a culmination of a cooperation that began over two years ago, as an exchange between former homosexual analysands and our society, an attempt to discuss openly together, to mourn the harm done and an attempt to repair by accepting responsibility and apologizing based on a deepening understanding. It has been our attempt at what Ralph Roughton said at a panel on homophobia in 1998: "Resolution acquires acknowledging the past,.../, healing requires we admit past wrongs." (Hoffman & al., 1998, 31) Hearing our society president Eija Repo offer that public apology for the painful influences of pathologizing theories on the treatments and lives of many homosexuals in Finnish society was deeply moving, an expression of the thorough and honest self-reflection that Jussi Kotkavirta urged us to do.

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IPA POSITION STATEMENT ON ATTEMPTS TO CHANGE SEXUAL ORIENTATION, GENDER IDENTITY, OR GENDER EXPRESSI

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### **3<sup>rd</sup> prize European Region Cartagena**

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***“Listening to a plea for a ‘felt- other’ in a sensed rupture of the narcissistic link: some indications to move from a rupture to connection”***

This paper is currently under review for the Journal of Psychoanalytic Social Work. Congratulations!

## 1<sup>st</sup> Prize North American Region IPSO 27th Congress Cartagena

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### ***A Leap Without Faith: From Knowing to Being in Psychoanalysis***

This paper addresses the revolutionary turn in psychoanalysis from an emphasis on knowing or epistemology to the ascendance of being or ontology (Bion, 1970; Eshel, 2019; Winnicott, 1953, 1963). Bion (1970) may have launched this turn with his controversial suggestion that analysts work without memory, desire, or understanding, and instead rely on faith or acts of faith in the analytic setting. Bion (1970) strongly advocated that the psychoanalytic vertex is “O”, unknowable and unknown reality. O is beyond the reach of epistemology and knowing; it is in the realm of being. In this paper, I describe the clinical experience of falling into the ontological realm when knowing fails both analyst and patient. I suggest that the shift from knowing to being in psychoanalysis is something that can occur developmentally, without consciously relinquishing memory, desire, or understanding, and before the analyst has developed the capacity for faith. It is not a clinical-theoretical-technical leap, but a catastrophic fall. Memory, desire, and understanding fail at critical points, and this points the way.

To illustrate this phenomenon, I describe a case example in which patient and analyst had a converging experience of epistemological and verbal collapse and a pervading sense of nihilism. These shared symptoms, I suggest, are the signals of a necessary shift into the realm of being. The collapse of knowing, marked by confusion and nihilism, is one point of entry into the realm of being, experience, and at-one-ment with unthinkable elements of psychic life. My clinical example details the experience of such a descent, especially when faith, differently conceptualized for patient and analyst, is absent. In lieu of faith, nihilism reigned, an epistemological symptom that revealed deeper existential terrors of falling, dissolving, and nothingness. In short, a sense of meaninglessness belied an ontological problem, a problem of being and learning from experience, the very territory in which the analytic action needed to take place. Both patient and analyst made a leap without faith, that brought each into the patient’s unthinkable psychic disaster.

### **What is Faith?**

Bion (1970) introduced the notion of analytic faith as an elaboration of Freud’s free-floating attention. Bion’s faith is a scientific state of mind in which the analyst suppresses and negates memory, desire, and understanding in order to apprehend the evolution of O or infinite reality. More than apprehension, Bion describes becoming O.

I suggest in this paper that clinging to knowledge indicates a profound lack of faith in the evolution of unconscious process *in action* in analysis. It is not only a refusal to learn from experience, but a terror that emotional experience does not have meaning and existence. The analyst who relinquishes memory, desire, and understanding relies on a background faith in O, a reliably existing yet unknowable reality. To the analyst, “O” may become a background object, a primal matrix from which unconscious and emotional experience can evolve. In this regard, it intersects



with what I describe as the patient's faith; a reliable background object of primary identification (Grotstein, 1971).

Civatarese (2019) relates Bion's faith to hope, trust, optimism and sincerity. He says that faith implies a belief that "there is always an unconscious level on which the subject attributes significance to experience (p. 764)", and that "an analyst 'has faith' in the possibility of sooner or later grasping the meaning of the unconscious discourse (p. 765)." Beyond Civatarese's (2019) assertion, I suggest that it is not only a faith that meaning can be grasped, or that we always attribute significance to experience, as these are epistemological assertions. Faith implies a background of being, of reality; not only a sense that meaning can be made, but a sense that there *is* meaning and reality, regardless of our capacity to know it.

The patient's faith is a different but related phenomenon to the analyst's faith. Grotstein's (1971) concept of the Background Object of Primary Identification is the kind of foundational sense of faith in one's existence and continuity that I am referring to in this paper. For Grotstein (1971), the background object is the phantasy of the "primal matrix from which we descend (p. 77)", the essential holding or rearing presence at our backs and underneath us. It is what we hope to take for granted in order to develop a reliable skin and backbone that retains our shape and structure (Anzeiu, 2016). Without such an object, one may be prone to experiences of falling apart, falling forever, and dissolving. Grotstein (1971) makes a link between deficiencies in this primary identification and a premature interruption or impingement upon primary oneness. An experience of at-one-ment in analysis may be the only means of approaching such an implicit, wordless, bodily absence.

### **Nihilism as Bridge and Signal**

Epistemology and ontology are inextricably linked, yet there are felt distinctions between the two in psychoanalytic process. Nihilism, as a concept, a symptom, and an experience, is one bridge between knowing and being. It is both the belief that life is meaningless and the feeling that nothing has a real existence. Clinically, it shows itself as a feeling of despair, pointlessness and meaninglessness, often expressed on the level of epistemology. This is the phenomenon I will describe in my clinical example, and I suggest that if the analyst can attend to the presence of nihilism, its underlying ontological implication, she may recognize the pull toward birth, growth and breakthrough in the realm of being. In that vein, the third meaning of nihilism is relevant; a disapproval, an overturning of the established order, a revolution. It is what Bion (1970) refers to in his description of the mystic as nihilistic. The genius or mystic in the patient/analyst will push toward revolution in the mind, despite the overwhelming power of the established order. I suggest this is an expression of the life instinct, an upsurge that is resisted by patient and analyst because it is catastrophic. It brings patient and analyst into chaos rather than an orderly developmental trajectory.

### **Clinical Material**

Carol is a woman in her 50s who was an analytic training case of nearly two years at the time of this breakdown. Two medical issues requiring biopsies seemed to catalyze a transformation in Carol and her analysis. She needed a breast biopsy due to an abnormal mammogram as well as a biopsy of her uterine wall due to excessive menstrual bleeding. These biopsies coincided with a planned break of mine. This may have been understandably terrifying, even readily interpretable, given Carol's history of traumatic losses and early separations due to illness, but it was not. What happened in the analysis was well beyond the reach of understanding and memory for some

turbulent time. Carol's analysis became an overt catastrophe, spilling out of the frame in an explosion of action, both psychic and concrete.

After her medical crises, Carol began to distance herself; she was late for sessions and cancelled for various reasons, her dreams vanished. She said she found herself "letting go". Like air leaking out of a tire slowly, I could not see her anxiety dispersing, leaving her feeling empty and exhausted. A change occurred when she impulsively gave her car away and began walking the long distance to work and analysis. She insisted she had to cancel the last two sessions of each week until she got a new car. Though I could think of several practical solutions, I felt I was supposed to believe her story. Carol wanted to reduce her sessions from four to two; she was not sure why but felt compelled.

My reaction was anger and frustration, concern for my progress in training and resentment that Carol was interfering with that. I wanted to let her go; I fantasized about filling her times with other patients and I dreaded having to work with her at two times a week in such a state of anger and woundedness. I told her I disagreed with her decision, tried half-heartedly to understand, and began to let go. In sessions, I felt my words were pointless; she made her decision without me and wasn't interested in my interpretations. I experienced Carol as water; diffuse, unaffected, defensively absorbing whatever came her way. I thought she was dissolving and there was nothing I could do. I perceived this as fact, a hallucination of Carol dissolving in front of me. I thought often of the word "decathexis", a way to describe our shared experience in a technical term.

Nihilism flooded the experience, a feeling of pointlessness, lack of desire, and the meaninglessness of words. The unseen element of nihilism, of nothingness and nonexistence, hovered below the surface. Carol expressed her own version of this nihilism in a session:

C: I'm not even sure I understand the difference between four times a week or two, and how that makes a difference at all. I don't want to go to zero, but coming a couple of times a week seems good.

S: I feel there's pressure...for me to agree with you and to let you go. But there's something in me that says I shouldn't do that, it wouldn't be right. That in this place, just actions and not knowing why, having lost your feelings for me and for yourself...I think I need to try to keep you, yet that feels very unwelcome.

C: I feel somehow like I should be given credit...for the work I've done and how big an investment this is. But I know that's not it. I feel I need freedom, and that I should trust myself and follow what I want. That's important too.

S: Part of me wishes I could agree with you...to make this agonizing feeling stop. (pause)

I have an instinct that says try to add more weight to that part of you that is trying to hold on.

C: Part of me does want you to agree with me. But another part of me...I want you to be honest with me. And listening to you, I think you are more hopeful about what can come of this that I am for myself. I don't know what can come of this, and I don't want to be wasting my time if it's pointless and I'm not getting anywhere. That nothing can change. I don't want to look back and regret the time...the effort.

In this session, I had to force myself to speak in the face of a deep sense of meaninglessness, and a sense of being completely, almost forcefully, in the dark. Carol expressed nihilism in the in her lack of understanding, her despair, her feeling the analysis was pointless, *that nothing can change*.

Importantly, she also referred to the underlying ontological-experiential issues at hand; she did not want *to go to zero*, an evocative description of nothing, no self, no objects.

Carol also felt she should follow what she wanted, find freedom, and trust herself. I believe this was a quiet, embedded plea, the hope for movement into being and feeling real. Her cutting the sessions echoed Winnicott's ground-breaking idea, that for some people, only the negative, the absence, is real (Ogden, 2021; Winnicott, 1953). Carol's absence and letting go, from one vantage point a suicidal and self-negating action, was also a step toward being and feeling alive. Carol's gap, further, helped us both feel the wrongness, the emptiness on the level of being, something that could not be expressed with words but only experienced. I reheard her statement later, paradoxically, as a positive declaration, "*That no-thing can change.*"

During this crisis, the analysis broke out of the frame. I had dreams and fantasies I felt were about Carol with themes of death, leaks, and breakdowns. In psychological fact, I spent almost all my hours with Carol. I dreamt she wanted me to sign a lease, written on a gravestone. A childhood love of mine, who had recently died of a heart attack, was pictured in the dream. He told me I didn't have to sign the lease; he walked me around and around so I would not do it. I understood this walking to be reminiscent of Carol's walking, and in this new light, I thought I was hearing directly from Carol who was both dead and alive. I myself was very near to signing that lease in the analysis, a surrender to death and nothingness. I had no idea how to be alive without my words and understandings, my desires and my intellect. Still now, it's hard to articulate that alive is not an idea, it is a state of being.

My lack of faith became apparent in my grasping for understanding, searching for the interpretation that would make the shared agony stop. I pictured myself grasping for the last discernible item in a blazing fire, unable to see the burning as a necessary transformation, about which neither Carol nor I had a choice. I could not let it burn, having no faith that a greater understanding and evolution would come. I was clinging to knowing, the comfort that comes from the reductive quality of language and understanding (Eekhoff, 2021). I did not know how to be there, how to hold onto Carol in this catastrophe, in the absolute dark.

### **Knowing after Being**

After several long and turbulent weeks, Carol had a dream. It seemed to illustrate, in a reduced and contained form, the experience we lived. Returned to the realm of knowing, Carol and I could approach the experience with words, memory, and a coherence that was necessarily binding even as it was not the whole story.

I had a dream last night that seemed to have to do with coming here this morning. I woke myself up in a panic. I woke myself to write it down. In the dream I was panicked. There was a baby crying...in the basement. I was in my childhood home. I heard this terrible cry and was running downstairs towards the basement. I saw my sister just sitting at a computer in the kitchen. She was working at a computer and ignoring the baby. I was so angry with her and yelled at her when I went by. I went running down the basement stairs. They were actually very dangerous in real life, like planks of wood and concrete underneath. I got down there and there was no baby, but there was a toddler. He had tears in his eyes, but he was okay. He was carrying something over his head, like a mattress and blankets. I asked him if he needed help and he said no, this is for Bobby. I was looking at him with a kind of admiration.

I thought to myself that I was probably everyone in the dream...the baby and myself and even the woman at the computer and the toddler.

Carol associated to two historical leaps of her own, instances of almost dying in her toddlerhood. In one instance, she ran toward and fell (jumped?) down the basement stairs pictured in the dream. In another, she jumped off a dock into a lake and nearly drowned. She said, “they didn’t keep track of me. I flew under the radar.” It was in essence, a dream of no faith; that one could fall or jump or leap with no hope of being stopped or caught by the hands of the m/other. It was paradoxically a dream of faith developing; someone hearing the baby’s terrible cry and running for her, despite the danger.

The dream came in a swell of sadness, during which Carol and I tearfully reflected on what she called, “disappearing (her)self.” The dream brought to consciousness the emotional valence of Carol’s childhood traumas; jumping twice and nearly dying. This jumping, suicidal at worst, was in relation to an uncaring mother, procedural (on the computer) and distracted, like me in my training, with my words and concepts that mean nothing to a dying baby. This leap in analysis, Carol’s and mine, was a traumatic leap without faith, yet full of hope. This may be how faith is born.

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## **2<sup>nd</sup> Prize North American Region IPSO 27th Congress Cartagena**

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### ***Genius Loci: a woman with a vision of snowy mountain***

Each geography has its own world that has been fostered over the years. It is called the local culture. Local culture is more than just something expressed in music or dance. It is the pattern of relationships between individuals and the world. It includes the unrepresented background of those relationships.

When Freud elaborates what preserved in mind, he used the metaphor of the city and stated as follows: "if we want to represent historical sequence in spatial terms we can only do it by juxtaposition in space: the same space cannot have two different contents." (Freud, 1930). When we preserve two worlds in our minds to superimpose them on the current landscape, we must accept that they are not there now. It could be in a splitting or dissociative way to preserve two worlds in different geographies of mind.

A patient with conversion and obsessive-compulsive symptoms had three and a half years of psychoanalytic psychotherapy with me. She was from northern mountainside where old culture rooted. Her geographical origin influenced her symptom and conviction at many levels. She became aware of these old-fashioned values and chose to live with them in new set of attitudes. On the other hand, while her needs conflicted with the modern Western values that psychoanalysis has at its foundation.

The patient was a housewife in her 50s. Her insomnia, agitation, and temporary paralysis worsened when her mother-in-law, of whom lived with, developed cognitive impairment. My patient wandered for hours or fell down the stairs temporarily because she could not move her limbs. Her husband, who was in real estate business, rented an apartment near her house to let her live alone and settled down to keep her distance from her in-laws. Later, however, she developed a cleaning obsession in that apartment and began cleaning her room restlessly. Medication was ineffective, and she was referred to me by her psychiatrist.

When I first met my patient, she was cheerful, as if she had attended a dance lesson. A tall, stylish woman said she was eager to get better and return home. After her two sons grew up, she devoted much of her time to taking care of her mother-in-law, who had been in chronic illness. Her difficulty in taking care of her extended family grew and worsened. She did not want to talk about it; she accused herself instead. As soon as she implied her bitterness and pain, she undone it each time by adding she was happy after all. She came across to me as a woman with a conflict of guilt, anger, and wishes related to her in-laws and original family, but unable to recognize as they are, thus developing obsessive symptoms to erase and deny those emotions. We started once-a-week therapy.

She was a "good daughter" at home, and she believed that otherwise there would be no place allowed for her. The belief subsumed any complaints within or advice from others. She dismissed



any sympathetic understanding from me, while she reacted to my words to describe her complaint as proof of her failure. When I finally said, "I suppose it is the most miserable thing that you are here seeking help. It is the last thing you wanted to do," she burst into tears.

She spoke of her disgust and grudge against her wealthy in-laws and her idealization and longing for her parents. Her family of origin was a small farmer who also ran a small dairy farm in the mountains with deep snow in the winter. Typical of that rural area, her father went to the city in the winter to work as a day laborer, and her mother worked from early morning to midnight, with occasional symptoms of anxiety attacks, though never utter complaints. They were all diligent workers and patient was a "good daughter" of the family. She could not think of another way of being. She showed an extraordinary attachment to the house where she was born and raised. After her marriage, returning to her birthplace several times a year was the sole pleasure she looked forward to. Since her brother inherited the house, so she was a guest, but she told me the view of the mountains was the same.

It was a year after treatment began. She returned to her original home during the winter holidays and stayed there for several days. At the next session, she said, "This year, we had less snow than ever for that area. Unusually scarce. But on the day I was coming back, we had heavy snow overnight, and when I woke up, it was white all over... One night so the mountains were white. It was beautiful. I was happy to see it. ...It was truly beautiful." She was looking far away, gazing at it for a while. Then, with her eyes downcast, she paused for a minute or two before continuing to talk about the visit.

Over time, it gave a strong impression on me. When she uttered "It was truly beautiful," there was a presence in her that I had never felt before. She was looking at a mountain, she was hallucinating it. There was something real in her presence.

It turned out that it was the last time she stayed in her beloved birthplace. Soon pandemic made it impossible to visit. In the meantime, her brother and his wife decided to buy a new house in an urban area with less risk of natural disasters. She lost her home.

Her therapy lasted two years after this episode of gazing at snowy mountain. The therapy supported her as she mourned the loss of her "home". She came to accept that she had been dependent of "home" she created inside her. As she recognized the house living with husband and in-laws as her home, she became more assertive. Then she first time spoke of when she came to the capital. As a young woman, she was yearning for the sophisticated urban culture, and resenting the custom of her eldest brother taking over the house. When it seemed gradually possible to talk about ambivalence, she said that she had no choice but to stop this therapy after a few months later. I told her pain in feeling her guilt. She agreed, and implied that it is something she does not want to do.

Her conviction that she must be a "good daughter" bound and protected herself. It also distanced her from and connected her to reality. What I came to think after witnessing her hallucinations was that her certainty, her delusional fixation on the world, was in harmony with the specific land that surrounded her, the mountain landscape. Of course, the contribution of her pathology is obvious. Still, however, it would be inappropriate to explain it solely in terms of her pathology or her early relationships with her family.

This deserted mountain village is in an area left behind by modernization. Modern technology permeated the region slowly, and family and group started act differently in terms of superficial behavior, but in a more fundamental sense, it is a closed society where old customs prevails. It

would be a mistake to think that they shared worldview based on independent individuals in the modern sense. Putting their own desire, if any, secondly is to protect the healthy environment of people living there, including themselves. The "good girl" orientation of my patients is tied to this community-based relationships. What she was staring at is an environment that contains the unrepresented gestures of her family and ancestors. How people in generations lived is inscribed in the landscape and, at the same time, inscribed from it.

Great mountains, large rivers, the sea, and remarkable built structures are said to be etched in our minds like psychic structures (Bollas, 2000). The mother's arms are structures to hold the baby, but the actual environment also encompasses the affection. Gaston Bachelard writes, "the house of memories becomes psychologically complex ... The house we were born in is an inhabited house. In it the values of intimacy are scattered." (Bachelard, 1957). The interaction of living people is held in a living climate. I am referring to Japanese philosopher Tetsuro Watsuji who emphasized the importance of intersubjectivity as a characteristic of human existence and stressed its spatial nature. His book "Climate and Culture (Fudo [Hoo-dough])," written in 1935, he elaborates the self always includes the individual and at the same time the social aspect of existence in the world. By examining the self in its dynamic duality, space becomes an integral aspect of who we are and provides us with more comprehend picture of how we exist in the world. In the same book he wrote about the meaning of the Japanese house. In Japanese, the house (ie [eeh-eigh]) is also called (uchi [woo-chi]), and this called (uchi [woo-chi]) means inside in Japanese. "The Japanese understand the house as 'inside' and the world beyond it as 'outside.' Within this 'inside,' all distinction between individuals disappears." (Watsuji, 1935)

It is deeply rooted in my country, where individuals are inseparable inside the small group. Her desire to leave her original old village means truncating herself from her beautiful world. She has kept herself alive by identifying her inner self with the lost community and forcing moral values within herself. It also worked as punishment. This sense of guilt was something that she refused to let go of. Keeping this guilt meant she kept fusing in the landscape of snowy mountain. As Freud said, only she can decide what balance to strike between pursuing happiness and avoiding pain.

Psychoanalysis is rooted in a different culture from my perspective. For some analysts in training originated in non-western cultures, becoming a psychoanalyst involves bridging the gap of them. Witnessing her staring at a snowy mountain had huge impact on me partly due to the gulf between the culture of my office room, which is psychoanalytic, and her indigenous culture.

