Beyond the shut door: Transformation of a transgenerational trauma from the body to mentalization

by Mirella Curi Novelli

Mind	*Hullo! Where have you sprung from?*
Body	*What–You again? I am Body; you can call me Soma if you like. Who are you?*
Mind	*Call me Psyche–Psyche-Soma*
Body	*Soma-Psyche*
Mind	*We must be related.*
Body	*Never –not if I can help it.*
Mind	*Oh, come. Not as bad as that, is it?*
Body	*Worse. ….* (Bion, 1977)

Premise

In this work I describe the analysis of a woman with a severe condition characterized by anxiety and panic attacks that was turning into a very serious somatic situation. In her sessions the patient often mentioned a secret – a closed door – in her dreams which our work together allowed us to open. First of all, we had to get into a world of chaotic and conflicting fantasies that appeared to be like a toxic realization. Such fantasies took shape as a painful and exciting "claustrum", so much so, that for a long time it was an elusive place, like a difficult attempt to deal with what could not be dealt with. For a long time, the somatic dimension was experienced as being separate from a capable mental state that was committed to anticipating and meeting the expectations of the other in the relationship.

The analytic work aimed to give to those severe and diffused symptoms some space where they could become thinkable. The more we were able to give them some expression and voice – which at first was a very confused voice – the more we could approach the sense of her emotions and her inner world. Her fantasies, that had the structure of secret, aggressive, defensive, heroic and confused retreats, slowly acquired some meaning connected to the transgenerational vicissitudes of the tragic event of the Holocaust that her family had suffered in.

In this work I have privileged those times in the sessions – dreams and accounts – that in rich, complex and difficult clinical material would allow me to show the transformations that occurred and where one can find a "leading thread", emphasizing the transformations that enabled us to access what had earlier seemed inaccessibile and unthinkable.

I will also go over the theoretical links that seemed to me particularly helpful to show the process and the changes in this analytic treatment.

LAURA: part 1

Laura, almost 65 years old, starts analysis with thrice-weekly sessions following some episodes of panic attacks. She is married and has three sons, all university graduates, who have left home a few years ago. Although she says she is very satisfied with her relationships with her husband and children, she has been experiencing anxiety which had become intensified over several years. She is diabetic, suffers from high blood pressure, has digestive troubles and bowel problems that have recently become more acute, and she is severely overweight.

She has two sisters: one almost five years younger, married and childless, the other almost two years younger, married, and with a daughter. Her Jewish family comes from the Veneto region. Her parents – whom she describes as very withdrawn people – suffered from racial persecution and were forced to flee and hide. They lost several family members in those circumstances: her mother – a sullen and

withdrawn woman – lost her own parents and one brother she was particularly close to, during the persecutions. Nobody was allowed to mention that uncle.

After graduating brilliantly from university, Laura started to work with her father, who owned a business and appreciated her as his favourite child. He died several years earlier. However, her father deeply disappointed her when, as an elderly man, he left the family business to be managed by her brother-in-law, since he was a man. The latter eventually closed down the company to avoid its insolvency. Since her marriage, Laura has worked hard in her husband's company. She says she has a very satisfying love life with him; and she is also in charge of the economic interests of her own family and of her mother and siblings.

The first striking thing in this pleasant, intelligent and cultivated woman is her overt ability to anticipate words, whereas her body speaks another language.

I believe that the dialogue at the beginning of this paper, from the third volume – *The Dawn of Oblivion* of *A Memoir of the Future* (1977, p. 433) – is a good representation of the disconnection between mind and body that Laura deploys, as if this woman had two different expressive capacities with no mutual understanding, in fact with the need to keep them separate, as Bion mentions in the above quotation.

From the very first consultations, I have been impressed by her quick, intuitive and anticipatory ability to relate to me with her body reaching out, her hands on the desk and her high voice, on the one hand, and her tendency to elicit a feeling of intrusion and control on the other.

Since the beginning of the analysis Laura has been lively and cooperative, in her wish to do her treatment in the best way, and yet she has made me feel that this has driven her to meet my alleged expectations, the same way she is trying to meet the expectations, although different, that her parents had of her. She tells me that her mother used to tell her that she needed to do more than other people, because she was a "privileged" person, given her financial situation, the fact that she was born after the war, but mostly because she had not been persecuted and had not experienced any severe grief. Laura very soon learned to meet these expectations

and tells me that she became an independent and competent girl early in life; a successful student who graduated with brilliant results; a hard worker who has been able to have a beautiful family with three good children, of whom she is proud.

This attitude has actually given her some advantages, so much so that Laura criticizes those who do not do their best and blames her mother, sisters and niece, because "they don't do anything" and instead delegates her.

Alice Miller (1994), in her book *The Drama of the Gifted Child* explains how some children have to renounce their own needs – trying to get acknowledgement through their skills – by replacing the lack of love with a special sensitivity enabling them to understand the unconscious signals of the needs of the others[1]. This condition, which on the one hand would seem to be depleting and impoverishing, on the other hand allows the child to develop, for his/her own emotional survival, a remarkable capacity to adapt to the image of what the parents wish from him/her.

This attitude has become increasingly clear in the sessions, which Laura has approached with commitment and enthusiasm, as I said before, also because of her underlying wish to feel that her capacities are recognized.

She has benefited from meeting her family's expectations and has been able to satisfactorily fulfil herself. This is why, in her analysis as well, she is just as committed but she cannot allow her suffering and the symptoms that have led her to seek treatment, encroach on her.

Through our analytic work, Laura has slowly been able to start bringing to the sessions not only her satisfying professional commitment but also her pleasure in "not committed" or "women's" activities that she can experience as a potential and not-to-be-despised space. Every session is a report about what she has done or seen, often making me think of a girl who tells you what she did during her mother's absence.

[1] The author maintains that these people can become good psychoanalysts.

This period of analysis, that have lasted several months, seems to have the aim of creating a trusting and spontaneous environment that often requires a feeling of acceptance and participation rather than meaningful interpretations. Laura often conveys to me feelings of tenderness, as when watching her lying on the couch and taking off her shoes with rituality and pleasure, I see her wiggle her swollen feet – this makes me think about babies' feeling of freedom as they move their bare feet when lying down.

In stressing the complexity of the relationship between setting and transference, Donald Winnicott (1963, p. 297) emphasizes that if the ego is intact, that is, when we can take the earliest maternal care for granted, "the setting of the analysis is unimportant relative to the interpretative work". Otherwise, when we are confronted with original ego failures, we need to recognize these levels in some phases of analysis "and the emphasis is changed from" the interpretative function to the analyst-environment function.

Laura's anxiety subsequently has abated slightly. She has stopped having panic attacks and she says that she has lost some tics that seemed to relate to the habits of frustrated children: pulling her hair, tightening her feet in the shoes to the point of self-harm, biting the inside of her mouth until causing sores, etc.

A dream introduces other perspectives: "I am at home and I am showing a woman round. There is a very confidential attitude between us and I proudly take her around every room. When I am in my bedroom I point to a closed door, probably the bathroom: I am standing near the woman but I warn her that I am locked behind the shut door."

I tell he that she has actually many valuable and beautiful things to show me, but there is also some precluded area. Laura seems to be telling me that we need to go to some more intimate places of her self that are still off limits. Although we have a confidential relationship – I point out – we are both keeping away from more intimate areas of her self.

Some time later, another dream gives us some further indications: "A woman is waiting at the bus stop in a sunny square. Someone tells her that the bus won't stop there but a little further down the street. As the woman looks more carefully, she sees the bus in a place more in the shadow: the stronger light made the area more in the shadow not immediately visible."