Here Watsuji says, "Neglect of nature does not mean to surmount nature. This is merely lack of awareness within climatic limitation. However, climatic distinctions do not disappear because of the surmounting of limitations through awareness of them. The opposite is the case, for it is precisely by this recognition that their distinctiveness is created." (Watsuji, 1935 )

Same concepts create very different contexts when placed in individuals' external and internal landscapes. I believe it is essential to continue thinking about things we will never fully understand to maintain mutual understanding. I am intensifying this feeling as I attend this beautiful psychoanalytic gathering.

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### **3<sup>rd</sup> Prize North American Region IPSO 27th Congress Cartagena**

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#### ***To explore or not to explore...Racism***

Anzieu-Premmereur (2015) explains that “the skin-ego is an envelope that contains thoughts and gives to thinking activity; some limits, continuity, and a protection against the instincts. The functions of the skin-ego are to maintain thoughts, to contain ideas and affects, to provide a protective shield, to register traces of primary communication with the outside world, to manage inter-sensorial correspondences, to individuate, to support sexual excitation, and to recharge the libido. The skin-ego is the foundation of the container-contained relationship”. 1. What is the skin-ego for a person of color, more specifically, with darker skin? 2. What, if any, type of protection does the skin give to a person of color? 3. Instead of being a means of protection, can darker skin be a means of traumatization? To the self and to others? During my second official year of my first attempt at training in the Panamanian Psychoanalytic Association, I was introduced to Dr. Robert Langs and his book *The technique of psychoanalytic psychotherapy*. Punctual clinical material shared in this book violated me while at the same time, stimulated my curiosity. Here I will share two clinical vignettes illustrated by Dr. Langs in which his goal was to “clarify further how we detect and interpret specific unconscious fantasies related to resistances”. Vignette 1 Mr. F.E was a young depressed man with school problems and a tendency to form destructive relationships. He had been severely traumatized by his mother’s illness and hospitalization when he was three years old. He tended to be very resistant and oriented to external reality in his sessions. Some of his associations indicated a great dread of reviving the childhood trauma which had, on some level, prompted suicidal and other terrifying fantasies. One set of fantasies underlying his resistances was expressed in several current dreams in which he was pursued by hoodlums or a Negro who were out to murder him. The genetic meaning of this latter attacker, a man, was not clear from the 2 material, though the patient’s associations pointed to his father and to the basis of his fears of him in sexual longings for his mother. For example, in one dream, Mr. F.E was with his fiancé and a Negro man attempted to break into the patient’s house to murder him and to rape his fiancé in his mother’s bedroom. Associations made it clear that the dream was an expression of angry sexual fantasies toward the patient’s mother and a punishment for these impulses. These fantasies were also one unconscious basis for his symptoms” (Langs 474-475). Reading this clinical material on my own, during the COVID 19 pandemic and during the global Black Lives Matter movement, was emotionally painful. During a training course, physical pain was introduced in me as I read the material alongside my peers and my professor at the time. This was due to the fact that, everyone in the zoom room was, as Dr. Dorothy Holmes adequately put it during the 111th APsA meeting, “oblivious”, not only of the material that we were reading, but of me. I was invisible. My invisibility was made clear when, after I addressed my discomfort with the material to my former professor, his response was “I didn’t notice”. “I didn’t notice” not only solidified my suspicion that the racial significance of the material and the world was not existent to him, it also meant that I was not significant to him nor to the institute. The unconscious sexual fantasies that Dr. Langs was able to

interpret from Mr. F.E's dreams are agreeable not only by myself but by other important analysts such as Jorge Kantor (2016) who explained that the "the sexual desires of white men from the south of the USA during the civil rights movements were projected onto African American men when they were accused of looking seductively at white women and before being lynched, they were castrated". It was easy and clear for me to see in the various appearances of Negro men whom were trying to murder Mr. F.E and rape his fiancée, that there was also an unconscious yet conscious fear of annihilation.

The fear of annihilation can be understood by studying Melanie Klein who developed her theory through her work with children. For Klein, "the fear of one's own annihilation, the paranoid form of anguish, is the earliest and most primitive form in development because its danger situation (annihilation) is innate" (Sollod, Wilson y Monte, 2009). 3 1. But why was this so clear to me? Maybe it is because I have a "black skin-ego" just like the "Negro" man. 2. But why does a "Negro" man provoke such fear in this white person? Maybe it is because this fear is part of a "white skin ego". 3. Should institutes even use this material from training? Maybe they can however, with the understanding that there is more to what meets the eye. Vignette 2 "Mrs. F.K. was a severely depressed white woman who was infuriated by her daughter's engagement to a Negro. When the wedding date was set, the patient came to her session in a rage against therapy: it had not helped and nothing had changed, she was getting worse and she wanted shock therapy or medication. The therapist listened silently. After raging for a while, Mrs. F.K. went on to describe the setting of the wedding date and then stated that she had been angry with one of her other children, a son. She had had a fantasy that he was killed in a car accident. The therapist then intervened: he told Mrs. F.K. that she was in a murderous rage against her daughter because of her marriage plans and that this rage was partly displaced onto her son and partly turned against herself, in a talion-like fashion, leading to her wish for punishment to shock treatment - a move also calculated to evoke revengeful guilt in her daughter. Further, her fury at the therapist was based in large part on her unspoken fantasy the therapist was going to prevent her daughter's marriage; this had not turn out to be the case (Langs 489-490).

Despite Dr. Langs take on the manifestation of Mrs. F.K's infuriation, I dare to challenge the latent motives behind it by sharing the following 1. I wonder if Mrs. F.K's anger towards the therapist had to do with the fact that the therapist was not able to help her work through her racism. 4 2. Maybe Mrs. F.K displaced her wish of the killing of the therapist because of his inability to understand the racism that was plaguing her mind and that was potentially damaging her relationship with her daughter. 3. Maybe the anger that Mrs. F.K was displaying was in fact a disguise of her fear of the challenges that this marriage could bring to herself, to the family but most importantly to her daughter and even to her future grandchildren. 4. Maybe Mrs. F.K's daughter was "acting out" against her mother's racism by marrying a Negro man. 5. Maybe Mrs. F.K was embarrassed, ashamed and humiliated not only by the relationship but also by her emergence out of her "psychic retreat" (Steiner, 2020). 6. Maybe the treatment was in fact not helping her resolve her conflict with racism. 7. Maybe the therapist's own racism was blinded and did not enabled him to help Mrs. F.K address her own. Dr. Robert Langs is a well-known contributor to our field. He has made significant contributions not only to the psychoanalytic and psychotherapeutic fields but also to the field of psychiatry making noteworthy developments on transference and the analysis of dreams. Despite these accomplishments, as it is accustomed to occurring in the study of psychoanalysis, it is important to take into consideration Dr. Langs background. Dr. Langs is/was a white man that was born in 1928 in Brooklyn, New York and by default, he was born and raised during a time that was filled with racial turbulence in the United States of America. During his upbringing and until he was



approximately 37 years old, he lived in a nation where racial segregation, which in my opinion is the social splitting of races, was the law of the land and it existed in all areas. It still does. Because of the overall culture in which Dr. Langs was raised in or around, it is extremely possible that he may have been forced to become a racist or at the very least, he introjected racist ideologies. My ideas are supported by the thoughts of Kantor (2016) when he writes that "Parents and older members of the family pass their prejudices, values, and negative appraisals to the younger generations in the course of socialization, and eventually the child's beliefs will be determined by those of his parents.

From a psychoanalytic point of view, both the superego and the ego ideal are constructed through primary identifications with these significant representations". Because of this, unfortunately yet understandably, it is possible that Dr. Langs was unable to see his patient's racism let alone his own thus making it almost impossible for him to interpret it in his patients and to discuss it in his book, *The technique of psychoanalytic psychotherapy*. In the work that was elaborated by Kantor (2016), he cited Bruce (2007) when he "draws attention to the fact that in clinical practice we tend to ignore associations, experiences or circumstances related to racism". He thinks that this omission allows us to observe the infiltration of a covert racist ideology in the psychoanalyst's mind. If we think about the vignettes that we reviewed at the beginning shared by Dr. Langs, we can see that maybe there was an omission of the social and cultural material in analyzing it, then in interpreting it, but definitely in writing it. I draw part of my hypothesis of the difficulties faced by Dr. Langs, other analysts and training analysts from Dr. Earl Hopper's research and development of the concept of social unconscious in which he describes it as follows; "The concept of the social unconscious refers to the existence and constraints of social, cultural, and communicational arrangements of which people are unaware, in so far as these arrangements are not perceived (not "known"), and if perceived, not acknowledged (denied), and if acknowledged, not taken as problematic ("given"), and if taken as problematic, not considered with an optimal degree of detachment and objectivity" (Hopper 1996).

While in my initial institute, I set out to understand the barriers that were being created around the topic of racism within this same institute. It proved to be an extremely hurtful and traumatic journey for me as it resulted in my expulsion, a dishonorable discharge from my home psychoanalytic community. The immense loss left me broken, fragmented, humiliated, guilty, confused. I felt violated, raped, robbed, used, abused and then thrown away by my Psychoanalytic family. I became a victim of what I recently began to understand as Institutional Incest. "Our psychic structures are filled with defenses to counteract and to resist the pains that are associated with, in this case, racism" (Butcher 2020) making it that much more difficult to explore the ugly truth.

The thought of examining racism, within oneself produces guilt as well as what Steiner (2020) considers embarrassment, shame and humiliation. In his book *Seeing and Being Seen: Emerging from a Psychic Retreat*, Steiner speaks about the ability to "discuss the importance of the experiences of embarrassment, shame, and humiliation that confront the individual who begins to relinquish a narcissistic organization and to emerge from a psychic retreat". Steiner examined this phenomenon by looking at it in the analyst-analysand relationship, that is, when an analyst or candidate is working with a patient as well as within the patient. For the purposes of this paper, I felt the importance of exploring the phenomenon when it occurs within the analyst or training analyst, and especially supervising analyst whom, when not aware of it, passes it on to future analysts thus continuing the vicious cycle. Psychoanalyst Heinrich Racker introduced the concept of counter-resistance describing its function stating that they "...are usually the expression of the

analyst's identification with the analysand's resistances, even when they are related at the same time to the analyst's own conflicts" (Racker 1966). He explains that a counter-resistance is "a co-resistance, a participation by the analyst in a resistance of the analysand", which come from feelings of guilt, anguish, anxiety and/or annihilation just to name a few (Racker 1966). This definition is important to understand as it provides illumination to what Racker calls "the 'objective' root of counter-resistance". As important as the objective factor of this occurrence is, it is also important to understand that "there is also a subjective factor in all counter-resistance, since those identifications with the analysand and their elaboration also depends on the structure of the analyst" (Racker 1966). Counter-resistance stems from the identification with the patient's material. As Racker (1966) states, it is "intensified by the analyst's own feelings" and it is an analytical element 7 that prevents, like others, the emotional healing of the patients, ourselves and of our communities. As a consequence, counter-resistance feeds into the primary resistance and produces stagnation, which stimulates the compulsion to repeat and causes overall energetic depletion for all involved. According to Racker (1966), counter-resistance persists, "only while the interpretation had been incomplete" (Racker 1966). Besides understanding that analyst and candidates are humans and that we all make mistakes, I tend to think that some of the reasons why interpretations are incomplete is because of lack of training and lack of understanding of one's own conflicts. That is to say that, although interpreting is not easy, it is something that can and should be worked on to ensure the improvement of the patient, an act that can be done first with "one-with-one training" (Garrido, 2020) either in personal analysis, self-analysis, supervision and in our continuous, never-ending learning process. As analysts and analysts in training, we already know, although more or less, how patients' conflicts manifest themselves transferentially and how, through the countertransference that we feel in analytic encounters with patients, we can understand the environment of these conflicts and even ourselves. Despite this, after analyzing the role of racism at different psychic levels, in various analytical spaces and for a several years now, I think that what we are still struggling with doing is facing and managing cultural, structural, social and familial challenges that are also transgenerational, narcissistic and unethical; within and outside of ourselves due to the psychic threats that this process creates. Especially when dealing with racism.

I believe that societal experiences are important factors in a patient's overall development thus to the treatment and I share Dr. Hopper's idea when he states that "an analyst who is unaware of the constraints of social facts and forces will be insensitive to their unconscious recreation within therapeutic situations, and unable to provide space for patients to imagine how their identities have been formed at particular social and political junctures" (1996). I also agree with Kantor thoughts that "as psychoanalysts, our inescapable task is to include in our technical model the conscious and unconscious, transferential and countertransference expressions of this dimension in the course of the analysis that we carry out. As well as contribute to the investigation of the psychic processes of identification and transmission of racism in our culture" (Kantor, 2016).

Psychoanalysis has come a long way without delving much into racism as such, but we have reached a significant moment and the issue of racism can no longer be ignored, denied, or silenced. There are many psychoanalytic institutes, that have pledged to understand the dynamics of racism, like mine in New Orleans, while others, have continued to stray away from its exploration despite the research that has been conducted to understand its magnitude and the beauties and the beasts that comes along with it. Racism brings symptoms with origins that can be traced back to the beginning of everyone's time and subsequently, it can be worked through using the techniques that are constantly being developed by our theory. So, what's the problem? With the

tremendous assistance from scholars such as Dr. Holmes, Dr. Powell, Dr. Hart, Dr. Stout and many others, who have not only dedicated their psychoanalytic careers to addressing the issues of Racism in its multiple facets but whom have also worked arduously on and in the Holmes Commission on Racial Equality in American Psychoanalysis to investigate all aspects of systemic racism in American psychoanalysis. The results of this investigation were released in an official report a little over a month ago but after the crumbling of a psychoanalytic regime which in and of itself, set minds ablaze. Not only are the results astonishing but the recommendations are even more enticing as they are exactly what is needed. This report is digitally sprawled out in black and white and we can even change the colors, to fit the needs, not only in American psychoanalysis but in Global psychoanalysis. So, the question is really not, to explore or not to explore...racism. The question really is, what are we waiting for?

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Chrissy Wallace 'Florence Overlook'

## **EPF Conference Florence 2024 'Identifications'**

### **1st prize EPF Conference Florence 2024**

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***Identity meets identification: Thinking psychoanalytically about antisemitism in the era of identity politics***

#### **Abstract**

*Psychoanalysis focuses on the concept of identification to understand the way one arrives at the ability to exist - or experience oneself as existing - as separate and apart, as possessing*

*uniqueness. Popular culture focuses not on identification but on identity and its role as a unifying concept that highlights sameness while de-emphasizing separateness and individuality. This difference is significant because, psychoanalytically speaking, antisemitism is a symptom of an inability to experience individuality. Fenichel (1954) laid the groundwork for this idea when he theorized that projection is the main defense of the antisemitic mind. I build on this idea by putting it into conversation with Winnicott's (1971) concept of object usage. This enables us to arrive at an understanding of antisemitism as rooted not only in projection and an inability to experience separateness, but also the absence of a capacity for memory, a concept I attempt to describe here.*

## Essay

In this essay, I share an idea that developed from an experience reported by a patient, a man in his late 30s. He had been in Germany for a conference. One day while on a break, he explored the town. As is his habit while travelling, he sought out places related to Jewish history and culture. He decided to visit the site where the local synagogue had stood until it was burned down on Kristallnacht. The site consisted of a raised stone patio with a fountain, flowers, and a plaque featuring a picture of the synagogue before its destruction. Surrounding it was a pedestrian cobblestone street and some ancient buildings. In the cobblestone street there were chairs and tables set up to offer outdoor seating for a nearby restaurant. As he took in the scene, the patient was overcome by dizziness and feelings of disgust, sadness, and disbelief. He felt his stomach heave and bile enter his mouth. He swallowed it down and left the scene.

The thesis I propose is this: my patient's experience is best understood as something that arose from, and would have been impossible without, a capacity for memory. By capacity for memory, I am referring to the way we come to experience the realness of those things that are neither forgotten nor remembered. In this man's experience at the synagogue site, he was certainly not remembering something related to the events that were unfolding; he had never been there before. As there was nothing to be remembered, it is also clear his reaction was not the shadow of something forgotten trying to make itself known. His reaction, I believe, was an attempt to remember something that could not be remembered yet had a place in his memory, albeit a purely subjective, fantastical one. He was not remembering something so much as experiencing a capacity for memory, which I conceive of as an in-between space, a place at once imagined and real, that is integral to our individual psychology and our capacity for meaningful relatedness.

Before I can explain how this moment was an attempt at memory, I must first talk about its relationship to identity and identification. Identity, a concept that is currently popular throughout our culture, would say it was this patient's Jewish identity that led him to react the way he did. Psychoanalysis, with its emphasis on identification, offers a different story; were it not for specific elements of my patient's psychology, the experience he had would not have been possible regardless of his identity status. Paradoxically, this latter understanding enables us to formulate ideas about not only my patient, but also the minds of those who destroyed the synagogue. Thus, my patient's moment at the synagogue site is also an avenue to wonder about how we might think about antisemitism as a psychological symptom.

Allow me to take a few moments to describe this popular notion of identity to which I have now referred several times. This is the identity of *identity politics*. Pausing to discuss this non-psychoanalytic concept is of value to my thesis, I believe, because in many ways it is the inverse of the psychoanalytic concept of identification. In identity politics, identity refers to a categorical



label that aligns a person with a larger group of individuals, all of whom share some characteristic that renders them alike. The emphasis is on how our sameness to others makes us who we are. This sort of identity is talked about through phrases like gender-identity, racial-identity, and cultural-identity. Importantly, this type of identity still manages to facilitate a sense of individuality. But how? How can one arrive at a sense of self when the operating assumption is “I am me because I am you.” The ability to experience a sense of individual definition while emphasizing sameness is possible because of another feature of identity politics: the assumed existence of permanent and insurmountable differences at the group level. Thus, the full logic of the identity of identity politics states: “I am me because I am you and you are not them.”

Psychoanalysis does not talk about identity in terms of sameness but of qualities that render us unique and the psychological processes and mechanisms that facilitate this. Here, identification plays a major role. As Loewald (1980, p. 83) explains, “identification is a waystation to internalization.” While identification, like the identity of identity politics, leads to sameness between subject and object, the internalization that follows it re-establishes subject-object differentiation by de-personifying the identified content and transforming it into the building blocks of one’s unique psychic structure. Combined, identification and internalization facilitate, “an emancipation from the object” (p. 83). This is not a black and white, either-or equation. Rather, identification followed by internalization leads to individuation, from which evolves one’s character, or what we might loosely call their identity, at the core of which is a perpetual, creative dialectic between sameness and uniqueness, inner and outer, subject and object.

One might easily conclude my patient’s experience was an example of the identity of identity politics. He categorizes himself as being part of the group whose building was destroyed by members of another group. The attack on the synagogue was an attack on his identity, and thus an attack on him. But, as with all approaches that do not attend to the phenomena that only psychoanalysis can make sense of, this view is limited. It cannot explain his experience from the point of view of his mind, his uniqueness.

In order to go further, let us once again consider the opposite of what is at hand. If the patient was reacting to the pain and suffering of an antisemitic event, how might we understand the mind of the perpetrator of that same event? Fenichel (1954) argued projection is the main defense of the antisemitic mind. By putting unacceptable parts of oneself into another individual, projection allows for the disavowal of unwanted parts while justifying aggression towards the recipient of those unwanted parts. What Fenichel does not explain is that the use of this defense rests on an important presumption: there is no separation between the antisemite and the Jew. More specifically, the mind that relies on the symptom of antisemitism is unable to facilitate, experience, or maintain a sense of separateness from the object that is the recipient of its projections. In the language of Winnicott (1971), then, antisemitism is a symptom of a mind that is unable to experience the Jew as real. Why? Because the use of projection is the hallmark of relating to, rather than using, an object. An object that is used is real in that it is beyond the subject’s control and consists of something other than projections. An object that is related to is not fully real or separate and is merely the receptacle for the subject’s projections. Here, the pressure to do, to act, eclipses all; the antisemite’s wish to destroy the Jew is literal instead of fantastical and, according to him, so is the Jew’s presumed wish to retaliate. A conflagration occurring at the interpersonal level of reality resulting in significant societal consequences becomes inevitable due to psychodynamics operating at the individual, subjective level of reality.

But, in order to complete my argument and finally arrive at a point where I can offer something that is hopefully new, I must take things one step further. This final step takes us to the topic of memory. Allow me to remind you how we arrived here. The patient was confronted with a scene that provoked an intense physical and emotional reaction. One might simply conclude that his identity as a Jew understandably explains this reaction. This would be a mistake. Psychoanalytically, we know not identity but identification and its role in facilitating an ability to experience and tolerate separateness is also at play here. But, you might say, there is no dyad here, no object to be related to or used. I would say you are correct. However, I believe my patient's capacity to use an object meant he was also able to experience, to use if you will, the moment at the synagogue site. Specifically, he used it as if it was as a memory.

By experiencing the moment at the synagogue as a memory, the patient was able take it in in a way that linked multiple layers of emotion and reality. It was a moment in which past and present, inner and outer, personal and social were experienced simultaneously. Unlike a moment of remembering, which involves recalling and engaging with something from the past, memory is about the present and the future as much as it is about the past. Like identification and its partner, internalization, the capacity for memory is an integration, a blend, something at once personal and collective, real and imagined. It is not about the ability to recall something that has been forgotten, but the capacity to experience the realness of that which is seemingly unknowable. Although deeply subjective, the capacity for memory does not foreclose on the external. Rather, it highlights the creative tension between inner and outer, and how the absence of an ability to appreciate this dialectic is the source of symptoms.

So, I arrive at a full articulation of my thesis: By experiencing the moment at the synagogue site as a memory, my patient was demonstrating the way in which the capacity for memory – the ability to experience the realness of a moment or a place despite its unknowableness - is a bidirectional process that, like identification, allows for both individuality and greater engagement with external reality. It is the process by which our ability to perceive the realness of something social, external, and outside the realm of lived experience comes to be. The social I referring to here is the phenomenon of antisemitism, in particular the images, smells, sounds, events, and history my patient took in while at the synagogue site. To me, the intensity of my patient's experience meant he was not simply feeling empathy for the victims or feeling persecuted because it was his group that was attacked. He knew and felt the moment in a deeper, more integrated, more total way. This is because he used the moment like a separate, real object, and thus it was catalyst for fantasy. That fantasy, I believe, was a belief by the patient that he truly knows the destruction of the synagogue. With this knowing he was able to feel, to live, the realness of the site and its horror, for it was already known to him by way of a memory, a memory of something that could not be remembered.

## **Conclusion**

How do we remember what we have not experienced? While we cannot remember the unrememberable, the capacity for memory means we can nevertheless engage with it as if it is a usable, and therefore real, object. It is a concept that, I believe, enables us to begin to articulate the psychodynamics of how we come to experience as real social phenomena outside the realm of our lived experience. This seems important both in terms of individual pathology and the social problems that inform and are informed by that pathology. Concerning antisemitism, this relevance is highlighted by the truth that, within a few years, there will not be any Holocaust survivors alive in

the world. We must also ask, how many people will there be who know, and possess the capacity to know, the realness of that catastrophe?

At the synagogue site, my patient was able to experience the realness of the moment. Such an experience would be impossible, I believe, if it was simply his identity as a Jew acting as the catalyst. Ironically, that sort of identity, the identity of identity politics, perhaps corresponds with the workings of the minds of the perpetrators of the synagogue attack. In psychoanalytic terms, they relied on object relating, were unable to see their Jewish peers as real, and thus could not experience the projections put into their victims as fantasy. My patient, on the other hand, could experience the realness of the synagogue site, even though the oppressed Jews of the area were murdered long before. This ability- to know the realness of something by way a memory that is not dependent on an ability to remember- begins with identification. When identification is followed by internalization, individuation, and an ability to use rather than simply relate to objects, the capacity for memory arises. When there is merely identification, we are referring to identity along the lines of identity politics and, perhaps, deficits in one's ability to experience the realness not only of objects but also of moments like the one my patient had at the site of the destroyed synagogue.

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## 2nd prize EPF Conference Florence 2024

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***To crave or not to crave? How Craving for substances of abuse could be related to transgenerational identifications.***

*"That's the problem with drinking, I thought, as I poured myself a drink. If something bad happens you drink in an attempt to forget; if something good happens you drink in order to celebrate; and if nothing happens you drink to make something happen."*

Charles Bukowski, *Women*, 1978

*"Give sorrow words. The grief that does not speak  
Whispers the o'erfraught heart and bids it break."*

William Shakespeare, *Macbeth* - Act IV Scene III, 1608

The inspiration for this paper came from the therapeutic work with a man (that I will call Marco) very successful at work, able to be a good father, that has asked for help for a problem of misuse of alcohol and other drugs; he started to use substances during he's adolescence, but he realized to need help only in his middle age, after an hospitalization in a medical ward for a faint. In his history, he had already had several accidents related to the use of substances, that exposed him to physical risk.

During the work with this man, we have been able to disclosure a very complex transgenerational hereditary, with traumatic events that have involved both maternal and paternal branches since the great-grandfather's generations. Step by step, thanks to the work with Marco, I was able to formulate some hypotheses on how inherited defenses could influence the development of an addiction,

But how does an addiction develop? From a neurobiological point of view, three phases are considered in the transition process towards addiction (Di Piazza, 2013): a) initial recreational, sporadic use, in which a substance is among the subject's many activities; b) a second phase in which drug taking intensifies in quantity and frequency, becoming the individual's main recreational activity; c) finally a condition of loss of control arises. At that point the thought and behavior are crystallized on the use of the substance: it will have to be taken in increasing doses and the search for it will be the only important thing in a person's life, so much so that the subject will end up "hidden by it". (Correale, 2013). At that point It is no longer a desire but a need. And the question, that one could ask himself, has been shifted from "to crave or not to crave?" to "to be or not to be?". Although many psychoanalysts have questioned the mechanisms underlying addictions, very few have considered the aspect of craving.

The term craving represents that sudden and irrepressible need, which is at the same time persistent, long-lasting, and sometimes insatiable, which, accompanied by neurovegetative symptoms, guides the subject towards the search for and intake of substances and/or the carrying out of a behaviour. There is a psychobiological model of the phenomenon (Verheul, 1999), anchored to Cloninger's model, which divides it into "*Reward craving*", i.e. the search for gratification that reinforces the use of a specific substance; "*Relief craving*", search for relief from psychophysical discomfort, which leads to the use of multiple cross-reactive substances; "*Obsessive craving*", in which the use is to eliminate a besieging thought/image predominantly connected to a substance, and which alters the functioning of the person. In the clinic these three types usually overlap and alternate in the subject.

It is important not to confuse craving with withdrawal. Craving is common across all substances (opioids, alcohol, nicotine, cannabis, cocaine) and behaviour (gambling, sex, internet) and can manifest itself even a long time after overcoming the addiction. Withdrawal, on the other hand, occurs in the days and weeks immediately following the suspension of an addiction and has different characteristics depending on the substance or behaviour. The experience of withdrawal can however influence the frequency, duration, intensity, and typology of craving.

Craving can be activated even after a long time, both through external and internal stimuli: the perceived availability of the substance; passing through places where use has taken place; encountering people with whom a dose has been previously shared; stressful moments, but also a pleasant experience that one wants to amplify. It is no coincidence that in the English-speaking context language, instead of the word "addiction" it was previously use the term "*morbid craving*" (Benedek, 1936). "*To crave*" means also to implore, a meaning that reminds us that craving is not just an appetite in search of satisfaction, but it has the characteristics of a painful restlessness and powerlessness, of an irrepressible need.

For these reasons the craving predisposes to the relapses and chronicity of addiction.

In summary, craving is a pervasive and indefinite bodily experience which is accompanied by the redundant thought of the substance capable of calming/exciting/modulating the subject's state. It is a bridge construct between psychic and somatic. That is why we can consider it as an affect (Sayette, 2016; Krystal 1995), looking at it with the definition that the Italian psychoanalyst, Adamo Vergine, has made: "*(...) an interface function between the somatic and the psychic, between the subject and the object, and between the individual and the group*" (Vergine, 1991), thus (das) underlining its intersubjective fundament. An affect, however, that is neither represented nor representable, and therefore mostly acted out. Patients report an experience of passivity compared to a compelling and irrepressible impulse. It is the substance that takes them.

Craving is made up of multiple undifferentiated, overlapping, and indistinguishable affects. Describing it in terms of Wilma Bucci's Multiple Code Theory (Bucci, 2017; Solano, 2022), we could frame it as an activation of the non-symbolic system, which due to traumatic causes is dissociated, and therefore not accessible to the symbolic systems (non-verbal and verbal). This perspective allows us to make some reflections on the body, on dissociation and on trauma.

Considering the body, the construct of craving allows us to escape from the ancient diatribe between seeing addictions as a purely psychological or purely organic phenomenon.

It is no coincidence that many authors including McDougall (McDougall, 1990) and Krystal (Krystal, 1995) have considered addictions as a psychosomatic issue; situation in which affects are frozen in the inability to be represented, and this determines a "*rupture between psyche and soma (...)*



*between primary and secondary processes (...) between conscious and unconscious*" (Mcdougall, 1990). It was not possible for the Transitional Area to function properly, and the only possibility of communicating is through somatopsychic signals and/or with the use of "*pathological transitional objects*" including substances (Mcdougall, 1990). It was Winnicott himself, in the first chapter of "*Game and Reality*", regarding a clinical case who said: "*The question is: an investigator who carried out a study of this case of drug addiction would give due attention to the psychopathology manifested in the "area of transitional phenomena?"*" The function of a transitional object is constructed through psychic work capable of accepting the non-self quality of the object, and therefore the narcissistic wound of otherness.

It's not only the rupture between psyche and soma that is shared by psychosomatic and addicted patients, but also the tendency towards alexithymia and operational thinking (Solano, 2022, Bastianini, 2008), with a pervasive difficulty in the representational process.

Going back to the dissociative defenses and trauma: they are two closely interconnected aspects.

By trauma, however, we do not mean just a single event (Correale, 2013; Solano, 2022, Bastianini, 2008), but rather an early relational trauma.

This will lead to an inevitable recourse to dissociative defenses and consequent splitting between needs, affects and mental life itself, leaving the body with the presentation of affective states that cannot yet be formulated in a representation (Bastianini, 2008). Where there is no representation there can be no separation, only *identification* (Cavalli, 2015). Freud himself (Freud, 1921) introduces *identification* as a way in which contents, even traumatic, from previous generations are acquired. However, we are not just talking about parents, because they were the first to not be able to internalize a symbolic function from previous generations.

It's not possible to deepen the *transgenerational telescoping*, (Faimberg, 1993) (1) of which Marco is a crossroads (2). However, in the process of his analysis, it has been possible to note the difficulty in processing and representing the multiple traumas on both the paternal and maternal branches, with a general lack of experiences of good dependency. It appears that the ties were based on a "*Denial Pact*" (Kaes, 2016) (3), that is, an unconscious pact in which the bond between subjects is structured on unconscious remains that cannot be signified or represented, and therefore incommunicable.

Cavalli (Cavalli, 2015) hypothesizes that while a traumatic event could destroy internal organization for the first generation, the second generation grows under its influence and forms a sort of attachment to it. In the third generation it is assimilated into the Self. This *transpsychic mode* (Bolognini, 2008) of unconscious transmission does not only concern unprocessed traumatic affects, because what the subject identifies with are also the defenses that previous generations have developed to survive.

It is no coincidence that the beginning of use of substances for Marco had occurred during the identity and sexual reorganization of adolescence. It was however what was formed in the preverbal phase that determined the outcome of the inevitable adolescent encounter with objects that create addiction (substances, behaviour, relationships).

The sensorial effect of these objects of addiction meshes with the affects deposited in the body and the inherited defenses against them. It is the pleasure of relief that drives first experiences with a substance or behaviour. With time and the compulsion to repeat this dynamic, addiction and subsequent craving arise.

Taking a substance thus becomes the attempt to regulate the unrepresentable affects, which is trying to emerge psycho-somatically, and the subject acquires a sense of omnipotent illusion of autopoiesis, simultaneously denying his own need for dependence on the other. Freud himself in "*Civilization and Its Discontents*" (Freud, 1930) in addition to baptizing substances as "*drowner of cares*", stated: "*We owe to such media not merely the immediate yield of pleasure, but also a greatly desired degree of independence from the external world*" (Freud, 1921). As a patient once said: "*It's like being the puppeteer of myself and making me feel things (...) there is a substance for everything: for sleeping, for waking up, for getting excited.*" The subject directly alters the body through sensory perceptions generated by "*pathological transitional objects*". The processes of symbolization are overcome thanks to transitory dissociative experiences generated by substances. The avoiding and denying method is shared early on with parents, and so at the same time mutilating and structuring the subject's mind.

A transgenerational listening (Cavalli, 2012) obviously does not have the target of a historical reconstruction, given the deformation due to the fantasmatic object, but rather wants to allow the person to recognize the series of events and the forms in which his psyche has appropriate "*in the fullness of their emotional and relational meaning*" (Solano, 2022).

Thanks to the analytic relationship, Marco has been able to subjectify what he had inherited, and so, he had the chance to resolve the Hamlet-like doubt of "*To be or not to be?*" and simply "*feel like being*".

## Footnotes

- (1) Connolly (Connolly, 2011) elaborated the three fundamental aspects in the intergenerational transmission of trauma: the death of time, the death of language and the death of narrative. Three aspects that we can find in the family histories and psychic functioning of patients with addiction, like Marco.
- (2) From the history of Marco's family, there is a great difficulty in the processes of representation, and a massive recourse to dissociation: on the maternal side there is a fear of drives, both destructive and libidinal, perhaps also on the basis of traumatic maternal experiences due to violence and a grandmother equally scared of the stranger, with a projection of danger towards the outside, which leads to a deadly confinement and a castrating reactive invasiveness. On the paternal side, the grandfather's poly-traumatic experiences seem to have generated a representation of the male who cannot access states of vulnerability and depression. Caging experiences hover here too, from which one can only escape by being incessantly active. This seems to have confined the son (Marco's father) to a small niche inside the "rock" represented by his grandfather, but in which perhaps he himself self-confined to safeguard this father (Marco's grandfather) from an Oedipal confrontation real. For Marco the father is already defeated, the true reference is the authority of his grandfather, which he seems to aim for through an imitative identification, which however allowed him not to totally surrender to the use of substances, when they undermined the ideal of Ego. It seems to me that the issue for Marco is prior to the Oedipal confrontation: when he finds himself with the terror of "being like my father" the anguish is not only that of being faced with an impotent and inadequate image of himself, a loser compared to his grandfather, but above all that he feels at the mercy of the disorganizing maternal object which generates a sense of internal emptiness (experienced as boredom), against which the only effective defense has been the use of substances.
- (3) The "Denial Pact" qualifies an unconscious agreement, imposed or mutually concluded between subjects, so that the bond they contract is organized and maintained in the complementarity of the interests of each subject. This type of pact is based on various

joint and correlative operations: of removal, denial, disavowal, rejection or encystment. These operations are not necessarily symmetrical: one removes, the other denies; one uses the other as a repository of archaic objects, the other rejects them or encysts them within himself, etc. (...) In this case, the negative pact contains (receives as a deposit) the negative elements without which the bond cannot be formed. When defensive operations outside of repression prevail, the "denial pact" creates, in the whole and in the subjects of the bond, zones of silence, a "left aside", garbage-spaces, non-significant, non-transformable remains: these pockets of intoxication keeps the subjects of a bond estranged from their own history and the history of others. What creates a bond is the same thing that should not be talked about between those it binds, due to the double cross-economy that governs the relationships of each subject and the chain of which they are members." (Kaes, 2016)

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Filippo also answered questions of the panel at the EPF in Florence.

*As the patient's cravings shifted away from drugs and onto the analytic work, how did this impact the look and feel of the sessions? What was it like for you to become the object of his desire?*

Filippo: If the analytic relationship can be structured, the affect of the craving will also be poured onto the setting and the analyst. The request was for the analyst to function as a superego, colluding with the fact that there is nothing to think or feel about drinking.

At the same time, I felt it was inevitable that I had to undergo countertransference work, that was like the one of a tightrope walker, between a "flexible and concrete" welcome and the attempt to represent what was happening. I felt the risk that the patient, finding himself facing a catastrophic terror, due to the proposal to integrate forms of psychic experience never formulated, could respond by taking refuge even more in the substances. At the same time, I tried to avoid feeling invaded and transformed through intersubjective pressure, that is, through projective identification, into an "object that must always be available and manipulable". If this difficult balance can be maintained, the analyst can offer his own "tertiary processes" (Green, 1990) to the patient and build a representative possibility (Cavalli, 2012), which allows the identifications connected to unsustainable affects to emerge.

*As you point out, this man's situation is a blend of many things including serious medical factors. He arrived following a medical hospitalization and you report he was chronically using substances and alcohol, which we know can have significant and even fatal complications. How did you, and the treatment, bridge (integrate) the need to help the man's mind while acknowledging these very real (physical) dangers? What was it like for you and him to work on his psyche while tolerating the truth that his physical reality was surely in danger?*

Filippo: First, luckily, I wasn't alone. There was a fellow psychiatrist who saw the patient even if very sporadically. This colleague gave the patient a mild pharmacological therapy to help him.

Second point: it was and is very difficult to tolerate the various risk situations the patient put himself in. Aside from the use of alcohol, there were several incidents both before and after starting the analysis with me. Luckily without serious outcomes, but some still very risky.

Even on that occasion I felt that I had to tolerate the situation, without becoming an anxious and intrusive mother, but trying to use my mind to symbolize for him.

*I wonder about the relationship between unconscious transmission of trauma and memory, how can analysis help with developing meaning of symptoms, thereby an understanding of trauma and create a narrative which can become part of memory. It would be interesting to consider the concept of transgenerational identification in both your cases.*

Filippo: This is a very interesting question. I believe that first we must define what type of memory we are talking about. whether a declarative memory or an implicit, unconscious memory. I believe that a peculiarity of psychoanalysis is that it deals with unconscious memory. This is something the area of family of what Bollas named as “*Unthought Known*”.

If we consider this type of memory, the narrative of oneself is not possible when it's not possible the representation (and so the subjectivation) And it is in the ability to represent, which for André Green is the first function of the psychic apparatus, that identifications occur.

This opposition to representation is something that previous generations have developed to survive, and which passes as an alienating identifying element.

These alienating identifications create crypts (as Abraham and Torok say) which continually impede the processes of representation in the daily affective self-experiences (affect is central in all of this) that each of us has. So, it is not something “*that happened once and for all*” but something that continually happens and continues to happen. Garcia Badaracco would call it an “object that drives you crazy.” Analysis and the analyst offer people the possibility of developing new identifications, of dis-alienating themselves from previous ones, through the mostly unconscious experience of a new relationship.

I think this is how analysis helps create a new narrative. This is a much more indirect step than talking about the possible trauma itself, a discussion that, of course, is still central.

### 3<sup>rd</sup> prize EPF Conference Florence 2024

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#### ***Identification as a Path to Becoming an Analyst, Who do I relate to?***

##### **Abstract**

Identification is a process that Freud formulates and develops in many of his texts. This paper is an attempt to trace the development of the characteristics of the concept in relation to the creation of the psychoanalyst's identity. The personal qualities, inner motivation and drive to work with people are seen as aspects that play a role. Another essential part is the way of developing and presenting one's work, which is related to the environment in which analytic training takes place.

In the first part of this article, I will try to present the difficulties and specificities of an analytic training that takes place within a society that is itself in the process of establishment and maturation. In the second part, which presents an example of a supervised case, another component that constructs analytic identity will be presented. Through my personal journey and the obstacles, I have encountered so far, I will try to share my view.

The process of meeting, accepting and settling into analytic work is also a form of identification with a particular community of professionals. Professionals, through whom we learn, accept or reject, and rediscover ourselves. That helps us in our work with patients in accompanying them in their struggles and offering our minds to their needs.

##### **Article**

As Laplanche and Pontalis (1973) note identification in Freud's work, is '*... not simply one psychical mechanism among others, but the operation itself whereby the human subject is constituted*'. A very similar process unfolds in the formation of a psychoanalyst. The development of an analyst requires a process of identification that constructs an individual with an analytic essence based on the images of the people who teach and analyze them, and in a broader perspective, of the environment and circumstances that surround the subject and shape the reality.

When I graduated as a clinical psychologist, my interest in analysis was already well established. However, the path ahead was neither clear before me nor inside me.

In his work 'Interpretation of Dreams' (1900), Freud defines the concept of identification as '*...assimilation on the basis of a similar etiological pretension - it expresses a resemblance and is derived from a common element which remains in the unconscious*'. Sometimes, it is a long journey to find what connects and makes us part of shared community, both as individuals and in our role as analysts.

A few years before completing my Masters, I began psychotherapy with a Lacanian analyst. When the first (IPA) training group in my country started I was hesitant on how to continue my professional development. Finally, I concluded my therapy and after a while I went to see a training analyst, but it turned out that she was not available to take me in analysis at the moment. I waited for two years,



and then chose to begin training analysis with another analyst, and after the first year, I applied and was accepted into psychoanalytic training. Due to a lack of a sufficient number of applicants I had to wait for two more years.

Towards the end of my third year of training analysis, mid pandemic, my analyst passed away, a devastating experience.

My second analysis began thereafter and is still ongoing. These vicissitudes, encountered in my professional path, show a significant internal motivation, but do they make me feel part of the community?

In our analytic journey, we go through stages of idealization of our analytic parents that resemble the early stages of idealistic unity with beloved objects, so that we can retain their images, for periods of time as totally good and generous. To function well, it is necessary for the baby to successfully split its objects at the beginning of its life, to prevent the destruction of the good object by its own hatred, which otherwise will condemn the baby to a mental breakdown (Klein, 1975).