And a third dream: "The analyst was walking up to me at the underground stop where I usually get off to reach her office. When the analyst arrives, she is told that the exit stairs are not in their usual place, but have been moved further down."

These dreams, that she had at intervals of a few months, all have in common the indication that the analysis needs to go into more intimate, darker and less conventional areas. Despite a more trusting relationship – that has produced some improvements in her state of anxiety – in which Laura feels that the analyst reaches out to her, I point out the image of bus/underground stops that seem to be established in advance and the encounter means meeting the mutual expectations. Mutual because Laura is also "forced" to meet where, as I go towards her, I expect to find her. The time to enter darker and less predictable areas has come, even though the strategy is reassuring because it allows having control over the other person, as the patient has reported having experienced with her son: this happened when, during one of his trips, as she had not heard from him, she was able to "locate" him quickly and to calm down her anxiety.

Speed is a key point in this woman's analysis, not only because of her way of speaking excitedly, but also the rapidity with which she tried to "locate" the analyst as well as her own mental space.

As the work continued, the patient gradually discovered the weakness underlying her organization: her fear of not being loved, if she was not always capable, was

emphasized so that she could even talk about her jealousy and the disappointments she had experienced. Now there was a space in analysis for that girl who was often full of rage and, even as a child, confined her pain to her body.

The sessions, that were often very lively, clarified that rather than "liveliness" it was a question of keeping me "alive". The patient's commitment to "keep the mother alive"[2], as to the mourning or death aspects, in analysis is expressed in her continual attempts to understand the states of mind or tiredness of the analyst.

In analysing the deep relationship with her mother which, swinging between anger and suffering, seemed to be organized in her body, the patient conveyed a re-activation and increase in her symptoms.

Her painful and frustrating memories caused her suffering: the patient recalled her very difficult relationship with her mother who never understood her. I thought that the mother might have experienced severe consequences because of the persecutions and dramatic grief. The difficulty in processing all that and the confrontation with that exuberant child, who was born immediately after the war, caused an impatience that Laura could perceive in the relationship with her. The daughter thus tried to elicit her mother's interest and smile, but instead provoked her impatience. The patient recalled the pain and the frustration in front of the room where her mother would lock herself up in for a long time. (Here Laura's dream indicating the closed door along with other dreams that described the same situation would take on new deep meanings in analysis.) Despite her engagement, the mother preferred her sisters who were born after her, with whom she was more protective as she justified their weaknesses. [3]

[2] As regards this subject, A. Green's books are very interesting. See *Life Narcissism Death Narcissism*, 2001 and *The Work of the Negative*, 1999.

[3] I have often thought about this mother who had her first daughter too close to the war and the persecution of her family, without having had the time to work through her tragic experience. I think that she might have been more reparative with her younger daughters.

Miller, in describing "the drama of the gifted child", mostly refers to the relationship with the mother: a mother, who is unable to be empathetic in these cases, often weak or depressed, who elicits in the child a particularly acute sensitivity, a reversal where the child not only needs to be seen and understood, but in fact tries to observe the mother and to meet what he/she believes are her expectations, developing a "false self" that Winnicott (1962) describes.

This author also emphasizes how important the mother's gaze is in the formation of identity: when the child is held in the mother's lap it is through the mother's face and gaze that the baby identifies him/herself. But in the situation that has been described, in the face and "downward" gaze of the depressed mother the child does not find himself but his mother's needs. The mother's reverie allows the infant to make sense of the sensory and perceptive impressions of the body and affects, building the container/content relationship and the alpha function, thus allowing the child to structure his mental life. Bion, in *Cogitations* (1992), notices how in the conflict between thought and action, too strong an inclination to facts makes it difficult to access the transition between bio and psyche that can be the basis for the psychosomatic unity. A deficit of the maternal reverie function forces the infant to look for compensations and a reversal of projective identification, as in my patient, developing the need to please her mother to find the necessary acceptance and recognition on her part.

The difficulties, both intrapsychically and intersubjectively, can bring about body alterations and anticipatory activation, as the need for attention elicits intuitivity about the other.

P. Aulagnier (1975) reminds us that, if the relationship with the mother did not function adequately enough, the body will tend to become the representative of the other and the relationship is between the subject and his/her own body, representing the relationship with the mother. In the transference, the patient will also tend to enact the same experience.

In the raw sensory impressions that the baby expresses, the mother can return to him emotional equipment that enables him to orient himself in the environment and relationships. But in the case of absence of reverie, the baby's body does not find an adequate interpreter and replaces the other in a persecutory manner: it is not the thought but the somatic experience and the maternal depression that become the body's tyrant as well as the pain of not having been listened to. My patient could not feel her emotions because they would automatically turn into a symptom, without being able to give space and time for the relationship. She did it just as rapidly as she did with her body through splitting, as she did not allow the necessary time for better self-understanding, since she was absorbed in trying to interpret and meet the other's needs, as she strived to do in the analytic relationship.

Winnicott (1962) says that when concrete thinking prevails, as it is expressed through continuous symbolic equations, the emotional level is where "mental and fact" or "mental and maternal care" are not separated, but can overlap and in fact identify one another generating perverse solutions in the service of a sadistic super-ego. "This super-ego avoids and undermines all potential dependency and approaches infantile levels of magic thinking, even when it is disguised with useless moralistic or constraining attitudes"(Curi Novelli, 2010, p. 32).

Reverie allows the *koinónia* of experience between mother and baby, with the possibility for the baby to be adequately satisfied and, at the same time, to understand the meaning of his own desire and needs but, of course, this has to occur in adequate time.

The adequate time, *Kairós*[4], for an emotional and cognitive maturation, is the time that can connect body and mind in unison, not only the analyst and patient's minds. Otherwise, the "archaic and belated" thinking, as Bion calls it, the pre- and post-natal short circuit, without the possibility of drawing on the "not-yet" that can be organized both in the past and the future. Undoubtedly, this needs to be paralleled with the

[4] The forms of time are embodied as ***Aión***, ***Kronós*** and ***Kairós***

different timing between the slow pace of affects and the greater pace of emotions or cognitive activity, as occurs in the insight or in analysis where the here and now is intertwined with the transference and counter transference, similarly to what can happen between foetus and birth, the not-yet thought and the thought.

Laura's rush in trying to understand and anticipate causes great difficulty in the analytic relationship: there seems to be no room for thinking. I assume some kind of "pre-maturity" – that Laura continues to enact – which can carry the fear of the unknown, but which inhibits the necessary time for growth and change, as it is felt as being out of control and causes a fast, not expansive filling, an apparently but destructive false self.

Pre-maturity and immaturity[5] are closely connected, Bion reminds us, intertwined in the impossibility of containing fear that provokes an excessive acceleration or quite the opposite, i.e. inhibition and paralysis. Bion also says that the intolerance of frustration can arstir too early a desire to fill the space and construct knowledge that is labelled too quickly, producing a fictitious maturity.

For Laura, fictitious maturity meant keeping a "necessary" separation between mind and body, and creating a connection was very painful, although her physical symptoms were more questionable now.

A nightmare meaningfully shed some light on this condensation between anger and pain: "I have a bad stomach ache; my belly is particularly swollen and I can see that it is full of crabs that are biting me." The short and painful image would become significant and be part of the "lexicon" of her analysis to highlight a complex state of mind of suffering, anger and opposition, including with the analyst.