As we progress in our professional skills and experience, idealizations become increasingly hard to maintain. Remaining in an immature state can certainly bring comfort, as it allows avoidance of conflict with previous generations, but it also deprives us of the opportunity to grow and develop. On the one hand, it is possible to mature and liberate oneself while simultaneously demonstrating respect towards those who came before us without following the example of the primordial horde, where the sons, in order to possess the goods of the father, have to kill and turn him into a totem (Freud, 1913). On the other, the growing ability of the new generation and all its future opportunities does not have to arouse excessive envy that leads to humiliation and patronization.

To protect myself from the ambivalence and conflict at the beginning of my formation I chose loyalty. I had developed a strong commitment to my first teacher who ignited my interest in analysis, and to be now analyzed by a person belonging to a different, sometimes conflicting group in our society has been the subject of my personal analysis.

One of my first dreams during my second analysis involved questioning myself - what is my stance to the president of our country. At that time, my analyst was the president of our society, and only the appropriate interpretation gave me an idea of the deep split in my soul. Who was I loyal to? Who did I relate to the most? I realized the fear of being rejected by the people I idealized for a long time.

In his work 'Mourning and Melancholia' (1917), Freud discussed identification primarily in terms of the distribution of the libido, but he noted that the free libido was not transferred to another object; instead, it was withdrawn into the ego - *'... identification is a preliminary stage of object-choice, that it is the first way- and one that is expressed in an ambivalent fashion in which the ego picks out an object.'*

Through the process of mourning and grieve over the lost image of the ideal analytic father and with the support of my personal analysis and supervision, I embraced a more balanced attitude toward ambivalence and developed internal resilience to reach the stage where I could undertake my first analytic case.

All these experiences that have altered my path helped me identify with, but also distinguish myself and led to building my own version of what it means to me to be an analyst.

## Clinical Vignette

This vignette presents essential elements of my first analytic case, a young woman who I had worked with for two years before she started analysis. During our first meeting, I saw a frightened girl on the edge of adulthood, but physically and mentally she seemed a much younger age. At the beginning of our work, she could hardly formulate an idea of what she wanted out of therapy; there was a vague sense of accusations, mainly towards her father for his authoritarian behavior. The struggle to speak with concreteness and meaning came from the difficulty of understanding her own experience, but also from the disclosure and even humiliation of sharing her thoughts with another person.

Aglica, as I will call her, comes from a large family with very close intergenerational ties based on guilt, blame and fear that the world outside the family system is dangerous and hostile. In this reality, the patient had learnt to survive psychically through obsessive and controlling mechanisms, but also with a certain seduction of her objects, who were kept "satisfied" and aside, to create a space for her to literary breathe. This crack was large enough to exist, but not enough to have a psychic world of her own, which in turn would mean losing the security of that womb connection with her environment.

### To be born psychically

One of the first things that struck me in working with Aglica was how difficult it was for her to have a sense of self beyond the one that her parents and family had given her. She struggled and doubted every desire which made making choices that felt authentic near impossible. This was also present in our work; the patient was precise about the sessions and regardless of her distrust, she accepted my invitation to join me in a space where she can think about herself and at the same time where her own thoughts are born and claimed by her. She was often hesitant, almost paralyzed by the fear that every choice could be the wrong one, whether regarding her education, or inviting classmates out. Eventually, a doubt about why she was in therapy crept in. Did she need it? Isn't she blowing her worries out of proportion? Aglica's ability to confide in me developed gradually, and was accompanied by great anxiety and resistance.

### Beginning of analysis

A particular feature of her relationship with others was that any closeness was perceived as a threat, that she sometimes perceived sexual. So, when I presented the idea that she might benefit from working more intensively and move from face-to-face to an analytical framework, the concern that she might be attracted to women arose. At this point I think she used a very basic form of identification with me, which explained her fears of our growing closeness as sexual, in an intrusive and perverse way.

### A month into an analysis, Aglica shared the following dream:

"I am in a concert hall and I am a part of a choir. I am lost, but just before the performance I manage to find my way to the stage where there is a red sofa, while the stage itself was rotating. The conductor was in the audience and he was telling me off for sitting on the couch because it wasn't for me, it was for some important person who was in the audience."

*Analyst:* The sofa is also called the couch, to lie down on the couch - to start an analysis.

*Patient:* Ha-ha, I've never heard that before. (Silence)

*Analyst:* Don't you wonder if this couch is for you? Will I, as the conductor in your dream, scold and reject you?

*Patient:* I have always felt good when singing in front of an audience. I was maybe in 5th or 6th grade and I didn't really like going because I wanted to play with the other kids in the playground. I remember thinking that I should give up. Then I broke my leg during a game and I couldn't stand up for a long time. I was relieved because I temporarily stopped singing but stayed part of the choir. When I was in the 9th grade, I started to channel a lot of emotions into my singing, but I wasn't one of the best, which annoyed me a lot. At one point I had the option to sing my favorite song as a soloist. Up until the last moment it was not certain whether I would take the part, and in the end, they did not include me, so I decided to leave because I had made many sacrifices for this choir.

This dream allowed us to talk about the ambivalence of the patient's desire to work analytically and her fear of being rejected by me. On the one hand analysis, like singing, gives her a sense of freedom, but on the other she felt dependent on me and my approval.

What did it mean to her to lie on the couch - to be penetrated by my interpretations or to experience closeness with another human who respected her own subjectivity?

### **Capacity to identify**

Aglica's ability to allow me to be someone different from her image of me was a great struggle in first months of our analytic work. It was a challenge to speak freely without censorship. In one session, at a time when the main topic was what makes someone mentally a woman, she told me that when she is alone, she imagines conversations with me, what I would say, how I would respond to her thoughts. But when she comes in, everything either disappears or she feels paralyzed to share. I suggested to her that there seems to be a fear of feeling vulnerable. Identifying with me - becoming her own analyst - seems to protect her from being exposed to these anxieties, that might arise if she allowed herself to let a separate person with own thoughts and feelings in.

In the book *Group Psychology and the Analysis of the Ego* (1921), Freud states that identification is the earliest form of affective relationship with another person, ambivalent in nature and corresponding to the cannibalistic state of the libido and the narcissistic state of the ego. Identification replaces object relations - instead of having the object, one becomes the object. Something similar was going on as a process in Aglica; for her it was more tolerable and narcissistically safe to absorb my image than to enter into a relationship with me as a real person upon whom she had no control.

### **Negative identification**

Aglica often compared herself to others and, through rejection and differentiation, constructed an image of herself. This process, similar to negative identification, concerned different aspects of her relationships.

When we discussed this, she associated that she wished she could tell me more, however the fear of being alone was very strong. I replied that although loneliness sometimes frightens her, it is also a condition in which she seeks shelter, as when she "hides" in silences from me during analysis. These moments of absence or negative presence are marked by emptiness and banality of thoughts or a temporary inability to think. In these states the patient expects me to give her a form of mental content. My silent refusal to follow her family's pattern and think instead of her, sharpened

her resistance. However, it also allowed us to discover her difficulties in thinking for herself without knowing how she would be represented in the mind of the other.

## Reflections

The article attempts to elucidate the path of analytical formation, growth and to connect it with the processes of maturation and separation which blossoms in psychoanalytical work. In the presented vignette was trace patient's attempt to build her own identity and reject the false self inherited from family dynamics.

In a young and developing society, especially in a post-communist country, there are tendencies of separation and fragmentation. The processes of splitting, denial, and projection are at times acute in all of us and influent new generations. This is similar to the dynamics observed in the patient's family.

In order to build themselves as analysts, many candidates must find a way to reconcile with ancestors, and overcome sibling jealousy and competitiveness in its destructive form. The process can be facilitated by identifying shared interests and experiences, which serve to foster a sense of connection and closeness with the other.

One of the things all of us in psychoanalysis have in common is the world of shared meanings, knowledge and interest in the psychic world of the other. This common element as referred to by Freud, is rooted in the fact that all of us, no matter how different we are, attempt to be present for our patients in an impossible and sometimes unbearable existence by making it thinkable and meaningful.

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Chrissy Wallace 'Sydney Surfing Twins'

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#### ***“Blowing in the Wind: Suffering, Mourning and Hope in the Psychoanalytic Method”***

A young woman in her 20s, a patient of mine, was unusually quiet in a session recently. There was just a smidgeon of talk thrown in, in between long gaps of quietude. This illusion of calmness, held a sense of chaos and discomfort within – as was visible through the restless eye movements, and the tensed-up body posture. After almost half-way through the session hour with her scattered verbalizations, I commented – “*You seem sad today.*” She nodded, and said, “*The Palestine-Israel*



*situation is really disturbing me. People I speak to do not seem affected by it, and no one understands why I feel so upset."*

This reminded me of my own growing unease around the end of 2019 and early 2020, when the Government of India had introduced the amended Citizenship Amendment Act. This amendment aims to provide accelerated Indian Citizenship to persecuted religious minorities, specified non-Muslims, from the neighbouring countries of India. In effect, this meant that people from other religions except for Islam, in these Muslim-majority countries were eligible for a fast-track route to Indian Citizenship. The Act, in its religion-based distinction, was implicitly discriminatory given that the Indian Constitution has secularism as one of its tenets in the Preamble.

This underlying othering in a government-approved and proposed law, transformed into nationwide demonstrations led by the very community it excluded. These protests, opened debates amongst the public, and pulled together diverse voices across the religious, caste and class divide.

It reeked of a promise – a fledgling courage to live outside the insulation of suffering, and to find one's voice and stand tall in protest. But it also reeked of a fear – a fear of being targeted, and muzzled by the authority. The rising bigotry stood to break relations down and potentially turn family and friends away from each other.

*\*Care has been taken to maintain the anonymity of the patient(s) whose vignettes are presented in this paper and patient(s) consent has been taken.*

As this wave of protests captured the national narrative, the onslaught of the Covid19 pandemic suddenly diverted collective national focus elsewhere - towards avoiding persecution by this unknown disease which could be mild, debilitating or life-threatening. There was no way of predicting its trajectory. The situation, both unveiled privileges and diminished differences at the same time. We were all in different boats, but in the same storm.

The government led initiatives aimed at preparing the nation for the pandemic was myopic in its implementation. These included but was not restricted to the following circumstances - The nation went into a lockdown without any adequate notice. Muslims were vilified as the harbinger of the virus, painted as deliberately spreading the disease, making the pandemic a tool in fanning religion-based hatred. Candles were lit across the country to ward off the 'darkness' of coronavirus, and the '*Thali Bajao*' (banging plates) campaign was encouraged in an attempt to show support for the medical staff at the behest of the central government. In turn, the '*Thali Bajao*' campaign led to large gatherings of people, with the collective chanting of '*Jai Hind*' (Victory to India) ringing through towns and cities, undermining safety measures needed to contain the spread of the virus, proposed by the same medical community. The lockdown and its subsequent effects, forced a mass exodus of migrants, left with little resources, the likes of which India had not seen since the Partition. It also left the unaccounted and unseen populace of homeless people without any support, pushing the vulnerable community into further distress. The country was grossly unprepared for the second wave assault of the coronavirus, which led to a desperate scramble for medical assistance, and immense loss of life.

Conversations in the clinic around this time, was marked by a paucity of related reflections on this socio-political situation by most of my patients, but what was paramount was a sustained sense of fear. *What could have brought us together* – the realisation of the embedded interdependence of our human existence, the recognition that death is a cruel leveller, that all castes are made from the same earth, and survival necessitates cooperation, *instead became an attempt at self-preservation.*



Human beings have evolved with the ad nauseum of *survival of the fittest*, and every conflict brings to the forefront the biopsychosocial manifestations of the same during dangerous times. The twin movements of globalisation and capitalisation have engendered a culture of every person for themselves rather than nurturing social bonds between individuals. The competition evokes a persisting sense of fear which does not let us empathize with the pain of the other. Perhaps, the threat from an intangible illness finds form in a more tangible other – a community, a religion, a country. The greater this perceived and/or actual threat, the deeper an individual's retreat into their own pain and identity – and the greater the accompanying violence.

At the individual level, Melanie Klein writes about how splitting puts all the unwanted in the 'bad other', and when this individual takes up a community, national or religious identity, the group mirrors and inflates this splitting of the 'bad other'. If we are doomed to continue to project and throw out what is intolerable in ourselves, then does conflict become unavoidable and destruction inescapable? Or is a lack of remembering the other, a way to protect oneself against anticipatory loss? Does war become inevitable, and is the human species to forever suffer?

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During the time of the first lockdown period, a patient recounted a dream – He was in a city in China, where there was no one on the streets. Everyone was dead, and he was scared he would die soon. The deserted streets only made his fear more palpable to him in the dream. In his associations, he said, *"China did this. If China becomes a f\*\*\*\*\* superpower on our graves, the world should remember why!"* The nation gets conflated with the people, and hate transcends from the nation state to its people. These moments of hate also become moments of connection with the internal objects of hate we carry. As in the case of this patient, as further exploration revealed – his mother, father and uncle – all objects against whom he craved vengeance.

Freud, in his letter, 'Why War?' in reply to Einstein in 1933, speaks of how, *"Wars will only be prevented with certainty if mankind unites in setting up a central authority to which the right of giving judgment upon all conflicts of interest will be handed over."* (Freud, 1933, pp. 207) Freud cautions that the creation of such a body, without the necessary power for its functioning would be useless. These institutions have over the course history, come into being. Over time, however, it is increasingly evident, how bodies like this, including the World Health Organization and the United Nations run the risk of becoming tools at the hand of the more powerful nations represented in them and remain largely a symbolic voice – customarily ignored, and continuously manipulated by those in power.

This dynamic often repeats itself in the consulting room where conflicts about individual ambivalence towards separation and attachment with parental and societal authority figures contribute to the trauma of the individual – like in the case of a queer patient who struggles to find a sense of self under the critical eyes of their mother. Existing as if, at service of their mother, they suffer a deep anguish over a fear of impending failure, accompanied with a lingering sense of panic and chaos. The supposed independence and authority of these organisations becomes the false sense of individuation many adults believe in, when in reality they continue to operate from their childhood experiences of being unseen, unheard and un-held.

Psychoanalysis provides a road map to understand how the individual psyche's indigestion of their own psychological problems, projects this 'internal enemy' onto the other and the external world. But there are far too many distractions in contemporary living, especially when virtual experiences replace visceral and corporeal ones. Perhaps the weight of feeling is so much, that we train

ourselves, unconsciously, to not notice the pain, both in and around us. Often when patients come into therapy, they complain about the sessions being too heavy and overwhelming. This becomes the pathway to exploring their relationships with feelings, their vocabulary for the same, and the space they have for emoting. It also becomes a space to face their dissociation from the human suffering and our fleeting awareness of the same in our lived lives and how it impacts us.

Following is a vignette from a patient who I have been seeing for about a year for psychoanalytic psychotherapy.

### Personal in the Political

Kabir (name changed) was born in a middle-class family and had multiple siblings. He was pursuing a post graduate degree when we started therapy. He had intrusive thoughts about sex and sexual acts, and acted on them compulsively. There was also a ritual around the act of masturbation. He craved fame, recognition and multiple sexual partners. At the same time, he struggled with how his reading and understanding of the Quran did not condone his desires, around sexual acts, masturbation and lifestyle.

He shared how as a young boy, there was a lot of emphasis on following religious diktats in the family, and playfulness was not encouraged and likely to be disapproved of. He remembered an incident where he was shouted at, stripped naked and thrown out of his house following an accidental mishandling of a text book. He spoke of his own foray into regular *namaaz* (prayers) and his shame at the discovery of masturbation. It was something he could not accept, yet could not stop himself from doing. His capacity to study was something he questioned and struggled with. Social interactions were difficult - especially with women, and others who belonged to a different social location from him. He was very thin, bordering malnourishment, and was admittedly trying to modify, adapt and integrate his "*misogynistic views*" in the light of his exposure to education, city life, and different people.

Kabir once told me – "*In Islam, anyone who does not believe in Allah is a kafir (unbeliever)– is wrong, and inferior. That is what it preaches.*" He paused for a while, and then said, "*Of course, I mean, I know you are not a Muslim, I am not saying you are inferior, but you know I may believe that sometimes.*"

Life begins in conflict – the conflict the baby goes through in the very process of birth – the labour contractions pushing the baby down, without will, or choice, from the warm, liquid sac to a cold, white, harsh and sterilised world. Perhaps, the first cry is not just a sign of life alone, but also a sign of mourning for life as it was. Winnicott speaks about how the baby experiences the mother and her as one, and then the process of separation into two bodies starts in her psyche, through a holding environment. Klein posits the paranoid-schizoid position as a conflict the baby has to resolve in order to move to a more developmentally healthier depressive position.

For Kabir, life continued to be a conflict – his socio-economic situation and cultural upbringing did not allow for him to be held sufficiently, and definitely not without a fight. Each transgression of his was followed by punitive action which was aimed at evoking shame and guilt in him. The critical environment repressed his aggression and left him with an ambivalence towards a modern, liberal India, and a traditional, religious India. His sense of identity, both as a Muslim, and a young man in urban India seemed to be at conflict with each other. A sense of inertia was sought – somewhere in-between repudiation and reappropriation of these outwardly conflicting identities.

He was seemingly compliant. At the same time, he countered all interpretations, and was stubborn about linking the present with the past. One time, he also labelled me unethical for his missed session payment, despite several discussions over this at the beginning of treatment about the reasoning behind that.

For Kabir, I was the modern woman – the one he desired, and the one he loathed. I was the mother, who took time out for him. I was the mother he was angry at. I was the father who stripped him naked, prodding him about his dirty, sexual cravings – full of shame. I was the one with power, and he the follower. I was the infidel, and hence unprincipled and loose.

Are all of Kabir's feelings, his transference, only about his inner world, and the internal objects he carries within? What about his location in a country which has long stopped pretending to be accepting of diversity as principles of co-living? What about his experiences of narrowly avoiding the violence perpetrated by the Police following protests against the Citizenship Amendment Act? What about religion-based prejudices that he grew up with, and its alarming infiltration in different spaces of his adult life? What about his growing deracination in an increasing call for scientific thinking – polarising his cultural roots?

My own sense of the social world, power structures, and a morality code is because of what my lived experiences have been – For example, my reality of being a part of the privileged religious majority along with my lived gender minority, in my country, is a duality I cannot escape. So, to believe that the patient would not become aware, or be affected by them, as if the neutrality doesn't spill over, leaving a trail, is perhaps, naïve.

This is the un-learning and reclaiming of the psychoanalytical space that is needed as part of the training of a new generation of psychoanalysts. Specifically, in the Asia-Pacific region, this means finding ways to integrate Eastern philosophies with Western-dominated Psychoanalysis. It requires bringing together local healing traditions with the psychoanalytic method of healing.

Psychoanalysis, as a method, fosters a listening which can hold the other. It asks for self-reflection on the part of the analysand and the analyst as they navigate through the unconscious, while building an intimate, trusting alliance where mending and reparation can find a home. This in itself stands out as an act of resistance in a world which is becoming increasingly alienated, self-centred, and lacking authentic connection with the other. Psychoanalytic therapy, holds then, the potential of nurturing the experience of being human. The method is inherently subversive, and can become a personal act of political resistance.

Loved and despised internal objects need to be mourned, from the vantage point of personal history, to make space for their internalization and identification in an individual. It is by this working through that reparation happens in the psychoanalytical space. This cannot be done genuinely without including the cultural histories that the individual carries, and the stories they have weaved around their lives. The eco-socio-political framework provides an entry for both the analysand and analyst to not only move from individual mourning towards healing, but also to enlarge the 'third' in the analytical dyad – the intersubjective space between the two persons located within their own cultural collective psyche.

This has the potential to break the complex web of paranoid splitting which demonizes the other, disavows psychic pain, and creates egoistic attachments which feed on hyper-narcissistic inflation in individuals and groups. This leads to an unending pursuit driven by greed, fear and omnipotence. Conflicts and warfare become the inevitable fall through of the destructiveness generated as a result.

The acknowledgement and awareness of the historic truths and personal narratives that are defined inter-generationally begins the process of mourning for the individual. It can act as a catalyst in an attempt to internalise, identify and harmonize their external, cultural identities with their internal, self-identities. In the Asia Pacific region, this encompasses the vast work of repudiating and reappropriating the colonial and orientalist trajectories, the mistrust, religious biases and violence, the casteism, classism and racism that co-exist alongside a neoliberal, capitalist environment, through a psychoanalytical discourse that remains largely of foreign origin.

We are in a fragile eco-system of connectedness which the recent global crisis – pandemic, warfare, civil conflicts, climate emergencies constantly impinge upon. The human experience, through the lens of privilege offers varying degrees of respite which creates a distance between the suffering of many and those with certain privileges – material or otherwise. It also deescalates any feeling of collusion with these problems – at individual, community, or nationwide levels. In the discussion of Neil Altman's paper, 'Psychoanalysis and War', Layton (2007, pp. 185) puts it succinctly *"It seems to me that part of the psychoanalytic project is to help patients become aware not only of what they have suffered, but also how they have become complicit in causing suffering, both to themselves and other."*

The way ahead is a long, hard one. The subversive potential of psychoanalysis is entrenched within bureaucratic systems where candidates often struggle to afford the high fees of training and where logistical and institutional politics can contribute to analysands feeling othered, denied and helpless. This dichotomy proscribes to the personal is political philosophy. It thus asks us to think of ways to integrate the oppressive-dissident nature of psychoanalysis. It is through these experiences, that we can continue to hone our capacity to stay with our and others' grief, and to allow for mourning of the suffering we both embody and witness.

Freud wrote, in his 1935 paper, 'On Transience', *"When once the mourning is over, it will be found that our high opinion of the riches of civilization has lost nothing from our discovery of their fragility. We shall build up again all that war has destroyed, and perhaps on firmer ground and more lastingly than before"* (pp.307).

Perhaps, hope lies in a collective fantasy of this rebuilding, embedded in a transient world where we all move towards death. Lives, fused with death, from the day we are born – as time ticks by, perhaps, this is our chance.

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## 2nd prize Asia Pacific Conference 2024 Sydney

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### ***“How to survive the violent destruction of structures”***

#### **Abstract**

In this paper, I report on how the external structures of clinical practice involved in psychoanalysis and dynamics psychiatry in Japan changed during the COVID-19 pandemic and discuss how psychoanalytic healers had to find ways to survive in this crisis.

The general hospital where I work began to accept patients with COVID-19 infection, but this was accompanied by a sharp decline in outpatients, and patients receiving psychoanalytic treatment began to avoid that hospital. Within a year after the COVID-19 pandemic began, I lost most of the patients I had treated with psychoanalysis, lost most of them, and my training was also interrupted. The experience of losing so many patients brought with it a sense of denial of my worth and dignity. During the COVID-19 pandemic, as a dynamic psychiatrist, I proposed and implemented the idea of having a consultation group for emergency department nurses. The emergency department had been completely divided into two locations/groups of responsibility since the admission of COVID-19 patients: 'COVID-19 response staff' and 'staff dealing with emergency patients'. At the start of the group, participating members began with reactions questioning my intentions of what I was going to do. At first, there was little expectation of my role and I was an outsider in the group. The way they were going about their work, pushing themselves against their own fears, reminded me of soldiers in a battlefield. On the other hand, the members of staff dealing with emergency patients were like neurotic children trying to behave. I imagined these children making serious suicide attempts without being aware of anything going on around them, and the growing suspicion and distrust between the COVID-19 response team and the emergency patient response team not only divided them physically, but also created a serious psychological divide. Every time the number of patients increased rapidly, the group's survival was threatened, but I managed to maintain it. One day, I described it as a 'violent breakdown of structures', which seemed to be accepted by some members, and one of the members spoke of the realization that they had to accept the reality of what was about to happen. This was a valuable experience, recognizing the importance of the members' continuing to communicate with each other, even in situations where the maintenance of the therapeutic structure was at stake. It was also a simultaneous recognition of the importance of psychoanalytic therapists setting up a forum.

Another thing I continued to do during the pandemic was to communicate online with the psychoanalytic community abroad, which was a great psychological support. The members I interacted with were able to report back on each other's situations and share their concerns. It was this support that enabled me to continue my training and remain a candidate.

## **Introduction**

I am a doctor working in the psychiatric department of a general hospital, with an analytical clinical practice in it and partly in a private office. In this paper, I report on how the external structure of clinical practice involving psychoanalysis and dynamics psychiatry in Japan has changed under the COVID-19 pandemic, based on my personal perspective. I will also discuss how psychoanalytic therapists have to find a way to survive in such a changing environment.

## **The impact of COVID-19 and the changes I suffered.**

Changes in my professional and personal life came gradually after the COVID-19 pandemic became an issue.

As a so-called consultation-liaison psychiatrist, I have usually been seeing suicide attempters, who are transported to the emergency department of a general hospital, for more than a decade. There, I provide outpatient psychiatric follow-up for suicide attempters, as well as consultation and psychoanalytic psychotherapy with suicide survivors.

From March 2020, large general hospitals in urban areas in Japan began to accept patients with COVID-19 infection, starting with the most severely ill, due to the increasing number of patients with COVID-19 infection.

When it was reported that my hospital was accepting patients with the new coronavirus, the first thing that happened was a sharp drop in outpatients. It was clear that the hospital itself was being avoided as a 'dangerous place'. When a state of emergency was declared, the trend became even more pronounced, and the hospital, which was supposed to be a place of relief from a lot of suffering, became disliked and avoided by people.

In fact, what I really feared was the impact in my personal life whilst working in a general hospital treating COVID-19 and that my children would be excluded from school and kindergarten. They could be seen as potentially carrying a danger in their respective communities. The fear that not only I but also my young family members would be excluded from the community contributed to my mental exhaustion.

My patients in psychoanalytic psychotherapy, requested relatively early on, that the interviews be paused or conducted online, so the consulting room was no longer used for some time.

Would the place where I work be a den of pathogens? This may have been true, or it may have been imaginary in the psychic realm. The assumption that I would be the one bringing the disease = the harmful one, brought a sense of denial of my worth and dignity. In any case, during the first year of the COVID-19 pandemic, I lost most of my psychoanalytically treated patients. This included some patients who were transitioning to psychoanalysis. It meant that my training was interrupted.

## **The medical field as a battlefield**

I initially envisaged a mundane activity of providing psychoeducation to staff involved in the treatment of COVID-19, sharing information about the anxiety and mental ill-health caused by the unknown virus and instructing them to seek help if they needed it. However, the results of the self-rating scale for anxiety, depression and general psychiatric symptoms, which was used to screen for mental health conditions, were considerably higher than I had imagined. Many staff indicated the extent of the psychological burden of being exposed to the threat of the new coronavirus. The words of staff I directly overheard seemed to be full of psychological effects that included isolation,

anxiety and embarrassment. My sense as a clinician was that supporting him/her seemed crucial. I therefore proposed and decided to implement a psychodynamic group discussion time for nurses in the emergency department. The implementation was briefed by several people in managerial positions in nursing in the emergency department. The group was held twice a week at the end of the working day, for 60 minutes per session, and was open-ended: the beds in the room for minor illnesses that were no longer used due to the acceptance of COVID-19 patients were pulled to the edge and chairs were arranged in a circle, which became the location of the group.

The emergency department was completely divided into two locations/groups of responsibility after the acceptance of COVID-19 patients: the 'COVID-19 response staff' and the 'staff dealing with emergency patients'. The emergency department which was originally one group, was divided and each had a separate location, including a break room in an adjacent area. Therefore, for the first month, these two groups were separated. This was partly the intention of the management to prevent the spread of infection, but also his/her needs.

At the start of the group, it began with the participating members' suspicions of what I was 'trying to do'. The reaction, which included a collective wariness of outsiders, was more significant in the COVID-19 response staff group. At the first group gatherings, the operational leader would sometimes start to preside over the situation, as if my presence was hardly expected or as if it was the same whether I was there or not.

After a few groups, I was finally able to hear his/her thoughts. It was a feeling that only those who had experienced the situation could understand: the awareness and pride of being in a role that others could not take on, the frustration at the lack of medical supplies, the fear that they would become infected, and the isolation from their families for the foreseeable future. I recognized that these people were literally protecting the community in which I live. And I felt that I had no choice but to rely on these people and put my fate in their hands. At the same time, it was also a moment when I became aware that I was still an outsider there.

The way these men/women defied their fears and pushed themselves to do their work reminded me of soldiers on the battlefield. In the early days, I was forced to watch as the critically ill patients were brought in one after another and passed away without seeing any of their families, leaving me with a sense of helplessness that was incomparable to what I usually felt. Even in the personal lives of this group of mostly single people, "I can't go to the hairdresser." 'I go home from work to be alone, and then I come back to work', were words that symbolized how detached they were from their daily lives. I pointed out that the members here had become very distant from the everyday life and the normal people they used to be. From there, they began to talk about the practical problem of how to regain, even partially, everyday life. I could not stop the images of the battlefield from coming up, and I sometimes referred to the case of a Japanese Self-Defence Force officer deployed to the Middle East who spent some time at a resort before returning home to his family. In my image, it was still a 'war zone'.

On the other hand, the members of the group that took on the sole responsibility of dealing with emergency patients, which had previously been handled by the emergency department, were even more short-staffed than usual, and the severity of the patients had increased. Furthermore, the timing of the transfer coincided with several new recruits and novices in the emergency department, and they were burdened with more than usual for that reason. However, the response of the

members was that "we can't say we are having a hard time when there are people around us who are having a harder time." This was the reaction of the members. This reminded me of neurotic children whose peers are in great difficulty and who try to behave well so as not to be a burden to their parents. This was an image that came up internally from my experience of such children making serious suicide attempts, such as jumping or hanging themselves, without the people around them noticing anything.

What became increasingly clear was the growing suspicion and distrust between the COVID-19 response team and the emergency patient response team, and that not only were they physically divided, but there was also a serious psychological divide between them. I proposed a form of group where both sides could come together as originally planned. The two groups were thus framed to speak in the same place, but the content was skewed towards whichever group had the greater number of people in the room, and the other group was so concerned about the other that they refrained from speaking, making it difficult for the two groups to mix in practice.

This situation changed dramatically when the number of patients increased rapidly and the hardware of the facility was 'upgraded'. Rooms that had previously been used were no longer available due to construction work and rooms were moved from time to time. In addition, the rapid increase in the number of patients meant that more work was required and group time was also allocated to accommodate patients. Practically the framework was destroyed and I lost my place. It almost felt as if there was no space at all for such a place and time.

After a three-week hiatus, we decided to revisit the framework again and decided to conduct weekly groups. When the group resumed, it did not attract the same number of members as before. I felt excluded and had a sense that there were no longer any needs or my role here. But for the time being, I decided to stick to the structure and literally stay there and try to recover the lost ground of the place once lost. After a while, members gradually returned, albeit in a situation where we had to move from one place to another each time, and by then we had members from both groups. The group talked about being very aware of the gap where the world was gradually becoming less self-restrained and they were going out for dinners, shopping and trips, but they were not able to do so. When they resumed in this way, the group place became significant. In a group isolated from the world, everyone was hungry for a space to come together. At one point, a cluster outbreak at another nearby hospital was reported. This meant that the burden on their own hospital would increase further, and a new anxiety emerged, "How long will we be able to hold out?", and a sense of uncertainty about the future was also shared.

There were times when I would describe what was happening as a 'violent destruction of structures' and tell members about it. The term had an impact on some members and seemed to be accepted. In that session, one of the members said, "But this situation is probably not what the top wants to do, and no one is doing it well. We have to be prepared for this to go on forever." Several members affirmed what she had said.

### **Interaction with the international psychoanalytic community**

Under the COVID-19 pandemic, there was another thing I continued to do. This was online communication with several international psychoanalytic communities. Originally, these were members who had been connected online before the advent of COVID-19, programme committee members for the international scientific meetings and the CRSG.

From my perspective, the situation seemed to be changing more rapidly in countries other than Japan, where more candidates were in a 'lockdown' with little grace or choice, unlike my experience in Japan. The reports from these countries of the USA, France, Brazil and India, had huge numbers of reported cases of infection were particularly surprising to me, and it was distressing to know that my psychoanalytic colleagues were in the midst of the very structures being violently destroyed. Some of the members suffered from the aftereffects of COVID-19, while several of their colleagues were infected. The need to know about the situation outside their own country was felt to be as great for all members of the group as it was for me.

Almost all of the members who interacted were forced to have online psychoanalytic sessions, and it was quite rare to find a therapist like me who continued to conduct face-to-face interviews with a mask, if not in all cases. They shared their anxieties and found comfort in each other's regular updates on the situation. It was often discussed how to return to the daily routine of psychoanalysis and whether psychoanalysis could survive in the future. Thus, it also became a place to rethink 'what is psychoanalysis'.

Years later, patients gradually returned. My own training also returned to its original trajectory. The effects of the pandemic still linger in the medical field and in my private counselling room, where I continue to conduct psychoanalytic interviews, still wearing a mask. I have managed to get through the crisis and regain therapeutic structure.

### **Discussion**

The impact of the new coronavirus caused different reactions depending on their position and distance from each other. There were significant differences in the reactions depending on the spread of the new coronavirus and the distance from the infected person, and these differences advanced the splitting.

My experience was truly a 'violent destruction of structures'. As Ruth, M (2020) describes, the point that when an analytical couple is experiencing socio-political violent events on both sides, each must acknowledge that they are decisively affected by reality, refers to what happened under the overwhelming influence of the new coronavirus.

The psychological impact on medical staff, who were the closest in distance to the new coronavirus in the general hospital and who were exposed to the threat of infection on a daily basis, was significant. The divisions revealed there had been there before in the first place, and COVID-19 made them visible and physically facilitated them.

As Moylan, D. (2014) describes, members of staff need to learn to reflect on their experiences and use their own emotions to understand what is happening with distance, and the aim of the consultation is to enable them to tackle their own problems. In a group of staff who had been directly affected by COVID-19, six months had passed, members began to say that there was not a good leader who would be able to deal with the situation adequately and do what they wanted, and that they had to work within this reality. I believe that it was then that we became a work group.

So far, as myself, under the influence of the new coronavirus infection, I have tried to keep a psychoanalytical perspective and do the best I can where I am placed. And I have been searching for a way to be a candidate. I still don't know if I have done the right thing so far, or if it has been a good, if not the best, choice. But I think it is important to note that in this context, I have continued



to be a candidate with the psychological support of an international groups, such as IPSO, providing a chance and motivation for me to continue their training.

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## 3rd prize Asia Pacific Conference 2024 Sydney

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### ***“Recognition of Victim and Perpetrator of self: Beyond Mythical Thinking and Colonialism in Japan”***

#### **Japanese Colonialism and Forced Immigration: The Problem of Foreign Residents in Japan**

The illusion that Japan is a mono-ethnic nation persists, but the truth is that this is not the case. Japan has a history of the Yamato people conquering and oppressing other people living in the Japanese archipelago, such as the Ryukyu Kingdom and the Ainu people, from 6C to 19C. Then, during the period of Japanese colonialism, Japan annexed Taiwan and Korea from 1895 to 1945, invaded China in 1931, and conducted atrocities in the Asian-Pacific region. During this period, to supplement the labor force within the Japanese archipelago, many people from Korea and Taiwan, for example, had forcibly immigrated to Japan, where they lived with prejudice and discrimination.

The number of such Koreans living in Japan reached 2.3 million before Japan's defeat by America and the Allied Forces. However, since there were no houses to live in and no fields to cultivate in Korea, about a quarter of them, or 647,000 Koreans, remained in Japan and called “Zainichi (staying Japan) Koreans. The Japanese government forced those people to live in Japan. After the war, the government registered them as foreigners and created their communities while separated from the rest of the Japanese population. Despite living in Japan for several generations, they continue to face structural discrimination, including limited citizenship. For example, many people were born in Japan and pay taxes. Yet they do not have the right to vote or be elected, and the education they receive in their native language is not recognized as formal education by the government. Zainichi Koreans structurally have no stable place in Japanese society.

The “suffering” of living through forced immigration and discrimination was embodied and enacted in a psychoanalytical couple consisting of an analyst who is ethnically Yamato Japanese and the patient who is ethnically Korean (Zainichi).

#### **Izanaki-Izanami Stories and Mythical Thinking**

Psychoanalyst Osamu Kitayama analyzes Kojiki and stories based on the primary hypothesis that there is a fundamental story (or larger story) that influences the mental structure of Japanese society and the Yamato Japanese people and that this story is repeated in Japanese culture and the Japanese people (Kitayama & Hashimoto, 2009).

*According to the mythologized story, there have been two gods who created Japan. They are a male god named Izanaki and a female god named Izanami, who were a couple as well as a brother and a sister. In the Middle-Earth Land, Izanaki and Izanami produced many gods, but just as the female god finally gave birth to the fire god, Izanami was burned and died and*

*went to the Land of the Roots, the underworld. The male god went to the Land of the Roots to revive the female god and pleaded for her to return. Izanami said: "Please wait because I will consult with the Land of the Roots gods. Do not look inside the palace until the discussion with the gods ends." However, the male god could not bear that and broke the prohibition of 'Do not Look' and looked inside. Then, the male god saw the female god who had become a rotten corpse. The male god felt fear in "gaze in awe" and ran away. The rotten body of the female god chased him angrily, saying "You humiliated me," but the male god ran away to the Middle-Earth Land. Then, the male god placed a massive rock between the Land of the Roots and the Middle-Earth land, so dividing the countries of death and life. To reduce the affliction borne in the Land of the Roots, the male god entered the river stream and carried out a ceremony to wash off the dirtiness of what he had done. After that, the male god started producing many other gods by himself (Kitayama & Hashimoto, 2009; Ogimoto & Plaenkers, in press).*

Kitayama points out that the Japanese have their original sin. The sin of the male god (Izanaki), who broke his prohibition and looked into the palace, thus humiliating the goddess (Izanami) (Kitayama & Hashimoto, 2009). In the myth, Izanaki, the male deity, does not speak of "guilt" about peeping into the palace and shaming the female goddess. Kitayama calls this "mythical thinking," which is a way of behavior seen in "myths," such as the "Izanaki-Izanami story," which continues to be followed by people today (Kitayama & Ogimoto, 2021). Kitayama's "mythical thinking" seems to capture the area of the social unconscious of group analysts Hopper and Weinberg, in which "society behaves as a cohesive entity under the influence of myths and stories, and iteratively repeats the themes described in the myths and stories" (Hopper & Weinberg, 2011).

### **The Izanaki-Izanami story and postwar Japanese reaction**

In this story, Izanaki cannot accept the loss of his sister and wife, Izanami, and seeks to recall her from the Land of Death, the Land of Roots. He denies that he has lost his subject. Herein lies the root of the tragedy. Izanaki then goes to the Land of Roots to try to revive Izanami. Izanami, who had been living in the Land of the Dead, does not turn Izanaki away but instead takes an ambiguous attitude, saying neither that she can return to the Land of the Dead nor that she cannot. There is a denial that she is dead and has lost her life. During the consultation, Izanami forbade Izanaki to look inside the palace curtains. When Izanaki breaks this prohibition and looks inside, he finds Izanami in a horrified state of decay. At this point, Izanaki "looks in awe", but the horror is too much for him, and he flees. Again, Izanaki is unable to accept Izanami's loss of her former form, much less apologize for the loss of her life as a result of her reproductive activities with him or for his guilt and responsibility in the matter. Denying all of this, Izanaki flees toward the Land of Birth.

It is as if Izanami, too, had realized for the first time that she could never live with Izanaki, the inhabitant of the Land of Life, through the gaze and glances with which Izanaki looked into the curtain and angrily said, "You have shamed me, haven't you?" It is as if she had denied her own mortality. She casts the confusion caused by the sudden realization of this multilayered loss onto the other person, blaming him and saying, "You have shamed me," and feeling ashamed of herself. It seems that Izanami had not accepted her own death or her loss of Izanaki until Izanaki looked in on her. In private correspondence with the author, Australian Psychiatrist Dr. Eigen Koh pointed out that Izanami could experience two types of shame. "One is a shame she experiences in private, by herself. It relates to the narcissistic injury, realizing that she did not have the power to return to the Land of the Living - it is a shame of impotence. The second shame occurs from the gaze of

Izanaki; it is the shame of being exposed / shame of being seen as rotting, dead, a failure." (Koh, 2022). Dr. Koh thinks the modality of these two types of shame differs between individualist and collectivistic cultures. "In Western individualistic culture, the individual is more concerned about how they see themselves and less about how others see them. So, the shame of impotence is more significant than the shame of being seen. However, in non-Western culture, the collective is more important; the psychology of shame is more dependent on how other people see us" (Koh, 2022). As for Izanami, Izanami's greater sense of shame comes from the gaze of Izanaki than her sense of impotence.

This gaze reminds the Japanese that their shame returns. It is in our relations with our neighbors. In a book co-authored with Kitayama, the Japanese scholar of literature Masayuki Hashimoto writes: "The attitude of the male gods, of letting their sins slide without guilt, would be incomprehensible to other nations. Moreover, the male deity should not wash his sins away by Purification. The male deity should have stayed in the Land of Roots and mourned the death of the goddess with all his heart." As Hashimoto says, it was all right for the male deity to "gaze in awe" when he looked at the rotting corpse of the female goddess. He should have continued to "gaze in awe" the female goddess instead of running away from her. Then, he might have realized that his imagined wish to bring the muse back to life was impossible and exaggerated, and he would have continued to face his narcissistic injury and impotence.

Furthermore, to Dr. Koh's point, "gaze in awe" must have also occurred to the female goddess (Koh, 2022). When the male goddess saw her own decomposing body, she too needed to remain in awe before projecting her shame onto him, saying, "You have shamed me, haven't you?" If the female goddess could continue to awe, she might have been able to accept that she was already dead, that her body, loved by the male goddess, was already damaged and lost, and also her narcissistic injury. The word "awe" means "to be fearful of" or "to respectfully refrain from," in Japanese, not to run away from a perceived threat or to repudiate a threat. It is the experience of recognizing and reflecting on the many fears within oneself and being overwhelmed by what is happening before one's eyes.