The dream was an intense result of introjective identifications that emphasize the deep suffering for what we are dealing with, as well as the feelings of anger,

[5] "Pre-mature" and "Im-mature" are two characters that Bion presents in *Memoir of the future* (1977), expressing, through their valuable nuances, the pre-mature and im-mature time.

rebellion and guilt that "prick" her, emotions that are expressed with her body but often are not understood.

Shellfish with claws was forbidden and disapproved by her mother, who observed the Jewish dietary laws. This answers to my question, since I am aware of these rules, show an emotional density. So, I point out how, with this nightmare, she anticipates a painful union between her body and her emotions.

This image would be translated into a sentence that Laura once uttered in a session – "I have the crabs biting my belly" – and was used in this stage of her analysis to summarize this condensation of feelings that led her to act out against her body, like binge eating episodes when she wolfed down junk food as well as holding everything "in her belly" – both her anger and suffering. The physical symptoms, obesity and the serious diabetic condition were also the result of her food "transgressions", that she committed out of sight of her family, to contrast a diet that she needed to follow.

In this situation Laura also showed the inner relationship with a mother who was too strict and her continual opposition to her mother, although I believe that this image and the continuous opposition to it condense and embody the beginning of a mind-body link for the first time.

Her belly, that on the one hand feeds her destructively and omnipotently, on the other expresses a physical pain that is separated from the mental dimension.

The patient cannot perceive her emotions because they become symptoms or destructive acting-out automatically, without providing the space and time necessary for thinking. Just as fast, she does not allow introducing the time required for better self-understanding, because she is too tense to try to interpret and meet the expectations of the other, as is evident in the analytic relationship.

Then she finds out that in the short journey from the underground station to my office there is an ice-cream parlour – which is often discussed in the session, to

express a forbidden wish, its related frustration and her shameful "infringements" – that also sells ice-creams for diabetics. Now "close to analysis", there is concrete attention paid to her body and self-care which is not only the product of frustrating prohibitions but also good and appropriate things. This leads her to follow a diet not only of sacrifice but with tasty and light food, suitable for her conditions. As a consequence of these processes, she becomes able to plan a long holiday with her husband in a beautiful beauty-farm during the summer break.

I can briefly mention a meaningful element that is introduced after the summer break, during the beginning of her second year of analysis. A dream helps us highlight how Laura's world seems to be divided between her good relationships with her father, husband and sons. Conversely, she describes the relationships with her mother, sisters, and niece as being very conflicting. Emphasizing this difference raises the question of the personifications and the affect meanings that she experiences in the analytic relationship.

A dream: "I am on the stairs leading to your office and I am very worked up: I have learned that my mother's brother also was about to arrive." I tell her that we have forgotten to include her mother's brother in the list, and now he is coming into the analytic scene. The patient says that for a long time, as a child, she fantasized about her uncle's return. The patient never called him "uncle" and expresses herself this way only in that circumstance: I tell her that we are talking about an evidently meaningful relationship for her, from which she has distanced herself so far by defining it as a relationship with a maternal relative, and the silence about him in the family had fuelled many fantasies, but also a lot of jealousy. Laura slowly seems to have become this character, making him "alive-lively", as the only person who could have satisfied her mother and relieved her from depression.

I ask her if she has started to try to understand what her mother wants and what she can do to make her happy. As I said, I often find this kind of attitude in our analytic relationship, just as I see her wish to make me "alive" with her own liveliness. In the sessions we develop and articulate this complex of meanings.

LAURA: Part 2

"Mortals cannot hide any secret. If our lips are sealed, we talk volubly with our fingertips."

S. Freud, *A case of hysteria (Dora)*, 1901

After almost two years in analysis, we can emphasize some meaningful points. The words and the dreams of the patient highlight a drastic emotional separation: she is judgemental and often intolerant with the women – first of all her mother, sisters and her sons' girlfriends; whereas with the men's world she is more understanding or could identify more with it.

Despite these clear divisions, the patient has made remarkable changes in terms of symptoms: she no longer suffers from panic attacks, her anxiety is less acute and her eating behaviour is more in line with her health conditions. In the sessions her lively participation often makes me think of a girl attending primary school or even pre-school and then, in the session, it is as if she is describing to her mother what she has seen, done and eaten, enjoying the feeling of being listened to. At the same time, a number of dreams continue to point out that there are places that have been out of reach. So far, we can think that the treatment has enabled the patient to change in her behaviour[6].

[6] This result introduces significant considerations about the potential goals of analysis at an elderly age and, consequently, the choice of the therapeutic strategies.

Greater confidence and some specific dream contents led Laura to talk about her fantasies with embarrassment and shame. A film, a TV show or any event were the opportunity for long, rich, and usually very tragic fantasies. She said she had been using, in fact abusing, them by becoming the heroine of heroic and thrilling stories in which sometimes she was the avenger, sometimes the victim.

PSYCHIC RETREATS

J. Steiner (1993) elaborates on the specific issues we deal with in analysis with patients who have difficulty in getting involved in a deeper relationship, so much so that analysis itself can get to an impasse or be cut off from important areas, or else stay in a static, repetitive or fruitless relationship. The author calls these places "psychic retreats" and tries to explore these areas to understand their function in relation to the severity of the condition and the personality structure of the patient. Often, he says, in the account during the session, these retreats are described as religious organizations, sects, totalitarian regimes or criminal gangs that point to a defensive structure organized between the tyrannical, perverse, but idealized and admired aspects, also suggesting some of their undoubted advantages. The spatial representation of the retreat can be a room, a place beyond the border, a deserted place that is often dangerous and appealing.

The author calls them retreats because they give the patient a place where he, in his imagination, can be left alone and feel relatively safe, protected against any tension. This is why the psychic retreats can block analysis by avoiding a contact with the analyst who is kept out of these areas.

They are not a pathology in itself, as they draw on the imagination, but the problem has to do with an excessive production and the defensive use of them against something that is felt as something more dramatic and difficult.

Fantasy is very helpful and it usually has the function of fostering the alpha function (Bion, 1970), but in these cases we are talking about excessive use that ends up dominating the psyche and its functioning.

Usually these patients withdraw in their fantasy to avoid deeper anxiety through a pathological organization that gives protection and can become a real psychic state[7], which ends up limiting or compromising relationships with others or with reality.

The importance and pervasiveness of this kind of withdrawal depends on the personality structure, the defensive complexity and the underlying personality organization, Steiner reminds us, that can constrain or make enactment difficult, that is, the potential of the therapeutic action.

FOR A THEORETICAL FRAMING

The abuse of fantasy can occur because of different reasons and in different personality structures, but we need to keep in mind the two most significant reference points to orient ourselves theoretically as far as this morbid condition is concerned. The first one has to do with a destructiveness-narcissism relationship and the other concerns the relationship between the ego and reality, that is, the environment.

Freud, in particular in *Analysis Terminable and Interminable* (1937), emphasizes the difficulty when the patient is confronted with a primitive destructiveness that hinders affects and creativity, threatening the patient both from within and without. Freud connects it to the death drive; conversely, Bion and Klein talk in terms of primary destructiveness. Several authors have explored destructiveness by approaching these

[7] For a thorough investigation of these states of mind and the perverse area, see De Masi's works in *The Sadomasochistic Perversion: The entity and the Theories* (1999), and some remarks on "psychic withdrawal" in *Working With Difficult Patients: From Neurosis to Psychosis* (2012)

areas through different theoretical concepts, such as Abraham's narcissistic resistances (1919, 1924), Reich's notion of "character armour" (1933), or Kernberg's descriptions of narcissistic or borderline patients (1978, 1980).