The male deity's breaking of the "do not look" prohibition and seeing the female deity caused a breakdown or a strong wounding of the sense of omnipotence in both the male and the female deity, which was experienced as shame (Koh, 2022). We must continue to feel and talk about this wounded sense of omnipotence in the Yamato Japanese, not as a manic defense through economic activities, but as a wounded sense of omnipotence or shame itself.

After fleeing the Land of the Roots, Izanaki says, "What a terrible thing I have seen!" He enters the river, performs a purification rite, and feels he has been defiled. Here, we see the denial of guilt and the mechanism of "cancellation" by the ritualistic act. The more we let the "dirt" go down, the deeper the guilt and our unconscious guilt go. Then, Izanaki produced many of his own children from himself alone. It is reminiscent of Japanese businessmen who lost their emotional connection after the war and moved on to economic activities.

If this story, as a myth, unconsciously affects the Japanese mind, then the "shame" due to the inability to mourn that Dr. Koh pointed out, is the shame of Izanami when the story rapidly shows that she is hurt, disfigured, and dead, that she cannot already be with her beloved, and that in the Japanese collectively, I think he is pointing to a sense of shared shame. The gaze of others makes

the Japanese feel that shame. Both Izanami and Izanaki have lost their beloved partner and their beloved object, and yet they avoid the work of mourning. It has given rise to so much manipulation of the mind, or defense, that tragedy has occurred.

### **Case: Makoto**

Here, I would like to introduce an analytical case, using a couch and meeting four times a week, with a male in his twenties who was the son of a Zainichi Korean mother and a Japanese father.

Makoto was born into a family of a Japanese father and an Zainichi Korean mother. His maternal grandfather forcibly immigrated to Japan from Korea during the colonial period. Makoto's family faced racial discrimination from the Japanese.

Shortly after beginning psychoanalysis, the patient revealed the following traumatic episode. At one point in junior high school and through the middle of high school, Makoto's parents brought him to an event hosted by several charitable organizations, where his mother introduced him to the man leading these charities. Following this event, Makoto started being regularly sexually molested and abused at that point. His mother received money and food from the leader.

Makoto thought he was doing a good thing because the person was happy, and his parents were glad to receive money and food from the representative. He had refused to tell me any specific information about this man or the group. In one session, about six months into his transition to psychoanalysis, when I brought up the subject of Makoto, never mentioning the names of the man who abused him nor the names of the charities. He stated, "I do not want to," and became angry. He said, "Everyone does bad things. If you say you have never done anything illegal, I am jealous of you!" Then, the following week, at our first session, the patient said to me, "I wonder if you, too, want prostitutes to take advantage of you (laughs)." Also he said: "I wonder if you (like that charity leader) have ever been in a situation where it would be bad if the outside world found out about it?" Makoto then claimed that his parents had offered his body to the charity leader and that he had complied in order to help his family ease financial distress. I told the patient that he was probably worried I would not accept him if he told me what he had gone through.

My mention of Makoto's resistance seemed intrusive to him as Izanaki looked inside the palace. He admitted the guilt he would feel if he admitted to his relationship with the leader. The leader's responsibility for concealing it was denied, divided, thrown back at, and projected onto the analyst. It appeared as a fantasy that the analyst would use the patient as a prostitute and that the analyst had wrongdoings that could not be made public. At this time, I, too, felt guilty, "in awe," and apologetic for offending the patient by bringing up the subject of what he did not want to talk about, even though I felt strongly about the significance of analyzing his resistance.

In the next session, Makoto stated that his parents used him because they were strapped for cash, and the leader of the charity organization may have found him convenient in that he satisfied his sexual needs. He stated that he had always thought that if he told anyone about these events, people around him would be suspicious of him.

When the patient graduated from high school and was working for a company, his mother accused him of being "slutty" for attending work parties. When he heard that his father had told him that people who made money from sexual matters were "of low status," he said, "My parents forced me



to give my body to a charity leader, but they later ridiculed me for that. I overheard my parents forcing me to give my body to the leaders of a charity organization, and later my parents, would ridicule and deny all people in that situation. I was confused and anxious when I heard this," he said. Makoto remembered that he felt betrayed by his mother when his mother handed him over to the charity representative. He told me that his parents had pre-judged and discriminated against him and that he must have felt a strong sense of anger and resignation toward them. I said that Makoto could not give me the specific names of the leaders of the charitable organizations because he was worried that I would disrespect and discriminate against him.

### **Victims and Perpetrators of Orientalism**

When those groups whom the Yamato majority has oppressed - the Okinawans, Ainu, Koreans, and Chinese - demand an apology from the Japanese and the Japanese government for their acts of atrocities, the Yamato Japanese tend to perceive this as a threat. In this process, the intensity of the "gaze" directed at them by others increases. The sense of helplessness and shame of the "I" who receives it increases (Ogimoto, 2023). The other's gaze, filled with reproach, forces us out of the victim position, bringing us back to the perpetrator position in which we feel guilty, ashamed, and powerless, as the male deity, Izanaki, in the myth.

It is important to remember that the issue of Zainichi Koreans is in Makoto's background. Zainichi Koreans have been despised and discriminated against in Japan. Makoto's mother and his mother's original family suffered discrimination from the Japanese people. Zainichi Koreans have been displaced both in Japan and Korea. The experience of discrimination and displacement as a community is repeated in the family in the form of parents hurting and discriminating against their child and in the form of transference and countertransference in the therapeutic relationship between me, a Yamato Japanese, and the patient, who has Zainichi roots, in psychoanalysis.

Both the perpetration and the damage are in us. The experience of harm, in particular, is more strongly repressed as the male deity Izanaki denied his persecution. We all have aggression and violence inside us, and it takes much work to understand the concealment and resistance before we can get in touch with it. The "mourning process" begins when we "gaze in awe" of our violence and aggression. It is learning to tolerate knowing the ways we have hurt others and to be able to feel remorse for it.

We want to be aware of the development that needs to evolve to recognize the unconscious identification with the positions of perpetrator and victim. The movement of the co-existence of the perpetrator and victim, alternating between both, becomes the work of mourning. This idea focuses on movement, process, and development.

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Chrissy Wallace "River Liffy"

# **TRAINING TODAY**

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## ***What do we do with reality?***

Today we are gathered as survivors of a pandemic that reached a global scale, and ultimately as inhabitants of a world that left behind us a series of unresolved griefs and anxieties. We also gather, with the expectation of finding a system of security in the social bond that will help us through our tribulations, based on our common mythology, psychoanalysis. It is there that we hope to find new answers, and at best new questions to understand what we have lived through in the last three or four years. On the other hand, as local representatives, we would like to share with you some thoughts about the daily presence of the Colombian social reality in our practice.

I

When the pandemic happened, we got scared. And we asked ourselves questions: about ourselves, and our profession. We tried to think and talk. We fragmented and tried to integrate. Some died, others survived. The emptiness, the not knowing. We drew on what we pretended to already know. Then there was a proliferation of conferences, talks, communications, writings, articles and jokes that pounced on this phenomenon that Janine Puget and Leonardo Wender (1982) called at the time "superimposed worlds". Pandemic: superimposed world. Precariousness: superimposed world. The manifest: superimposed world. The latent: superimposed world. Superimposed world: superimposed world. Psychoanalysts felt that "external reality" was coming in through the windows of the consulting room and the bathroom, in dreams and in bed. Why such a curious choice?

In their famous article "*Analyst and patient in overlapping worlds*", they tried to account for the psychoanalyst's modes of distraction when the external world involved them as much as their patients. However, here 'external world' means something very particular: it delimits the specific context of the split of the Argentine Psychoanalytic Association in 1977 and, above all, it delimits a phenomenon that presented itself in didactic psychoanalysis increasingly invaded by "facts, data and problems that belonged to the current external reality and to a world known to all. [...] All this threatened to upset the placid and artificial equilibrium of the 'as if' world of each analysis" (p. 1). But..., is it true that psychoanalysis ever lived in that placid and balanced world?

Puget and Wender are right: it is an artifice. Not even Freud himself was so lucky. To imagine psychoanalysis in such terms would have been an aberration for the old man: placid and balanced, for him - just him - who began the "*Interpretation of Dreams*" quoting Dante's Inferno? for him - a grey pessimist - who defined our discipline as an impossible work? At what point did those of us who came after him come to feel we were in that world?

Let us pay attention to the movement of the concept in Puget and Wender's article 'Overlapping worlds' is not born spontaneously, it is, rather, the remnant of a decadent transformation. A transformation that goes from conceiving the 'common external world', described as contamination and generator of distortions in analytic listening, to a fundamental epistemological split: the common world, now divided in two, becomes the 'world of the analyst' and the 'world of the analysand'. The authors say: "to define the zone of the common world, collector of so many vicissitudes of the analytic activity, we have euphemistically decided to call it 'superimposed world'. This zone raises daily technical and ethical problems solved with improvised and therefore unconfessable or untransmissible craft resources", which finally results in a 'broken wall syndrome' that attacks our clinics (p. 3).

Those were other times... it was another psychoanalysis. And Puget would give a later development to these ideas. But..., isn't it symptomatic that we, thirty years later, would have felt so comfortable with this concept to explain the effects of the pandemic in the psychoanalytic device? We, the aliens, believe that we have nothing to do with the common world. And yet, comfort is still an artifice, just as it is to believe that closing the doors of an office protects from the 'violation of the outside world'. Why is the ordinary world so frightening for psychoanalysts, from what do we protect ourselves with such a strong split?

The Pandemic told THE Psychoanalyst: you are just another human.

What a pain, one more human!

But the Psychoanalyst, arrogant, could not believe this and built for himself an artificial world of comfort. A world that was not part of the world. Poor psychoanalyst, all too human, became an alien.

In the end, it is the common world, the public world, the political world, that screams every time we psychoanalysts chop it up with the machete-doors of our offices.

*Which doors?*

*Which offices?*

The doors of an office in a building in a city, which is in a country on a continent where things happen that few dare to talk about, and which other people; working behind closed doors in another office, in another building, in another city, on another continent; cannot even imagine.

## II

Today the media present us with a world in decadence, with crises and violence everywhere. At the same time, some long for better times, yearn for a return to the lost paradise of childhood innocence in which Adam and Eve lived in communion with Mother Earth. There is also talk of crisis in Colombia, while some long for a magical Colombia of "Encanto"<sup>3</sup>, mythical, innocent and pure, in which, to paraphrase Gabriel García Márquez, "twenty houses of mud and reed, built on the banks of a river of diaphanous waters, plunge down a bed of polished stones, white and enormous like prehistoric eggs".

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<sup>3</sup> A Disney movie released in 2021. It depicts the life of a Colombian family with magical powers, living in a small picturesque town inspired by the Cocora Valley.

But, just as we can imagine primitive psychoanalysts dedicating their days to gestate exclusively symbolic and potential relationships with their patients, without interference from the external world, we can imagine a country of wild magic and yellow butterflies. However, the Colombia in which we have lived since the beginning of our times is no longer surprised by either conflict or violence. Let us examine, for example, a short story:

In the 18th century Don Juan Alonso Nuñez de Jaime became the owner of a piece of land near Bogota, where he built a wonderful orchard of fruit trees. When the civil war of independence came, a confrontation between the conflicting sides took place in this place. It was there that the first so-called martyrs of independence were executed in 1816, and it was there that a monument was later ordered to be built in their honor in 1880, as a symbol of gratitude and renewal of the enlightened ideals they died defending: glory, peace, justice and freedom. Five years later the monument was converted into military barracks, serving twenty years later as a bastion in the "Thousand Days' War". But when that conflict ended, in front of the monument of the so-called martyrs of our independence in Bogota, the church of the national vote was erected, which hoped to symbolize reconciliation among all Colombians. The country was consecrated to the Sacred Heart of Jesus. This symbol apparently so characteristic of our idiosyncrasy shows a flaming heart representing a passionate and selfless love, which is given without need of reward to all people equally. However, history also took care of abandoning this place to deterioration and delinquency; the same fate befell the purposes of unity and reconciliation of the country.

There is much talk about the armed conflict that began in the 1950s, and many wanted to consider it over with the peace accords in 2016. But what the history of this small square in Bogota teaches us is that violence has a much longer history, as does the purpose of peace and reconciliation. In 2019 there was a social outburst in Colombia, spurred by the hope of many oppressed people who wanted to be heard. This awakened the hatred and fear of others. A situation that replicates many others in our history. Fear and pain moved from one place to another, while many sought shelter in the privacy of their homes. Then came the pandemic and this search for shelter became obligatory. Family relationships were confined to the confines of the home and the functions that had been delegated to the community now returned to the family. The impact of this took on sinister connotations for many, or restorative ones for others.

It was then that the virtual world acquired a notable preponderance as a bridge of interrelation between the family, the individual and the community. The boundaries then became blurred and it became very difficult to differentiate between the external and internal worlds, between intimate and public space, between good and bad, between true and false. And in this context the question of mental pain became more and more interesting: Where is it located? What are its qualities?

The noise of violence in its different meanings prevents listening beyond. But as historians such as Enrique Serrano (2016) have shown, in Colombia, behind the victims and victimizers there is always a silent history that has never been heard. In the seventeenth century there were the migrations of outlaws, Jews and Christianized Arabs, who came to have a new life far from the persecution they suffered in Europe. These settlers were not warriors nor did they come in search of "El Dorado". Rather, they had to cross the Atlantic on a journey marked by anguish and distress that led them to an unknown and never longed-for port. It was only a refuge, but that refuge served to colonize and make a new life, where they could live in peace, without being persecuted.

However, as a community, our country has always lacked a true collective and shared ethos that could unify us. The myths of ourselves and our origin are poorly explained, replicating themselves over and over again in an unconscious way. Since the Iberian conquest of these territories, a myth



about our violent origin, full of guilt and pain, has been codified. That initial cataclysm gave rise to an emotional atmosphere of secrecy that still remains alive in the tone of life of many Colombians who, in the midst of the convulsions, aspire to have a calm and peaceful life, although at the same time deeply distrustful and restless. We still preserve, even in the city, the longing of those communities dispersed in small municipalities that were provisionally built in mountain areas, hoping to have a small-scale life and a social organization that wanted to hide and remain discreetly safe from the persecution they had been subjected to in the past.

That is why many consider our most representative book to be "One Hundred Years of Solitude" by Gabriel García Márquez (1967). It tells the story of Macondo, a town that suffers a social cataclysm with the arrival of gypsy science. Some are fanatically devoted to the idea of progress while others deny it and cloister themselves in one hundred years of solitude. Everything is confused with the idea of sin, and the people fall upon a destiny encrypted in the scrolls of an alchemist, which condemns them to disappearance. We could say that, if we think of catastrophe without also being able to harbor the idea of transformation, we will not have a second chance on earth. Intolerance to change can be as lethal as the impossibility of being ourselves.

Our society is opposed to new ideas and social upheavals. In an effort to cling to certainties, violence appears not as a force that opposes the establishment, but as that which maintains it. The group functions on the basis of basic assumptions: attack-fugue, dependence and mating, and the purposes of renewal only end up renewing immobility. Therefore, beyond what we can do as citizens of the community to change the world, as psychoanalysts our task is rather to observe and describe, and especially to allow contact with the facts to transform ourselves on the way to accompany our patients on their own path of exploration. Thinking requires negative capacity and tolerance of uncertainty.

In order to understand the facts of the consulting room we have to apprehend and tolerate the experience of mental pain that is imposed on us from the different worlds we inhabit, without deforming or evading it. In Bion's terms, the psychoanalyst needs to approach reality from different points of view without reducing them. He says: "The object of curiosity must be approached symmetrically. "too good" and "too bad" is not in this case the formulation of a conflict; it is the formulation of a symmetrical relationship (...) the real and the imaginary only complement each other when they do not meet" (1977, p.38). In other words, the realities of the internal world and those of the political world complement each other symmetrically, if we manage to see them binocularly. What separates the path of growth from the path of "decadence" is to anchor oneself in one of the two terms of the relationship.

Thus, as Meltzer (1976) suggests, the analytic vertex must differentiate between the motivations of knowledge directed toward understanding the world and knowledge oriented toward controlling it. The terrain of mental growth and emotional meaning must be discriminated from its claims to control. That is why we find some beauty in the image of the "Maria Mulatas" to understand the psychoanalytic vertex.

One of the peculiarities of this bird is that, as the artist Enrique Grau (cited by Rubiano, 1995), author of a series of paintings and sculptures dedicated to this species, says, the "María Mulatas" accompany the inhabitants of the Caribbean in their daily lives. They can be found on the beach, in the patios, in the streets and at the entrances of the houses. Surely these days you will be able to observe them when you are walking unsuspectingly through this beautiful city. They are birds with enough strength to make themselves heard without succumbing to fear, but they are not there to rescue anyone from fire. Their dark color rather than a deterioration, is what allows them to

contrast with the multiplicity of colors of the Caribbean. They are always there, we might hope, even in the worst of times.

Nor do we have the strength to rescue anyone, nor does our work have to be showy and colorful; in fact, I believe we can burn ourselves if we pretend to do so. We cannot aspire to take the place of the worn-out symbol of the "sacred heart of Jesus on fire," messianically receiving the painful thorns of sin while lavishing infinite love. But if we stand there with our patients, listening to the truth in the midst of the fire or the ice that our personal analysis has taught us to walk through, catastrophe need not ensue. On the contrary, perhaps in the end, in the midst of the smoke, the space for catastrophic change will open up, so feared but so necessary, to get out of repetition and condemnation.

Now, from the collective point of view, and as far as we are concerned as Colombian psychoanalysts, perhaps the wisest thing we can do is to observe, describe and stay in the field. We must, of course, maintain ties so that the vertex of meaning is not diluted in the concreteness of the facts.

At a time when diaspora threatens our social bond and migration is on the rise, the online work environment allows many individuals to preserve a symbolic link to their community ethos, using our figure to reach out to the collective. In times when socialization is already too public, the practice can be a refuge for true intimacy. Today more than ever, we consider that our main task as psychoanalysts is to maintain our ability to see the world, as the poet John Keats taught us, as "a school for the soul" and not as a vale of tears. To be able to venture into our unknown future, leaving behind the hard-won gains of our past, but looking lucidly at our present in order to learn and grow. We believe that, at this point, we as psychoanalysts are uniquely qualified to accompany the journey. By the nature of our work, we are used to navigating between different levels of reality in permanent transit.

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**Liliana Correia de Castro MD, candidate at the Instituto de Formação e Terapêutica Psicanalítica do Porto of the Sociedade Portuguesa de Psicanálise reports on the IPSO day in Istanbul November 12<sup>th</sup>, 2023**

## **IPSO DAY -WORKING WITH SVERRE VARVIN: SUPERVISIONS IN PSYCHOANALYTICAL EDUCATION**

**Lecturer:** Sverre Varvin, IPA Training Psychoanalyst, Norwegian Psychoanalytical Society

**Organizers:** IPSO Istanbul Psychoanalytic Association Committee Members: Deniz Cosan, Irem Goksu, Evrim Ebru Oztekin, Aysun Omeroglu, Mehtap Gundogdu, Sirin Ciftci, Ozlem Toker Erdogan

**Report:** Liliana Correia de Castro, Deniz Cosan

**Goal:** Part I: Supervision: reflection and debate; Part II: Case supervision

**Participants:** Hybrid activity, online and in-person

### **Biography of Sverre Varvin**

Sverre Vervin is a training and supervising analyst of the Norwegian Psychoanalytic Society. He is professor emeritus at Oslo Metropolitan University. He is working clinically and is engaged in research on traumatization and the treatment of traumatized patients, especially in the refugee field. He has twice been president of the Norwegian psychoanalytic Society, has had several positions in IPA and is presently chair of IPA China Committee.

### **The Details of the organization**

The IPSO Day on 12<sup>th</sup> November 2023 was organized at the last day of the annual conference of the Istanbul Psychoanalytical Association, called International Psychoanalytical Meetings of Istanbul. This was the third IPSO Day organized as a part of November Meetings in Istanbul. Therefore, it could be said that it is becoming annual and traditional.

The theme of the conference was "From Individual to Collective Psyche: Groups". In the conference, Sverre Varvin presented "Compassion and Dehumanization Towards Refugees: Group Processes that Influence Our Relation to Refugees". Training and Supervising Analyst Sverre Varvin is renowned for his experience of treating traumatized patients, however he has also done significant research on process and outcome of psychoanalytical treatment.

The Organizing Committee of the IPSO Day planned to consider the interests of the candidates in particular. There are certain topics which might be considered taboo or difficult to talk about among members and candidates in an association, sometimes there are topics that are even hard to think about especially in a constitution that may be quite hierarchical. However, there are certain topics that psychoanalytic candidates need to put into words, listen to other candidates' experiences and express their doubts without having to consider potential judgement of other members, therefore without censoring themselves.