Meltzer (1973a) also outlines these organizations in terms of destructive narcissism and described their tyrannical and ruthless nature that requires submission and a heroic dimension, also identifying its function as protection against pain. On the other hand, Rosenfeld (1965) reminds us that narcissistic relationships are based on the idealization of the destructive parts connected with an extremely cruel and omnipotent self that produces sadistic fantasies. These are highly organized defensive systems that thwart change and refer to primitive destructiveness connected with very early traumatic experiences that caused the internalization of disturbed or violent objects. In other words, it is a system introjecting and projecting disturbing destructiveness that threats wholeness and leads to an addictive use of fantasy establishing what J. Riviere (1991) calls a strong link between manic states and depressive anxiety.

Again in relation to the inner dimension, Bion's "obstructive" object (1967a) is close to Grotstein's theories (2009) when he talks about mafia or gangs, or Fairbairn's endopsychic structures. For M. Klein the retreat is a perverse corruption of the internal dimension of the mother's body, «the internal unborn children", an unborn self close to the death drive of a hopeless and sadistic child, according to the view of the author of the early Oedipus complex. Fairbairn also speaks of traumatized internal objects, whereas for Steiner the psychic retreat is close to the death drive. Its location is inside the body of the mother: Donald Meltzer (1992) deals with these notions through his invaluable concept of "maternal Claustrum".

Winnicott's distinction between fantasy and dreaming – that occupies the mind stopping all links with the object – is very interesting. In *Playing and Reality*, in his paper "Dreaming, Fantasying, and Living", he describes fantasying as a way of being isolated that can occur from the very first months of life, when the infant tends to avoid real life, through dissociation rather than repression, and where the use of

fantasy interferes with action and life. Winnicott talks about fantasying as being different from fantasy, when false reality is used to obtain protection, self-comfort and self-illusion – fantasying is a mode close to Bion's concept of falsification (–k).

In considering the potential fractures between the ego and reality, that Freud (1911, 1924) also highlighted, Bion (1957, 1962a) says that the psychotic patient, in trying to get rid of the hated and feared reality, attacks his ego that perceives reality. The attack, according to Bion, produces a fragmentation of both the ego and the objects, leading to what he would call "bizarre objects" and causing the dreadful and persecutory atmosphere that he defines as "nameless dread". Freud and Bion emphasize how many psychotic symptoms come from an attempt to repair the deteriorated ego and to reconstruct the damaged situation by then approaching the projected part of the self.

Grotstein (2009) also deals with pathological organizations as a result of psychic retreats. He starts with Reich's concept of character armour by considering it an internal armour. Like Steiner, he believes that the psychic retreat is in an intermediate position between PS and D, and considers it close to Fairbairn's concept of an internal saboteur and to Bion's notion of an "obstructive object" (1967a), that is similar to a cruel superego that attacks the link between the child and his good objects or the objects of thinking itself. For this author, it is a "healing" strategy, some kind of tissue healing the early wounds of personality that produce a powerful and ruthless superego that prompts looking for relief within a despotic safety. All these authors agree that these are borderline patients or patients with narcissistic or post-traumatic disorders following infantile trauma, mistreatment or abuse.

Usually, these areas develop as resentful and offended areas or, in more environmental and relational terms, are stories of abandonment, trauma or deprivation. They express in the fantasy both the wish for revenge and the defence against persecution through splitting and fragmentation. They are an attempt at protection against pain, guilt, but mostly they avoid depression and a contact with the feeling of loss. By taking the patient away from all working through processes,

they can end up dominating the psychic situation, weakening or creating problems in terms of personality.

Grotstein thinks that resistance is a "double-crosser". Therefore, the patient maintains an alliance with the analyst collusively and in bad faith and, at the same time, he does the same with the objects he has internalized in his retreat, with some kind of unconscious deal or protective racket. It is a kind of deal with the devil, as Freud says, or the Faustian bargain mentioned by M. Klein.

In this sense Helen Deutsch warns us that these areas are destructive organizations that lead to "as if" personalities.

All the authors that I have mentioned believe that the greatest risk is the drift to a false-self personality that can block or sabotage analysis through a negative therapeutic relationship, in which – according to Grotstein - the death drive or the destructive instinct are at work.

The determining element is the stability of the psychic retreat, similar to the mechanisms that Freud described in *Fetishism* (1927) which play an important role in perversions.

We need to bear in mind that on a primitive level the psychic retreat can have a more concrete physical representation – Steiner says – such as pain in the patient's body or his physical or mental disintegration.

It can lead to a negative therapeutic response because of the fear of losing the retreat's advantages and because of the great embarrassment and shame of sharing these fantasies with the analyst. Otherwise, if the analyst can access the retreat, there is the risk for the analytical relationship to be used defensively or to be transformed into the chosen location of the retreat with all its meanings and perverse enactments.

For Grotstein, psychic retreats concern both the split internalized objects and an attempt to avoid reality, so that he believes that the relational and the endopsychic views are both important. They both concern a terrified child unable to contain *O* who inevitably withdraws into a nameless dread or into an infantile catastrophe (Bion

1967b). That is why the retreat protects but also traps and is irremediable in nature as it is both a self-organization and a defence against hopelessness.

Another risk in analysis could be to prematurely approach these areas thereby causing greater withdrawal. Awkward interventions could be felt as too intrusive and could lead to a consolidation of the barrier, enhancing the defensive system put in place to shun intolerable anxiety and avoid reality.

LAURA'S RETREAT INTO FANTASY

In her dreams Laura told me that in her inner world there were places I could not enter or I had to enter, but only as she gradually felt ready to let me enter them. Now the patient told me that she sought analysis when she felt an overwhelming fear of collapse, besides increasing anxieties and panic attacks.

At the beginning of the treatment we held her children leaving home responsible for her worsening psychic conditions. This event had certainly contributed to her anxiety, although the separation had been compensated by an intense collaboration with her sons. But in the current phase of analysis we realized that this change caused a break in her defensive function, in the deepest meanings that the patient had established through her connection to her family members. It was armour that was defended by a reassuring, protective affective world – a real retreat that had cracked and consequently her symptoms had intensified.

In *Second thoughts* (1957) Bion claims that both psychotic and non-psychotic parts of the personality can live together and, although we do not usually find such a clear-cut distinction in psychic structures, they can be helpful to identify Laura's way of proceeding that highlights this radical separation and communication difficulty

between the pathological reality of her body and a successful affective and relational life.[8]

In her sessions, Laura also tried to limit a deeper contact, although in a good atmosphere, to refrain from the secret areas and to avoid a confrontation with that system by keeping it alive, even though – as Steiner says – no retreat is safe.

However, later on she told me that since her childhood, her fantasies had often been developing from occasional events and had occupied her mind with complex vicissitudes in which she was the protagonist. There were many characters and these fantasies were fairly dramatic. The chance to talk about them in analysis was liberatory but they gradually ended up taking up the whole session.

The vicissitudes described in her fantasies were difficult to understand and therefore to follow, as they seemed to collect many fragmentations with a variety of opposing yet coexistent meanings, being the result of very chaotic projective identifications.

In this complex transition, after almost three years of analysis, it is helpful to identify the meaningful representations of the here-and-now in each session, considering them as if they were a group system we try to make sense of (Curi Novelli, 2010): these representations "contain" anxiety but also omnipotent protection. They look like a network of meanings continually interrelated with the danger of dominating the healthy parts of her thinking as well, whereas her fantasies carry an implacable, heroic, omnipotent and powerless sadism and invade the sessions in a pressing and excited way.

These are flights from truth – Bion reminds us (1962a) – in favour of omnipotence and organize a pathological personality in contact with masochistic and dependent

[8] On this subject see the interesting papers by Laura Colombi, an SPI psychoanalyst: "Playing with irreality. From infantile withdrawal into fantasy to compromising the sense of identity: Clinical examples and technical hypotheses" that was presented at the European Federation of Psychoanalysis Congress in London in 2010, and "The dual aspect of fantasy: Flight from reality or imaginative realm? Considerations and hypotheses from clinical psychoanalysis" that was published in the *International Journal of Psychoanalysis*.

areas of suffering, because these retreats also provide relief, challenge and triumph. They are extremely complex and chaotic vicissitudes with multiple meanings that highlight a cruel situation but also a pleasant retreat that can be unravelled only within the analytic relationship.

Sometimes Laura's fantasies seemed to be very structured, sometimes they compulsively filled her mind, just as she had compulsive behaviour with food again leading to binge eating. "Facts and behaviours seem to stop all access to an emotional level that would enable her to get in contact with deeper emotions and meanings" (Curi Novelli, 2004, p. 116). The symptoms she wanted to stop in fact worsened, but she was also terrified that analysis might expose her to the void.

Her sadistic fantasies poisoned her body, enhanced her paranoid fears and generated a devastating oscillation toward guilty feelings that weakened Laura and drove her under the mafia-like domination of physical pathologies and compulsive eating. During analysis she had made a remarkable change in terms of eating behaviour and understanding her own affective dynamics. As I said, her analysis could seem to have been successful behavioural therapy that did not affect the underlying emotional system.[9]

Her anger and guilt fed her resentment that fed her willingness for revenge, causing a loop that seemed to prevent us approaching the underlying pain.

It was also difficult to understand, besides my openness in listening, how present her persecutory, stressing and guilty organization was in the analytic relationship and to what extent it was shared in the analytic dyad. At this point the perverse situation could concern not only the patient but also her analysis, since in the sessions all roles – both the victim and the persecutor – could be present, shared and interchangeable, where transference and counter transference could be involved in a conspirational situation, some kind of "collusive symbiosis producing a "perverse mixture", as Grotstein (1979) says.

[9] Which raises again the need for an in-depth evaluation of the subject of therapeutic strategies at a mature age.

Steiner considers the retreat – like the one that my patient had built – a third position that enables her not to deal with the paranoid schizoid position or with the depressive position. It rather uses the defensive manic and obsessive organization typical of the paranoid schizoid position, as M. Klein (1950, 1952) emphasizes.

The evidence that we are moving in this "third position" can be seen in the impossibility of understanding how the analytic relationship proceeds and at the same time how the patient's physical discomfort is growing.

The paranoid schizoid position involves a pathological fragmentation (Bion, 1957) in which the tiny individual elements are violently projected into partial meanings and splitting is maintained through a simultaneous alternation of persecutory, angry states and a devastating depressive position, without any possibility of imagining any ambivalence. The fear of chaos and panic leads to a feeling of depersonalization and derealization that can turn into hallucinatory forms, as Bion says. In the patient all of this was acted out in her body: Laura controlled anxiety and looked for a solution through these destructive fantasies, but she was subjugated by these very fantasies that entail a cruel despotism, omnipotence and unrelenting oppression. Her fantasies were full of horror, distress, guilt and fear about suffering and inevitable revenge with no way out.

J. McDougall, in a valuable exploration of psychosomatic states, in *Theatres of the Body* (1985) believes that it is necessary to go back to prehistory where words were less important than olfactory, tactile, visual, and acoustic perceptions to finally grasp the link between suffering, anxiety and enjoyment (Curi Novelli , 2004).

The physical and dietary addictive state that over time had become a chronic state starts to take the edge off its exciting dimension, as we continued with our work. The patient became more and more aware of it, but could not get rid of it; she felt both tortured and torturer, but there wasn't any revenge in it and rescue was never fully accomplished or abandoned.

In a pressing session full of her confused and excited accounts I told her: "I feel as though I am in Peter Pan's adventures!" Immediately she said that she loved that

movie and had seen it many times with the excuse of taking her children to see it! I answered that I was thinking about J.M. Barrie's[10] book, when he describes his characters and calls them "lost children". Quite unusually, she was quiet, then commented that she had never read it but she would, for sure. I told her that we were fighting all the time, but it was not clear who the enemy was, who Captain Hook or Tinker Bell were… we were fighting without knowing who and who was not the enemy. This was confusing and made one feel lost. And again, Laura did not speak.

While, on the one hand, the patient was slowly leaving the third position that Steiner had valuably identified, in this shift, at first analysis did not seem to give any support to an PS⇔D oscillation, as the patient was suffering greatly. It is not yet the PS⇔D oscillation described by Bion, but rather a coincidence, PS=D, between a ruthless and violent ruling and a devastating guilty feeling.

Analysis allows us to understand that the splitting of the patient is limited not by the paranoid schizoid position, but mostly by the feeling of carrying a severely damaged or even dead object inside that is kept alive by a suffering body, in fact her suffering body was the evidence of "still being alive" in a symmetry with "keeping the mother alive" with which we have already dealt.

It is clear that for Laura her body was not a separate entity, but she was now approaching her emotional states (McDougall, 1989), that often and meaningfully led to a resurgence of the symptoms.

In continuing with our work, the patient felt trapped, stuck or overwhelmed by these old habits, but whenever she tried to rid herself of them, a surge of anxiety was triggered off.

As her defensive organization started to break down, she felt that her anxiety – which decreased noticeably during analysis, although it was similar to what had

[10]J. M. Barrie, *Peter Pan*.

driven her to seek treatment – was enhanced. Her behaviour, her symptoms, in short, her body was no longer separated from her emotions.

We need to point out that we are not in the third position that both Grotstein and Steiner describe. I have to dwell at length on the paranoid schizoid position with the patient, without anticipating the depressive position as she was often overwhelmed by strong guilt feelings or anticipated moralistic functions or else ruled by the false-self.

Slowly it became clear that her fantasies – which now had a more narrative and less chaotic structure – were the fantasies that Laura had been developing since her childhood. They were variations of stories and conjectures that carried some traces of her family's vicissitudes during the racial persecutions and that were now translated into primitive or basic persecutions and could also be better understood in the analytic relationship.

In the sessions her fantasies talked about her anger before the feeling of abandonment and exclusion that drove her to "denounce her family or her mother to the Gestapo", with the dread and the guilt that this entailed, and she would also often end up being arrested or deported, that is, imprisoned in the irremediableness of her own organization. The analyst is a Nazi or the Gestapo she has turned to in order to denounce her family and she shows up at her door, often she is forced to go into the concentration camp of her system or is involved in heroic but impossible escapes, trapped in the fear and the guilt of not rescuing herself.

Through her fantasies we have been confronted with the concentration camp of her relational system, the persecutory and terrified occupation of the analytic relationship, and analysis led us into the horror of her toxic fantasies. We have to find the courage to enter the gas chamber of her stomach or the distressing hunger of her "concentration camp-like" system that would then drive her to binge eat or make her wish to fill the feeling of emptiness.

Her dramatic fantasies and her fear of being judged led her to increase her need for control that is already very intense and is now driving her to make some kind of "occupation" of my mind, like a Gestapo.[11]

Patients like Laura are pressing and need to stay in the analyst's mind, but on the other hand they do not tolerate the analytic relationship going too far or too fast, contrary to what she herself does with her pressing and anticipating way of relating.