Supervision in the psychoanalytical formation is one of those topics. Thus, the organizing committee focused on that, "Supervisions in the Psychoanalytical Formation: The Candidate from

the Supervisor's Perception and The Supervisor from the Candidate's Perception", which could be considered a topic about which it may need courage to share one's vulnerability both as presenter and discussant. Sverre Varvin surprised the participants by sharing some vulnerable experiences of himself both as supervisor and as psychoanalytical therapist.

A fun detail of the organization was to lose Sverre Varvin on the Istiklal (Freedom) Street at the starting time of the IPSO Day. As a result, the organization started half an hour late.

As the meeting was hybrid, there were candidates from Turkey, Cyprus, Serbia, Italy, Belgium, Germany, France, Portugal, Denmark, Sweden, Norway, Finland, Estonia, Ukraine, Britain, China and the United States.

### **A supervisor's reflection on working with candidates**

#### *Meeting the Supervisee*

Sverre Varvin introduced the exigent work of the supervisor in working with primitive emotions and fragmented parts of the mind and framed the supervisor's daily work as "trying to think about thinking, reflecting on what is happening between two people". Supervision is a meeting full of tension and anxiety.

When meeting the supervisee, the supervisor can feel curious, excited, nervous and honored/proud to be chosen. There are many questions that can come to the supervisor's mind "Can we make a working alliance? Will I be able to understand her/his way?" and also phantasies about "why am I chosen", "expectations of the supervisor" and "what kind of obstacles will appear?".

#### *Can we develop competence together?*

Psychoanalytic competence is a complex topic that implies 2 dimensions: 1) knowledge about psychoanalytic theory; 2) ability to use psychoanalytic knowledge in practical work (this a constant struggle also for supervisors).

#### *Three aspects of working as a psychoanalytic psychotherapist- and supervisor:*

- 1) Ability to think and create a space for reflection and development
- 2) Development of analytic attitude
- 3) Ability to make interventions: timing, address the level of mental functioning of the patient at that moment

#### *The concept of psychoanalysis as a developmental process:*

- 1) Becoming a psychotherapist/supervisor as a developmental process
- 2) Different positions or roles of the supervisor: teacher, guru, facilitator
- 3) Help the supervisee to "learn from the patient"
- 4) "On learning from the supervisee"

The importance of finding "our own way of working" and not relying blindly or imitating "the supervisor's way" was discussed. It is also important to learn from the patient by listening to the patient's responses, for example what happens during and after silences and interventions. In addition, it is also important for the supervisor to learn from the supervisee.

*"When one truly shall succeed in leading a human being somewhere, one must be careful to find him there, where he is and start there. (...). If you cannot do that you only deceive yourself and others when you believe you can be of help to the other."* (Kierkegaard, S:Synspunktet for min Forfatter-Virksomhed [Viewpoints on my work as author] (SV3[Collected Works], 18,96-97)

*Supervision implies getting to know the supervisee: 1) what background? 2) which experience? 3) what knowledge. In addition, the supervisee will also get to know you as a supervisor: 1) your background 2) knowledge and orientation 3) your strong and weak sides.*

It is important to *create* a non-threatening learning atmosphere, *teach* theory when necessary, *teach* techniques continuously and *assist in* the development of becoming a psychotherapist.

*What may hinder understanding?*

- 1) *Blind spots*: personal factors may hinder, namely the therapist's conflicts and/ or deficits; Should supervisee/supervisor have more therapy? Can it be dealt with in the supervision?
- 2) *Dumb spots*: Lack of knowledge – the supervisee/supervisor must learn more;

It is important as a supervisor to acknowledge the difficult themes and strong emotions.

The *objectives of supervision* include: 1) stimulate the candidates' learning potentials; 2) together with the candidate become aware of problems, dilemmas and conflicts; 3) assist a process where the supervisee's unique way of experiencing the patients and the process may be expressed.

The *specific goals for supervisees and supervisors* include: for the patient to 1) become more tolerant of external reality; 2) have greater acceptance of internal reality (thoughts and feelings); 3) decrease confusion between internal and external world and the external world's distortions by projections; 4) develop a sufficient emotional range and resilience; 5) to lessen pathological aspects of a punitive superego.

Sverre Varvin underlined the art of the listening. Psychotherapy is about listening to verbal and nonverbal messages from the patient and within ourselves, it is about "listening between the lines", what is not said but acted. The same can be applied to supervision and the supervisor function.

He mentioned also three dimensions we can consider in supervision:

- 1) Learning – learning from experience; 2) Thinking – thinking about thinking; 3) Listening – listening to the absent patient.

Regarding countertransference it is important to: 1) help supervisee to listen to own reactions; 2) differentiate personal reactions from countertransference; 3) be aware of tendencies to "do", to "act"; 4) the supervisor's countertransference may reflect parallel processes but also their own idiosyncrasies.

After Sverre Vervin's presentation candidates participated in the debate regarding supervision. One of the issues was the question of "the ideal training" versus "the good enough training" or "good enough candidate". Some candidates shared their feeling of disappointment and rejection for example when cases were not accepted by the training committees or the training was experienced as extensively long and demanding conveying the message that "candidates are never good enough". Another candidate mentioned how some candidates are rejected or not allowed to begin training by the Institutes/Societies and this decision being based solely on interviews. The risk of "rejecting a good enough candidate" can at times reflect irrational aspects of the training institute or training committee. Another question was about idealization; whether idealization was always bad and how could someone start psychoanalytic training without some degree of idealization. It was discussed how a "good" idealization may exist and also how idealization could cover up what is happening in the supervision, namely difficult or conflictual aspects.

### **Conclusions after the event**

Candidates reportedly became more aware of the differences in the construction of psychoanalytical associations. In some countries psychoanalytical institutions are older, so some problems are resolved already. In some other countries, especially the ones where psychoanalytical institutions are new, some practices of formation might be experienced as stricter and sometimes even unfair. Strictness might affect the processes of being accepted as a candidate, being allowed to see a patient and sometimes to be accepted as an analyst. Sverre Varvin expressed that in the Norwegian Psychoanalytical Association, candidates are given an explanation when they are rejected, which is not regularly implemented in all associations. Therefore, it sounds like some associations are stricter and more hierarchically formulated while others are more open and flexible. The reason might be to protect the frame of formation, while flexibility might be seen as a threat. However, the experiences suggest that a more rigid frame might be harder for a candidate's psychological formation.

The value of hearing and understanding the international experiences of candidates and training analysts is priceless, and allows candidates to reflect on their individual positions.

### **EPF Conference review by Sonia Chindamo, Candidate at Società Psicoanalitica Italiana**

#### **Identifications – 37th Annual Conference of the European Psychoanalytical Federation (EPF) March 22-24, Florence**

*"Identification is known to be the original form of emotional tie with an object."*

– S. Freud, *"Group Psychology and the Analysis of the Ego"* (1921)

This quote reflects how Freud viewed the process of identification as central to the formation of emotional bonds, a concept that can be extended to his perception of Italian culture and art as formative influences on psychoanalysis. Freud was fascinated by Italian art and architecture, and his visits to various Italian cities, including Florence, enriched his understanding of the visual and symbolic dimensions of art.

Florence, the cradle of the Italian Renaissance, provided a rich historical and cultural context for the conference. Participants had the opportunity to explore monuments such as the Duomo, the Ponte Vecchio and the Uffizi Gallery, the Boboli Gardens and fully immerse themselves in the Renaissance atmosphere.

The conference explored the theme of identifications, continuing discussions from recent EPF conferences on realities, ideals and illusions.

Heribert Blass' presidential speech explored the multifaceted concept of identifications, tracing its roots and implications in psychoanalytic theory, introducing the numerous plenary and panel sessions covering:

### **Historical and theoretical context**

Freud first introduced the concept of identification in *"The Interpretation of Dreams"* (1900) and later expanded it in *"Group Psychology and the Analysis of the Ego"* (1921). He identified three



main sources of identification: the original emotional bond with an object, identification as a substitute for the libidinal bond with the object through introjection, and identification based on the perception of a common quality with the object.

Development by other psychoanalysts: These early conceptualizations of identification were further developed by other psychoanalysts. Anna Freud introduced "identification with the aggressor", while Melanie Klein's concept of "projective identification" and Winnicott's differentiation between primary and secondary identifications added depth to the understanding of this process.

### **Clinical and social implications**

Identification processes are powerful in shaping group dynamics and political affiliations. Identification influences how individuals relate to each other within social structures and psychoanalytic groups. Family identifications play a critical role in how aggression is inhibited among those with shared identities, as discussed in Freud's "Totems and Taboos" (1913).

### **Contemporary Relevance and Current Clinical Issues**

Many contributions have highlighted ongoing clinical issues related to gender identification and the challenges faced by individuals with conflicting identification processes. The theme of identifications aimed to stimulate further discussion and exploration in these areas.

The presentations highlighted the importance of understanding the deep, unconscious processes involved in identifications and their impact on individual and group behavior.

Below are summaries of two of the major contributions presented at the plenary sessions, the first by Rosine J. Perelberg and the second by Stefano Bolognini.

Rosine J. Perelberg's "The Staging of Identifications in the Analytical Encounter" explores the complex processes of identification in psychoanalysis, focusing on how these are enacted and elaborated in the analytic context. She highlights Freud's conceptualization of identification as an unconscious process that shapes the ego through fantasies and bodily experiences, evolving through his works from "The Interpretation of Dreams" to "Mourning and Melancholy."

The clinical case of Madeleine, a woman suffering from severe depression and a sense of disintegration, reveals through analysis that her identity is strongly influenced by her dominant and idealized mother. The transference in analysis recalls Madeleine's childhood experiences, highlighting her struggle with maternal impositions and the resulting emptiness.

The analytical setting allows for the re-enactment and processing of early identifications. During the COVID-19 lockdown, the absence of this setting caused a regression in Madeleine, underlining the role of the setting in containing primitive anxieties. The author places particular importance on the paternal function of the analyst in the creation of a separate self.

Perelberg conveyed that identification is crucial in psychoanalysis and the analytic setting facilitates working through complex identifications, leading to a more integrated self. Despite the challenges posed by the lockdowns, Madeleine's creation of a sculpture symbolizes her progress towards an independent identity and separation from her mother's influences.

Stefano Bolognini's article "The 'how' of identification processes between physiology and pathology" is structured into five sections:

1. Theoretical representation - presents a personal theoretical framework that draws inspiration from the Bionian reinterpretation of internalization processes outlined by L. Grinberg (1976), which are further reformulated in several phases:

- Embodiment: the object is enjoyed and controlled, representing a universal model of knowledge. This phase involves conscious imitation, in which it is possible to detach without being changed internally.
- Unfavorable internalization: the object is swallowed but not digested, leading to unmetabolized internalization that can result in alienating identifications and projective identifications.
- Creative and loving relationship: The object is metabolized, becoming part of oneself. This phase involves physiological interjective identifications that enrich the self without replacing it.

2. Clinical case of pathological identification - where a young patient is described whose identity is overshadowed by pathological identification.

3. Literary meeting - literary ideas on identity of Luigi Pirandello were discussed.

4. Complex clinical case - examined multiple dissociated identifications in an intricate clinical scenario.

5. Mature introjected identification, finally, illustrates a healthy internalization process starting from an end-of-analysis session.

The article uses metaphorical bodily processes to explain the stages of internalization, ranging from incorporation to mature identification. It highlights the importance of distinguishing between pathological and healthy identifications for effective psychoanalytic treatment.

During the EPF conference, the IPSO Awards were presented, and the two awarded works were:

Stuart Graybow – “Identity meets identification: Thinking psychoanalytically about antisemitism in the age of identity politics”.

The essay examines anti-Semitism through a psychoanalytic lens, contrasting the concepts of identity and identification. He explores how anti-Semitism can be understood as a symptom of an inability to experience individuality and separation, rooted in projection and lack of memory capacity.

The author started by differentiating the concept of identification vs. that of identity. In the first case, identification is a process that helps individuals experience themselves as unique and separate by internalizing attributes from others.

On the other hand, popular culture focuses on identity as a unifying concept that emphasizes identity and belonging to a group. This vision is prevalent in identity politics, which often highlights common characteristics among the various members.

Dr. Graybow shares the experience of a patient who felt intense emotions when visiting the site of a destroyed synagogue in Germany. The patient's reaction is analyzed as an example of memory capacity, which allows an integration between emotions and reality, rather than a simple memory of past events.

The author argues that the patient's reaction was not only the result of his Jewish identity but was deeply rooted in his psychological processes, allowing him to experience the reality of the moment.

Memory is described by Graybow as the ability to experience the reality of events and objects that are not directly remembered. It involves the integration of multiple layers of emotion and reality and facilitates deeper engagement with external phenomena.

Memory understood in this way helps explain the patient's profound reaction at the location of the synagogue, highlighting how identification and internalization contribute to this ability.

In conclusion, the paper highlights the importance of understanding identification and memory in addressing anti-Semitism and other social issues. By exploring these psychoanalytic concepts, he provides insights into how individuals process and relate to traumatic historical events and social phenomena.

Filippo Moscati – “To desire or not to desire? How craving for substances of abuse might be related to transgenerational identifications”

The article explores the concept of craving in the context of substance abuse and its connection to transgenerational identifications. Furthermore, it delves into the neurobiological and psychological aspects of addiction, highlighting the persistent and often uncontrollable nature of craving.

Addiction typically progresses through three stages: initial recreational use, increasing frequency and intensity, and, finally, a state of dependence in which the substance dominates the individual's life. Craving is described as a pervasive and overwhelming need that can be triggered long after the addiction is seemingly under control.

Can this craving be considered affect?

Craving is seen as a bridge between the psychological and somatic realms, acting as an affect that is neither represented nor representable, often leading to compulsive behaviors.

Early relational traumas and defenses developed by previous generations are transmitted unconsciously, influencing the behaviors and experiences of the current generation also with respect to the individual's susceptibility to addiction. For this reason, the importance of understanding the role of transgenerational factors in the treatment of addictions is underlined. Recognizing inherited patterns and their emotional meaning can help address the root causes of craving and addiction. The clinical examples presented illustrate precisely this complex interaction between hereditary trauma, craving and addiction, highlighting the need for a holistic approach to treatment. This perspective can improve the understanding and treatment of addiction by highlighting the need to address both the psychological and somatic components of craving.

The closing plenary focused on "Identifications and Besetzungen" by Daniel Barth.

Identity issues are increasingly common, especially among adolescents and young people struggling with gender identity and body dissatisfaction. This article explores identification through a clinical case and the concept of Freudian Besetzung (cathexis).

Alexandra, a troubled teenager, expresses a desire to be male, struggles with self-harm, substance abuse and family conflict. Besetzung, often mistranslated as “investment,” includes neutral, positive, and hostile occupations. It is a process that involves primary identification, role definition and control. Identity formation in adolescence involves self-definition based on unconscious motivations, influenced by social roles. Besetzung's ambiguity captures the complexity of identity formation, highlighting the interplay between identification, projection, and empowerment in psychoanalytic therapy.

## Conclusion

The 37th Annual Conference of the European Psychoanalytic Federation (EPF) in Florence was an exceptional success. Thousands of psychoanalysts from around the world gathered to explore the intricate topic of identifications, engaging in enriching discussions and insightful presentations that enhanced our understanding of psychoanalytic theory and practice.

Participants had the opportunity to delve into various aspects of identification, from historical and theoretical contexts to contemporary clinical issues, making significant contributions to the field. The conference also highlighted the importance of cultural and historical contexts, magnificently exemplified by the setting of Florence, the cradle of the Italian Renaissance.

We look forward to welcoming you in Dresden in 2025 for another inspiring event and continuing our tradition of addressing fundamental psychoanalytic concepts and their implications in contemporary society.

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## Asia Pacific Congress reviews

### Hang Li, Candidate at the IPA Study Group of China in Wuhan

#### **The Ties That Bind: An Expansive Exploration of Suffering, Desire in the Asia Pacific Context**

It was an unparalleled honor to participate in the 2024 IPA Asia Pacific conference, marking my first foray into the IPA conference. This was not merely a personal endeavor but also a representational role, as I attended as the representative of the IPA Study Group of China in Wuhan, an entity that came into existence in 2021. I am steadfast in my belief that our collective will emerge as a potent force within the Asia Pacific region, despite our relatively recent inception.

## **Global Trauma and the Quest for Healing**

The world today is rife with trauma stemming from violence, warfare, and forced displacement. China's history, too, is punctuated by periods of intense suffering, including the Anti-Japanese War, the Chinese Civil War, and the Korean War. Natural disasters and pandemics have further tested the nation's resilience, with Wuhan becoming a symbol of global recognition due to its battle with the COVID-19 pandemic. Wuhan, at the onset of the pandemic, was the target of widespread criticism, facing accusations from Western countries. Subsequently, a more nuanced understanding emerged, accompanied by expressions of support from the international community. The external world is fraught with uncertainties and terrors that cast a pervasive sense of unease, those mirrors the collective unconscious fears of persecution that have been activated within the psyches of our patients. The multigenerational trauma and the resilience of the Chinese people have allowed us to confront our pain and move forward with determination. Our desire for world peace and our efforts towards it are fueled by a recognition that history often repeats itself.

## **Psychoanalytic Perspectives on Life and Death**

Sigmund Freud, the progenitor of psychoanalysis, delved into the concept of the death drive during tumultuous times of war. He posited that all life is driven towards death—a conservative instinct aimed at restoring an inorganic state that predates biological existence. This notion stands in stark contrast to the life drive, which is associated with survival, reproduction, and love. Our innate desire to understand the human psyche and to foster harmony in our external environment remains constant. It is within this life drive that we find the courage to confront the death drive.

Martin Heidegger introduced the concept of "being-towards-death," suggesting that an awareness of mortality can invigorate one's vitality, prompting a cherishing of life's moments and an enhancement of life's quality and meaning. The conference embodied this profound significance, and within the rich tapestry of cultures present, we discovered common ground and a basis for dialogue: suffering and desire, which unite us in our commitment to the mental health cause.

## **The Vibrancy of IPSO**

The conference thrived due to the vibrant engagement of the International Psychoanalytical Students Organization (IPSO), the success of the IPSO events is a direct result of the synergistic cooperation between the IPSO leadership and the representatives from the six Asia-Pacific regions. The extensive pre-conference dialogue, discussion, and sharing of experiences, along with the search for commonalities amidst diverse voices, laid the foundation for the successful execution of IPSO activities.

## **Personal Journey Through the Conference**

The conference agenda was captivating, with a plethora of presentations that demanded difficult choices. Gratitude is extended to the IPA Executive Committee, Asia Pacific Programme Committee, Australian Psychoanalytic Association and conference staff for their preparatory work, which nourished us both mentally and physically.

My journey commenced with the pre-conference meeting, COFAP, where the inaugural presentation resonated deeply with me. Freud's notion of the death drive manifesting as external

aggression or internal self-destruction, such as self-harm and suicide, highlighted the plight of overlooked and pressured children. Their mental health is a critical issue demanding our attention. In China, children and adolescents face significant psychological stress due to high expectations, academic pressures, and environmental changes. According to the "2022 China Health Statistics Yearbook," the suicide mortality rate among children aged 5-14 in urban and rural areas has been on the rise from 2010 to 2021. Similarly, the rate among adolescents aged 15-24 has increased, with both urban and rural rates exceeding three per 100,000 people. The World Health Organization indicates that suicide is the second leading cause of death among those aged 15-29. These are not mere statistics but a call for attention and reflection on how psychoanalysis can aid individuals, families, and society, providing a psychological space to deal with the complexities of issues and the process of mourning losses.

### **The Desiring Woman: A Forum for Reflection**

The second day's COWAP forum, "The Desiring Woman," closely mirrored the conflicts faced by women in contemporary Chinese society. As society increasingly respects women and they become more autonomous and independent, they must balance personal development, family, and work. Many women and men are reevaluating marriage and parenthood, especially against the backdrop of China's decades-long one-child policy and a culture favoring male offspring. This exploration of self-development and identity is a significant social and personal challenge.

### **Cultural Trauma and Healing**

Following the forum, the Opening Pre-conference Lecture and Reception hosted by APAS shed light on Australia's history of colonization and warfare, including the horrific massacres that have left deep scars on Australian society and culture. At this point, I was still absorbing and lamenting Australia's traumatic history, unaware of the profound experiences that awaited me in the ensuing three days of the formal conference.

### **Keynote Speech**

The first keynote speech, delivered by a Japanese speaker on "Desire and Suffering: An Asian Perspective on Encounter with Otherness," delved into the concepts of self and otherness. The speaker referenced Confucius's "At forty, I had no doubts," highlighting the importance of maturity and self-awareness by middle age. This adage suggests that by forty, one should possess the wisdom and experience to discern right from wrong without confusion.

Reflecting on my own fortieth year, I pondered whether I was indeed "unperturbed" or still "suffering from perplexities." This contemplation sparked a deeper curiosity about my own and other cultures, considering the connections and influences between them. There are thought-provoking texts, poetry, and art, as well as the impacts of invasion and war. Often, scholars quote Chinese proverbs and ancient poetry, but for many Chinese, these cultural elements remain at a knowledge level, disconnected from deep emotional resonance. Our learning processes may suppress genuine curiosity, lacking the time and space for reflection and connection to the self and others, as Donald Meltzer (1973) noted, "Thus a child may eagerly memorize the names of football players or flowers without concern to recognize the objects visually. He may memorize a poem without concern for its meaning; dates of battles without any idea of human slaughter;



names of capitals without any certain realization that it is cities and not the spelling in capital letters which is involved.”