Interpretations are now often focused on the analyst: at this stage I spontaneously intervened by saying: You fear that I …; you think that I believe … , that I think …" etc., and by highlighting how the relationship was trying to avoid the distinction between my thoughts and hers, my interventions showed a very tight Laura and her great fear about what I might think of her. It was mostly difficult to identify her thinking and also understand it through her projections, and at the same time she increased her control over my supposed thinking.

This way, that appeared from the beginning of her treatment, seemed now to be enhanced and created some difficulties for my counter transference which is now held hostage and levels off the transit of projective identifications as well as the possibility of being a container (Bion 1959, 1962a) of emotions.

On the one hand analysis helped her connect with her compulsive and health-damaging eating behaviour, as well as with her anxiety and great psychic pain, on the other, she was able to make more connections with her fantasies which were now presenting different patterns.

[11] "Military occupation": I find myself thinking that, despite the extreme relational difficulty caused by the patient, strangely enough I am experiencing the situation with ease and understanding, but then I recall I grew up in Trieste, in the A zone, which from the end of the war until 26th October, 1954 was occupied by the American army, but it was certainly not an anxiety-ridden occuation! These memories, corroborated by some dreams, helped me re-think the history of my family, my grand-parents fleeing from former Yugoslavia, several traumas that can be traced in my generational history and that helped me work through my counter-transference.

Besides the previous feeling of fragmentation and persecution, she could gradually integrate some radical positions: through her guilty feelings she could get in touch with her depressive state and, at the same time, she could better approach the reality of her childhood memories – as a girl full of pain, frustration and anger – and her inner world; bringing her emotions and what her body expressed closer to one another.

This shift would allow approaching pain. It happens when the patient starts to gain greater insight into the emotional meanings of her fantasies. The tyrannical and destructive situation does not yet allow curbing her anger, but from now on her less frequent fantasies developed events connected with the heroism required to rescue her uncle and her parents' lost relatives.

Despite a still omnipotent and idealized way, the awareness that we can still rescue something in analysis comes to the fore.

THE MOURNING PROCESSES FOR LAURA: part 3

A – GIVING UP HER PATHOLOGICAL FANTASIES

A more aware Laura now wanted to decrease her compulsive fantasy production, as she had found out how upsetting and anxiety-provoking her fantasies were, but to give them up was also similar to losing a favourite habit.

In 1915 Freud, in *Mourning and Melancholia*, describes the difficulty in dealing with the depressive situation in grief: one needs to recover not only parts of the self that got lost in projective identification, but also to understand their meaning. It is not only a matter of giving up the fantasies, as in drug addiction one wants to quit but fears the subsequent void, since otherwise I think it is just a repressive and impoverishing thing to do.

The fantasies that she now brought to the sessions need to be regarded as a "selected fact"[12] since, according to Grotstein (2007), they represent the appearance of an observable or conceivable pattern in a sea of incoherence and uncertainty. And this pattern became a realization: it allows the patient to give some coherence[13] to the objects, to the analyst's reverie and to the intuitive configuration that interconnects them.

"The selected fact" – Bion says in *Learning from Experience* (1962b, p. 87) – "[is] the element that gives coherence to the objects of the paranoid-schizoid position and so initiates the depressive position, does so by virtue of its membership of a number of different deductive systems at their point of intersection."

Through reverie we have the chance to "bind" a territory of myths, fantasies, stories, dramas, and Laura had the possibility of once again finding the connection of that dual language, of the body and of the mind, with a new possibility of understanding between thought, fantasy and emotion, bringing together the multiple mental potential that can be part of the transformation processes and allow her to leave the compulsion to be repeated. This has enabled the patient to accept her fantasies as sense-giving constructions.

B - TRANSGENERATIONAL GRIEF

It is clear that Laura's fantasies allowed her to detach from reality and also deny all potential separation in the analytic relationship, as if she could not let the other person leave out of fear of not surviving the loss. That is why the patient never thought of quitting analysis (and this has certainly contributed to our analytic work), not even – as is often the case – at difficult times in the treatment.

[12] The "selected fact" is a concept borrowed from the mathematician H. Poincaré (1908) and is similar to the concept of "strange attractor" of the theory of chaos that Bion uses.

[13] Here I refer to the concept of constant conjunction introduced by Hume.

Some dreams enable us to understand that Laura has become the depository of a history that was too difficult to be worked through, and she goes through it again in her fantasies. These fantasies clearly refer to imagined and not lived episodes and yet they repeatedly go over events she has never experienced.

Like a break-down of thought or a void, the retreat is both an isolation and a sensory filling up that strives to live an experience that has not been lived in the attempt to work it through in the imagination and to protect oneself against "the impingements that have disturbed" (Winnicott, 1958 p. 296).

The patient compulsively engaged the vicissitudes of her family history like a "selected fact" that aggregated the pain of this history to be able to deal with the mournful separation not so much as a void or loss but as a possibility of changing history itself.

In the container theory formulated by Bion (1959, 1962a,1963) the analyst is willing to take in and contain the projected fragments, to return them to the patient with tolerable form and meaning, but now it is clear that Laura cannot relinquish these fantasies, because as a consequence she could not repair her family history that caused so much pain. For this reason, her fantasies are continuously activated and enacted through dramatic situations, as is the case with traumas. To give up her fantasies would mean giving up the possibility of rescuing the lost dear ones, to make her mother happy – especially her mother's brother with whom Laura strongly identifies, starting with her name[14] – and to finally get her attention and love. In analysis Laura had often tried to please me by being a good patient, just as she had to be a good and competent daughter. To give up would also mean having to work through this mourning again: besides giving up the control over life, death, time and – mostly – people.

Faimberg (1993, 2006) is the analyst who, since 1981, has dealt with the concept of transgenerational identifications that connect the psyche of the patient with the

[14] Only at this point does it emerge that the name of the patient is the female version of her uncle's name.

history of his parents and that can be found in every analytic process[15]. Faimberg's hypothesis is that the narcissistic mode and the unconscious identifications are condensed in the three generations, in a non-chronological system that can be identified only through counter-transference. Sometimes they can be found through the feelings of not understanding or not existing in the patient's psyche, as in the course of Laura's treatment. The author says that they can be referred to events that happened when the patient was not yet born, as in Laura's case, but concern the history of the parents, even though the patient is mobilized in this vicissitude. These unconscious identifications need to be disclosed in the transference so that they can be changed– the French analyst claims – and it is not a simple identification model, but a system of appropriation and intrusion proper to the narcissistic organization that forces the patient to take up an alienating adaptation. Only in the analytic work is it possible to reinterpret these vicissitudes through the psychic functioning of the patient. These are key moments for the analytic relationship in a transference that does not belong to the history of the patient, but are usually the condensation of three generations (*telescoping*), in which the unconscious plans of the patient's identifications are implied with the functioning of the parents.

We can reinterpret the present by distinguishing it from the past and mostly from what does not belong to the patient can be identified with a paradox, Faimberg says: a double contradiction of a psyche communicating through feelings of emptiness or excessive fullness at the same time, since it is an object that is always present and cannot be distinguished from the not-me of the father or the mother. This implies the death of one's own desire in the name of an adjustment to the family desire.

Freud, in *Narcissism: An Introduction* (1914), also reminds us that the child is trapped in the narcissistic ideals of his parents and his object relation can also inherit

[15] Faimberg thinks that these identifications usually emerge in the fourth year of analysis or later.

this narcissism.[16] Freud specifies that parental love is merely the narcissism of the parents which has come back to a new life, it is transformed into object love but often discloses its old nature.