Jie Zhong's presentation on the second day evoked a myriad of emotions and shock, not for the theory of narcissism he proposed, but for the historical events cited as examples of psychological resilience. Events such as the Anti-Japanese War, the 731 virus laboratory, the Cultural Revolution, the Red Guards, and China's three years of natural disasters are topics seldom openly discussed in lectures. These are the traumas experienced by my grandparents and parents, deeply affecting me. As a new generation living in a peaceful and harmonious era, my understanding of these historical traumas has been more academic than experiential. However, perhaps due to the previous day's insights into Australian history, the conference setting, or the courage granted by psychoanalysis, I felt a more vivid and impactful sense of pain. Although an Indian scholar expressed public disagreement with the theory presented, the response felt sincere and authentic, leaving room for reflection.

### **The BTG Group Experience: A Space for Reflection and Growth**

Prior to the conference, I had committed to participating in a range of sessions and activities, among which was the BTG group. My engagement with this group was precipitous, marked by a hurried arrival due to a scheduling conflict with another lecture that had piqued my interest. Despite my late entry, I was promptly integrated into the group's dynamic, which encouraged self-introductions and the sharing of our backgrounds.

It soon became apparent that the BTG was convened as an experiential group, affording participants the opportunity to share and reflect upon the day's intellectual engagements, emotional responses, and any doubts or queries that arose from the conference's presentations. The discourse within the group was forthright and open, fostering an environment conducive to deep reflection and mutual learning.

Initially, my knowledge of the IPA diverse chapters across the Asia Pacific region was cursory at best. However, through the dialogue facilitated within the BTG group, I was enlightened about the rich tapestry of IPA's presence in the region. The group discussions unveiled the multifaceted history and current endeavors of psychoanalytic institutes, such as there are three institutes in Australia, the century-old history of Japan's IPA, and the transition of South Korea's psychoanalytic association from medical dominance to inclusivity of non-medical backgrounds and so on.

The BTG group served as a container for processing the intricate and often challenging content delivered throughout the conference, echoing the works of Bion (1961) on the value of diverse contributions in group dynamics. It was within this intimate and secure setting that the abstract and emotionally charged themes of the conference were distilled and made more personally meaningful. The group's collaborative exploration of these topics exemplified Bion's notion of containment, where the 'unsufferable' aspects of our collective experience were transformed into 'sufferable' reflections, thereby enriching our individual and collective understanding of the psychoanalytic discourse.

One of the most profound realizations from my BTG experience was the recognition of the universality of our struggles and aspirations. Despite our different cultural backgrounds and professional experiences, we all grappled with similar questions about identity, purpose, and the

role of psychoanalysis in a rapidly changing world. This realization was humbling and, at the same time, empowering. It underscored the idea that, as psychoanalysts, we are not just observers of the human condition but active participants in a global dialogue about what it means to be human.

### **Fostering a Supportive Environment: A Representative's Journey**

As the appointed IPSO representative of IPA Study Group of China in Wuhan, I faced the challenge of balancing my personal expression with my responsibilities as a representative. I endeavored to fulfill my duties effectively, aiming to provide a structured, open, comfortable, and beneficial group supervision experience for my peers. This endeavor was not only a professional commitment but also a personal journey to embody the values of inclusivity, openness, and growth that are central to our collective mission.

In this capacity, I had the opportunity to engage with a diverse array of individuals from across the Asia Pacific region, each bringing unique perspectives and experiences to our shared dialogue. This interaction was not merely academic but also deeply human, as we navigated complex ideas and emotions together.

I would also like to express my deepest gratitude to the leadership of the IPSO and the collective efforts of the representatives from the Asia Pacific region. Their meticulous planning and arrangement of the series of activities were instrumental in creating a conference that was not just informative but also profoundly engaging and transformative. I would like to express my heartfelt gratitude to Professor Tong Jun, the chair of our IPA Study Group of China in Wuhan, for her unwavering support of all IPSO initiatives and activities.

### **Expanding on the Concepts of Suffering and Desire**

Suffering, in its many forms, is a profound teacher. It strips away the illusions of control and permanence, revealing the raw and vulnerable aspects of the human condition. Desire, on the other hand, is the engine of human experience, driving us towards connection, fulfillment, and meaning. The interplay between suffering and desire is complex and dynamic, often leading to personal growth and transformation.

### ***Case Illustration***

One of my female patients, who is approaching 40 years of age, has long been 'intellectually understanding' her avoidant attachment pattern. This comprehension stems from her childhood experiences where her parents provided care with reluctance, and her mother suffered from depression and unemployment for extended periods. The family's discord often led to the mother's temporary absences, resulting in the patient forming a close bond with her father.

For a considerable time, the patient reported a lack of interest in external events and an inability to experience sensory pleasures such as the feeling of wind or the scents of autumn. Gradually, through therapy, she has started to regain a broader range of feelings.

Recently, within the therapeutic process, she has become more aware of her avoidant attachment style. As we have explored the underlying desires and associated emotional pain in her relationships, her understanding of this concept has shifted from an intellectual recognition to a

deeply felt experience. This transformation has led to increased emotional distress, depressive states, and the initiation of a mourning process.

### **The Legacy of Trauma and the Future of Psychoanalysis**

In the Asia Pacific region, where the legacies of conflict and colonization persist, psychoanalysis offers a pathway to address historical traumas and foster a yearning for peace. The region's resilience in the face of turmoil underscores a profound desire for reconciliation and plurality, aligning with Freud's exploration of the interplay between Eros (love and life instincts) and Thanatos (death instincts), as well as Klein's insights on the depressive position and reparative motivations.

The conference also offered a glimpse into the future of psychoanalysis in the Asia Pacific region. The energy, creativity, and passion of young analysts and candidates bode well for the continued growth and evolution of psychoanalysis in the region. Based on my personal experience, this conference has significantly expanded my inner space, prompting more reflection on trauma and healing, and knowledge has been transformed into experience. I sincerely encourage the candidates to actively participate in IPA and IPSO activities, the benefits will be immense.

### **Conclusion**

In conclusion, the Asia Pacific conference was a profound and enriching experience that deepened my understanding of the ties that bind us together through suffering and desire. The conference underscored the transformative power of psychoanalysis in addressing historical trauma and promoting healing and growth.

As we move forward, let us carry the lessons and insights from the conference with us, using them to inform our work in the field of mental health and to guide our efforts towards building a more compassionate and connected world.

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## **Review of the IPA Asia Pacific Conference 2024**

### **Gloria Blanco, Candidate at the Australian Psychoanalytical Society**

It is a pleasure to share my experience as a participant and speaker at the Asia Pacific conferences in Sydney, Australia. I truly believe that the contributions from the Asia Pacific region to the field of psychoanalysis on a global scale will greatly enrich psychoanalytic thinking. In the context of the IPA's Asia Pacific Conference 2024 with the theme "Suffering and Desired across cultures," it is important to highlight the significant role played by IPA in providing a platform for IPSO to develop and execute its own program. IPSO's program, comprising of daily activities for its members, was seamlessly integrated into the overall conference agenda, allowing for the voices of candidates to be acknowledged and included throughout the conferences.

The inclusion of an IPSO representative in the conference program committee was pivotal in bridging the gap between IPSO and IPA, ensuring effective coordination and collaboration between the two organizations. This liaison facilitated smooth communication and implementation of IPSO's initiatives within the conference program, ultimately contributing to the success of IPSO's participation.

The IPSO representative actively contributed to the organization and execution of IPSO's program, offering valuable insights and guidance on scheduling and participation. With the support of IPSO executive and IPA members, the representative played a crucial role in ensuring the successful integration of IPSO's activities into the conferences.

The collaborative effort between IPSO and the event organizers was evident in addressing any queries or concerns raised by IPSO promptly and effectively. This demonstrated a strong commitment to collaboration and partnership between the organizations.

Throughout the Asia Pacific Conferences 2024, IPSO organized various sessions and events tailored to its members, including an opening ceremony, paper award session, supervision session, and a panel discussion. These initiatives aimed at providing a platform for candidates in the Asia Pacific region to voice their perspectives and engage meaningfully within the conferences. Furthermore, IPSO facilitated networking opportunities, enhancing the overall experience for its members such a cocktail and IPSO's party.

The successful collaboration between IPSO and IPA has significantly contributed to the overall success of the IPSO program, emphasizing the value of effective collaboration and coordination within organizations. This partnership has underscored the importance of amplifying the voices of candidates during international conferences, showcasing the positive outcomes that result from cooperative efforts within IPA members and candidates.

The open exchange of ideas not only allowed Asia Pacific to showcase its unique perspectives, but also facilitates mutual learning with participants and speakers from other regions. Being able to present a clinical paper named: *THE WORDS THAT HEAL: How Psychoanalysis Helps Refugees Process Trauma and Rebuild Their Lives*, and participate in panels such as "Transcending Trauma: Navigating the Dialectic of Suffering and Desire in Psychoanalysis" and the IPSO panel on "Exploring Suffering and Desire: A Perspective on Cross-Cultural Psychoanalytic Training" was an

invaluable opportunity for me to both share my own insights and gain knowledge from the diverse range of presentations at the conferences.

Ultimately, the Asia Pacific Conference 2024 provided a safe space for candidates from the region to share their psychoanalytical thoughts, reflecting on their similarities, differences, desires, and sufferings. Their active participation has made a meaningful contribution to the region, enriching the overall conference experience.

### **Paris IPSO Study Day with Jonathan Sklar**

#### **« Anxieties in the Analytic Encounter » 14<sup>th</sup> - 16<sup>th</sup> June 2024**

An IPSO Study Day took place in Paris from the 14th to the 16th of June, focusing on the theme « Anxieties in the Analytic Encounter ». 65 participants from 14 countries attended the event, and had the pleasure to meet Jonathan Sklar, an Independent training and supervising psychoanalyst of the British Psychoanalytic Society, based in London.

As members of the organising team, we would like to share with you what we learned from this experience in order to inspire other candidates to throw their hat in the ring and create an IPSO event in their own country.

The stimulating and international atmosphere of the Cannes EPF conference inspired three of us, three successive IPSO representatives at the french SPRF (Société Psychanalytique de Recherche et de Formation). We were then joined by some colleagues from both, our society and the SPP (Société Psychanalytique de Paris). This group became a twelve-person organisation team, made up of some young and some more experienced candidates who had already planned IPSO events in Paris before, in 2017 (Free Association) and 2018 (Christopher Bollas Meets Candidates).

We wanted to make a new contribution to the rich potential IPSO has to offer and had already given us so much. IPSO events provide us with a rare opportunity to think freely, to speak openly and to socialize among friends from many countries. The covid pandemic had put a halt to many IPSO activities. We realised that many candidates who had only recently begun their training in those years had never had the opportunity to participate in IPSO events. We designed this event with these participants in mind.

Furthermore, we felt the need to « get together », to embark on a shared journey together towards a deadline, which is a way of working that is different from daily analytical practice. We wanted to strengthen bonds with our colleagues currently training in the two societies, SPP and SPRF. We remembered the good times that we had had from being involved with IPSO events in Paris in 2017 and 2018. We wanted to pass on our organisational know-how so that further IPSO events can be held in Paris in the years to come.

Then the following step was to actually start working on the project. One of us had the idea to invite the English psychoanalyst, Jonathan Sklar. Together, we then developed the theme of « Anxieties

in the Analytic Encounter » and in particular the anxieties of the analyst. We agreed that anxieties concerning the analysand are commonly discussed in psychoanalytic literature, but we wanted to bring up the topic of the analyst who is also subject to difficulties in confronting the unknown and his/her own fantasies aroused by the material in the session. As J Sklar says in the argument, « We need to be brave to confront the *repressed monsters*, and thus make the manifestation of the infantile anxieties visible that underlie the painful experiences felt vis-à-vis internal and external objects, and the real world in turmoil. »

Over the course of a few weeks, we met multiple times in order to free associate and identify our theme. Finding the correct phrasing was crucial, as the theme and the argument needed to be precise, open, and relatable to candidates who might then consider traveling abroad and staying inside an assembly room all day despite the beautiful June weather.

It was very stimulating to design this weekend from scratch.

We wanted this event to be warm, intense and transformative. We created the kind of event that we would have liked to attend, with someone as inspiring as J Sklar and plenty of time for in-depth clinical discussions.

The following intention was written in our flyer:

*«Jonathan Sklar will generously share his experience and reflections with open and inspiring discussions, which will revolve around clinical presentations that candidates will share with the group. He will present a paper on his approach to deeply listen to the metaphors in language to connect the anxieties of today with those of the past. While listening to both the analysand and analyst's anxieties, we would like to create with you a profound and unique way of working together: conversations, free associations, and a privileged moment in which we can share our experiences and intimate questions as analysts. See you soon in Paris! »*

The friendly and “holding” atmosphere necessary to work together smoothly has to be built ahead of time, as soon as first contacts in registration, payments and accommodation begin. The creation of a WhatsApp group made a difference and enabled participants to connect prior to the event. The care put into this process was also a way for us to manage our anxieties!

Working on the theme of anxieties intensified our own preexisting anxieties surrounding the organisation of any event. How were we to find a good enough date between other IPSO events taking place in Spring and the Olympic Games in Paris in July? Would colleagues working abroad choose to invest time, energy and money in order to attend? How were we to convince our French colleagues to attend an English-speaking event, when they already have a largely available choice of French speaking conferences?

In order to prevent money from being an issue, we offered multiple accommodation options. In addition to free couch surfing in French candidates' homes, we provided low-cost room options at friends' homes near the venue as well as rooms at The Cité Internationale Universitaire. As an encouragement for our French speaking colleagues, we offered French translations of the material.



We also recorded a short video featuring Jonathan Sklar which was shared via the typical IPSO communication channels, with the purpose of reaching colleagues who hadn't any experience participating in an IPSO event and might not have chosen to attend had they only received a flyer. This video would act as an introduction to the discussion that would take place with the organisers, as well as with Jonathan Sklar himself, which alleviated anxieties around being able to understand each other in English.

As we write this, a mere few days after the Study Day, it is too early to fully assess the outcome. However, a few points have already arisen:

- the efforts to provide a considerable holding space for all of us to function within were appreciated and allowed us to work as a large group of over 65 participants.
- by allotting two hours for each clinical case, we experienced in-depth work with plenty of time for free association from many participants
- over the course of the weekend, multiple connections were created. Consequently, some participants were then inspired to create groups and continue working together, despite the distance.
- the bonds between us and our two societies have been strengthened. This experience enabled us to reflect on and feel more confident in our training journeys.

We would like to thank our ExCom, and especially Johanna Velt, Vice-President Europe for IPSO, Paola Solano, Vice-President Elect Europe for IPSO and Liliana Castro, Treasurer for IPSO, for their efficiency in dealing diligently with the questions that arose during this long year of preparation, their thoughtful and encouraging words at every step.

The participants thanked us for being contained by us, but we also felt contained by the ExCom, while having plenty of room to dream and gradually build the event.

And last but not least, our thanks go to Jonathan Sklar, the architect of the clinical space offered to the presenters and their audience. He introduced us all to a fruitful model of comprehending and working in depth, as a large group, through clinical material.

Muriel Gayet (IPSO Representative SPRF),  
Catherine Gérard-Fessler (IPSO Representative SPRF),  
Monica Fraenkel d'Alañon (former IPSO Representative SPRF),  
Mirella de Picciotto (former IPSO representative SPP),  
Antoinette Murzeau (SPRF),  
Boris Wiseman (IPSO representative SPP),  
Haya Haidar (SPP),  
Nancy Pionné Dax (SPP),  
Constance Giully (SPRF),  
Anthony Brault (SPRF),  
Virginie Lefebvre (former IPSO representative SPP),  
Stéphanie de Buffévent (IPSO representative SPP).

[ipsoparis2024.com](http://ipsoparis2024.com)

# **PSYCHOANALYTIC REFLECTIONS ON SOCIO- CULTURAL ISSUES**

**Interview with Dr Laura Ravaoli, *IPA Subcommittee for the United Nations***

## ***What influence can psychoanalysis have on the wider society?***

Last July the IPA (International Psychoanalytical Association), in a new mission statement, underlined its commitment to understand the impact of societal issues on individual and group development and to intervene psychoanalytically in societal issues of our times.

There is a strong link between psychoanalysis and society since Freud's reflection that individual psychology is at the same time social psychology, his interest in group psychology and his involvement in the community.

The committee for the United Nations is the oldest IPA committee, founded in 1997. Since 1998 the IPA has become an NGO with special consultative status at the United Nations, which means that its representatives can attend UN events and meetings, give opinions and advice through oral and written statements during the consultative moments that precede position papers or guidelines, that later can influence Members States Governments laws.

The tasks of the subcommittee for the UN, that now works under the umbrella of the Humanitarian Field Committee, is advocating Psychoanalysis, Mental Health and psychological wellbeing, promoting human rights, peace, social awareness in the UN system as well within the psychoanalytic community, and creating links with other non-governmental organizations and institutions that share our values.

We have the chance to observe group dynamics at a political level: for example, during my first assignment as IPA representative at the Conference of the Parties against Transnational Organized Crime in Vienna, in October 2014, a group of governments strongly opposed the creation of an 'alliance' among international NGOs and civil society because they feared that NGOs would 'intrude' in the governments' decisions. Another example occurred during the Geneva Peace Week where a health worker reported that a former FARC guerrilla made a Freudian's slip between the words 'coffee' and 'conflict', revealing her fear.

Psychoanalysis already influences society- also through the work of IPA members in projects for the community, they are numerous, just check the IPA website - but the challenge is to enhance the observations of small and large group dynamics that also influence political decisions.

I believe that the most important influence that psychoanalysis may have on society is helping to handle the complexity of many issues, such as racism, human rights violations, environmental threats, conflicts (even in small groups) and wars. The IPA has been selected in the Summary Report of the 2023 ECOSOC Partnership Forum as a good example for the Sustainable Development Goal n.16 that underlines 'Peace, Justice and Strong Institutions' with this motivation:

'The global IPA psychoanalysts assess the complex psychological and global implications of war to create a space to facilitate communication among delegates worldwide.'

***What other psychoanalytic activisms may there be in addition to the work in the consulting room, developing theory and writing papers?***

The IPA ethical code affirms that 'a psychoanalyst must not participate in or facilitate the violation of any individual's basic human rights, as defined by the UN Declaration of Human Rights and the IPA's own Policy on Non-Discrimination' underlining that, beside clinical practice, psychoanalysts are also committed to responsibility towards human society.

I think that this commitment and awareness should start from the training years, increasing the candidate's ability to work in teams, through the experience of group relations conferences, and including the study and research about the extension of psychoanalysis to community settings and important topics of our times such as human rights for the LGBTQ+ community and refugees.

Psychoanalytic activism may start right from its own institution, the IPA, where we can reflect on the poor representation of black people or minorities (native people), economic difficulties to access the training and work to resolve this gap by increasing the access to funds and scholarships.

At the pre-congress working group in Cartagena we focused on one question: can social activism and psychoanalysis live together without losing their respective specificity? I think that the collaboration with other actors that provide humanitarian aid in the most concrete sense (such as institutions and NGOs that provide food, shelters, build schools or work towards the reintegration into society) allows us to focus on the emotional and internal world and to preserve our psychoanalytic function. Sometimes psychoanalysts work directly with the victims of violence or people who have been traumatized, giving them a space for elaboration, respectful of the time of the trauma and its phases of dissociation. Other times psychoanalysts work on the secondary traumatization of the activists, health and social workers of the NGOs and local institutions, helping to recognize the psychological and unconscious dynamics in humanitarian aid, fostering complex thinking and creative solutions.

For example, our subcommittee for the U.N. has discussed and submitted a statement to integrate the 'Resolution on Population and Sustainable Development' document, underlining the importance of Mental Health care for migrants and refugees as a right that should be guaranteed from the first welcome, and the necessity for highly trained psychologists, psychiatrists and psychoanalysts to be allowed into homeless shelters to offer clinical and group consultation, supervision to clinicians, to create a place to consider the traumatic impact of displacement and war.

Since Hanna Segal brought her work 'Silence is the Real Crime' (about the nuclear arms race) to the IPA congress in Hamburg in 1985, it has been recognized that taking a position does not need to mean losing the psychoanalytic identity. More recently considerable efforts have been made in relation to the war in the Ukraine. There have been psychoanalytic reflections to deconstruct the mechanisms of propaganda and to avoid identifying the Russians with their leader Putin. Many psychoanalysts are continuing the dialogue with Russian colleagues and study groups, and at the same time the IPA is very present in supporting the Ukrainian population and our Ukrainian



colleagues through an Emergency Fund, clinicians' resources and free webinars and working groups organized by its committee.