With different theoretical frameworks, Bion, Heimann and M. Klein tackle these subjects by talking in terms of projective and introjective identifications where other people take the psychic investments of the patient who becomes confused and entrapped by the intrusiveness of the other. The necessary space for the child to develop his own identity is missing, and the child is imprisoned in the alienating power of his parents' narcissism. Unconsciously that link between the generations therefore develops, and it concerns a story dating back before one's own birth, as in Laura's case in which she took up this task instead of her mother who had not been able to work through her grief and poured it unconsciously into her daughter who was born too early. It is likely that her family did not only work through the dramatic grief and terrible persecutory experiences they went through, but that her mother felt some resentment and annoyance about her "privileged" daughter since the latter had not had such a difficult life as hers. Moreover, her "living" daughter's name is her dead brother's name, giving an example of what Bleger calls the syncretic link.[17]

Faimberg clarifies that the function of appropriation and intrusion are the characteristics of this kind of "alienating narcissistic identification." In the function of appropriation the internal parents take the positive identity of the child, in the function of intrusion they expel into the child whatever they reject, that is, they identify him with a negative identity. Thus, the child is hated not only because he is different but also, mostly and paradoxically, his history will be congruent with the

[16] According to Freud, it is connected with the concept of "*Hilflösigkeit*", that is the child's dependency, given the prematurity of the child. As I said, Bion distinguishes it from im-maturity and pre-maturity.

[17] I have often wondered whether Laura's conception, that occurred at the end of the war, also meant an "act of life and future" for her parents.

history of his parents and with what they do not accept in their narcissistic regulation.

Faimberg says that the identification processes are fixed in the psyche in eternity, that is, they have the characteristic of the unconscious in its timeless quality, in fact in different time forms. In analysis it is then possible to deal with this kind of alienating splitting to recuperate the history with its quality of the past and the possibility of freeing the desire: the telescoping of circular, repetitive time can be changed, the different generations can be differentiated, and the vicissitudes and the distribution of the generations can be viewed in a historical perspective.

Appropriation and intrusion are the deepest movements that can more easily be recognized and could only be dealt with in transference and counter transference. The massive identifications that have gone through her entire analysis and her way of relating, were a means to historicize and find, as Faimberg says, a place in her generation. This meant being confronted with desires of merging, inseparability, interminability and omnipotence both in her rescuing fantasies – as a mourning process and the necessary relinquishment of control over the others – and in the analytic relationship.

This has implied dealing with the impossibility of keeping control and being able to fully protect the affective object as well as the renunciation of possessing the analyst. It meant being able to develop a relationship that could distinguish between my thoughts and hers and make Laura's obstinate, appropriative and intrusive use understandable and transformable. The patient had to oscillate continuously between manic and sadistic defences[18] (Klein, 1940), committed to "keeping me alive", and to deal with that aspect inside her which, for a long time, she had felt was dead or could die at any time.

On the one hand, the sessions were now very painful, on the other Laura showed a great improvement in her somatic conditions: her anxiety and painful physical

[18] M. Klein highlights the connection between mourning and manic-depressive states in her 1940s' writing.

symptoms had gone. She was now careful with what she ate, as she no longer needed any excess, and her obesity and diabetes were gradually yet significantly reduced until she no longer needed insulin treatment.

At this point we could work through the emotional reality of her painful memories and take into consideration the probable depression of her mother[19] as Laura started to think she could be loved for who she was, her qualities and not for the impossible tasks she had always overloaded herself with, without feeling forced to be a "good" patient according to my supposed expectations.

We were faced with a less demanding and cruel superego that dampens both resentment and remorse. The possibility for the patient to understand the depression of her mother[20], that she had never actually taken into account, could now be recognized and tolerated: several anecdotes and memories enriched the sessions and enabled us to understand her family vicissitudes better and to gain the uniqueness and richness of her history.

For Laura, analysis had meant entering that room, the mother's room (and the analytic surgery) that she strove to "keep alive" with the exuberance of a child who probably ended up becoming irritating and could perceive my potential annoyance or less acceptance on my part because of her pushiness and her very ringing voice.

[19] A beautiful interview with Luciana Nissim Momigliano was broadcast on television. There she speaks about her dramatic internment in Nazi concentration camps and her subsequent professional and psychoanalytic commitment. The interview finishes with her saying: "I left Auschwitz!", as if it were an unforgotten experience but she has differentiated from it.

[20] The patient's mother died during the first year of analysis, a fact that involved Laura in terms of managing all the practical and financial aspects, including on behalf of her sisters. Only now does she seem able to approach the emotional contact of this loss. At the same time, Laura could now understand the depression of her mother, newly understanding her locking herself in a dark room, and these memories led her back to her mother's hospitalizations.

C – GRIEF FOR TERMINATION AND AGEING

Money-Kyrle (1971) – as Steiner (1993, p.94) reminds us – claims that the patient needs to be helped to "understand (…) emotional impediments to his discovering what he innately already knows". First of all, to deal with the reality of loss, that can be hindered by some fundamental aspects. The author considers "three primal facts of life" as being necessary, though difficult to accept.

Now in Laura's case we needed to consider the third fact of life[21] that Money-Kyrle identifies, which is "the recognition of the inevitability of time and ultimately of death" (Steiner, 1993, p. 99). We dealt with that in the last part of her analysis, when we were confronted with ageing, the limits and the reality of the termination of analysis and of death; all realities that can also be pseudoaccepted and, in so doing, favour substitute retreats again.

Through her fantasying, Laura mentally and emotionally also used a perverse system of time: a timeless dimension similar to the world of dreaming, myth, novel and of the fantasy of a heroic, romantic or dramatic world. For a long time analysis also made good use of it by drawing on the timeless dimension of the setting, protecting the affective link through a non-separation that was experienced as the only guarantee of the link, but that had to ensure a shared interminability for her. This allowed for both stability and rigidity of the omnipotent and confining organization.

Now we needed to deal with another separation: this time the separation from analysis and, again, we dealt with the preoccupation of choosing the right time (*Kairós*) that did not have to be anticipated or excessively prolonged, given Laura's tendency to anticipate so as not to separate and to try to understand the analyst's desire so as to meet it.

[21] The former two, according to Money-Kyrle – as Steiner (p. 95) reminds us – are:"the recognition of the breast as a supremely good object, the recognition of the parents' intercourse as a supremely creative act."

I believe it is necessary not to have any pattern or prejudice, but once again we needed to use "the transference-counter transference compass" of our work. As if different times – the time of analysis and the time of life – had to turn into an immediately concrete form, a *Kronós* that gives the possibility of emotionally working through the separation of all the infantile, drive-ridden, archaic derivatives, that the analysis, the analyst and the analytic relationship have represented.

At this point in her internal separation process, she had been confronted with the deepest function of her subjectivity and personal capacity, as her dreams showed for some time a continual oscillation between her perception of termination and her desire for interminability.

It was now a matter of working through all the implications of the trauma, especially the clandestine aspects that the patient had put in place in some compulsion to repeat, by dealing with the original object relations and approaching them not only in a rationalizing way.

Since her childhood Laura had tried to avoid primary separation experiences through a continual erotization of the anxiety over death. Now the working through process allowed her to give new meaning to her affective bonds, although this entailed returning to a certain state of suffering as a nostalgic element that often marked a successful mourning process.74369

Her acceptance of limits also concerned the reality of her body that was now relating to deeper emotions.

She no longer had any somatic symptoms, she was eating well and adequately – she had lost a noticeable amount of weight and was now only slightly plump. She no longer needed insulin injections. She had used her body omnipotently and destructively, but now she needed to accept the limits that age imposed. These were limits on her physical potential and abilities and of the reality of her old age: the

potential decrease in her own potential amounts to micro traumas (Kohut, 1982) that require bring constantly recognized, worked through, and accepted.[22]

Laura needed to work through the deep losses that she had not dealt with but instead had transformed into addictive fantasies and compulsive acts that now needed to be given a new meaning. The interpretative work had to tackle the different levels where transference was represented, ranging from the most archaic to the most evolved ones, the Oedipal levels and, mostly, the psychic occurrences, her fantasy of interminability, her denial of separateness, the continuous working through of the trauma that had appeared in the fabric of the analytical relationship on a transitional terrain in which the shared area generated the area of affects.

Now in the actual separation plan she was appalled rather than in a state of panic and she was able to tolerate the states of incompleteness and the limits better, as she went over the linking where beginning and end had something in common that, as Lucchetti (2009, p. 15) says: is "the traumatic tight spot of the end of analysis", starting from Freud's (1937) statement that the author quotes (p. 15): "(...) only in these cases [of traumatic aetiology] we can talk about an analysis that has been definitively brought to completion."

Her analysis lasted six and a half years.

References

Abraham K (1919). A particular form of neurotic resistance against the psycho-analytic method. In: *Clinical Papers and Essays on Psycho-Analysis*, p. 303-311. London: The Hogarth Press, 1955.

Abraham K (1924). A short study of the development of the libido, viewed in the light of mental disorders. In: *Clinical Papers and Essays on Psycho-Analysis*, p. 418-501. London: The Hogarth Press, 1955.

[22] Many depressions and states of resignation in elderly people can be ascribed to the difficulty in dealing with their progressively weakening capacities.

Aulagnier P (1975). *The Violence of Interpretation: From pictogram to Statement* [La violence de l'interprétation]. Sheridan A., translator. London and New York: Routledge, 2001.

Bion WR (1957). Differentiation of the psychotic from the non-psychotic personalities. In: *Second Thoughts: Selected Papers in Psychoanalysis*, p. 43-64. London: Heinemann.

Bion WR (1962a). A theory of thinking. In: *Second Thoughts: Selected Papers in Psychoanalysis*, p. 110-119. London: Heinemann.

Bion WR (1962b). *Learning from Experience*. London: Karnac Books.

Bion WR (1967a). Notes on memory and desire. In: *Cogitations*, p. 380-385. London: Karnac.

Bion WR (1967b). *Second Thoughts: Selected Papers in Psychoanalysis*. London: Heinemann.

Bion WR (1970). *Attention and Interpretation*. London: Tavistock.

Bion WR (1973-1974). *Brazilian* Lectures. 2 vols. Rio de Janeiro: Imago.

Bion WR (1991), *A Memoir of the Future. Books 1-3*. London:Karnac.

Bion WR (1992). *Cogitations*. London: Karnac.

Curi Novelli M (2004). *Dal vuoto al pensiero* [From Emptiness to Thought]. Milano: Ed. F. Angeli.

Curi Novelli M (2010). *Lavorare con il gruppo specializzato* [Working with a Specialized Group]. Milano: Ed .F. Angeli.

De Masi F (1999). *The Sadomasochistic Perversion: The Entity and the Theories* [La perversione sadomasochistica]. Slotkin, P, translator. London: Karnac 2003.

De Masi F (2012). *Work with Difficult* Patients [Lavorare con i pazienti difficili]. Slotkin, P, translator. London: Karnac 2015.

Faimberg H (). *The Telescoping of Generations: Listening to the Narcissistic Links between Generations*. London and New York: Routledge

Freud S (1911). Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides). **SE** 12, p. 3-84.

Freud S (1914). On Narcissism: An Introduction. **SE** 14, p. 67-102

Freud S (1915). Instincts and their Vicissitudes. **SE** 14, p. 109-140.

Freud S (1917). Mourning and Melancholia. **SE** 14, p. 237-260.

Freud S (1924). The loss of reality in neurosis and psychosis. **SE** 19, p. 183-187.

Freud S (1927). Fetishism. **SE** 21, p. 149-158.

Freud S (1937). Analysis Terminable and Interminable. **SE** 23, p. 209-253.

Green A (1986). *Life Narcissism Death Narcissism* [Narcissisme de vie narcissisme de mort]. Weller A, translator. London: Free Association Books, 2001.

Green A (1984). *The Work of the Negative* [Le travail du négatif]. London: Free Association Books, 1999.

Grotstein JS (2007). *A Beam of Intense Darkness*. London: Karnac.

Grotstein JS (2009). *But at the Same Time and on Another Level… Psychoanalytic Theory and Technique in the Kleinian/Bionian Mode*. Vol 1. London: Karnac.

Kaes R, Faimberg H, Enriquez M, Baranes JJ (1995). *Transmission de la vie psychique entre générations* [Transmission of Psychic Life between Generations]. Paris: Dunod.

Kernberg PF (1975). *Borderline Conditions and Pathological Narcissism*. New York: Jason Aronson.

Kernberg PF (1976). *Object Relations Theory and Clinical Psychoanalysis*. New York: Jason Aronson.

Klein M (1940). Mourning and its relation to manic-depressive states. *Int J Psychoanal* **21**: 125-153.

Klein M (1960). *The Psychoanalysis of Children* [Die Psychoanalyse des Kindes]. Strachey A, translator. New York: Grove Press Inc.

Klein M (1957). Envy and gratitude. In: *The Writings of Melanie Klein: Envy and Gratitude and Other Works 1946-1963* [Schriften 1946-1963], p. 173-235. New York: Delacorte, 1975.

Kohut H (1981). *The Search for the Self: Selected Writings of Heinz Kohut 1978-1981*. Ornstein P, editor. London: Karnac 2011.

Lucchetti (2009). La strettoia traumatica di fine analisi [The traumatic tight spot of the end of analysis]. *Psicoterapia Psicoanalitica* XVI, 1: 13-21

McDougall J (1989). *Theatres of the Body: A Psychoanalytic Approach to Psychosomatic Illness* [Théâtres du corps: Le psychosoma en analyse]. London: Free Association Books.

Meltzer D (1973a). *Sexual States of Mind*. London: Karnac 2008.

Meltzer D (1992). *The Claustrum: An Investigation of Claustrophobic Phenomena*. London: Karnac 2008.

Miller A (1994). *The Drama of the Gifted Child: The Search for the True Self* [Das Drama des begabten Kinds]. Ward R, translator. New York: Basic Books 2007.

Money- Kyrle R (1971). The aim of psychoanalysis. *Int J Psychoanal* **52**: 103-106.

Poincaré H (1908). *Science and Method* [Science et méthode]. Maitland F, translator. London: Thomas Nelson and Sons 1914.

Reich W (1933). *Character Analysis* [Charakteranalyse]. Carfagno, V, translator. New York: Farrar, Straus and Giroux 1980.

Rosenfeld HA (1965). *Psychotic States: A Psychoanalytic Approach*. London: Karnac.

Steiner J (1993). *Psychic Retreats*. London and New York: Routledge.

Winnicott DW (1971). *Playing and Reality*. London and New York: Routledge.

Winnicott DW (1965). *Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. London: Hogarth Press.

Winnicott DW (1958). *Collected Papers. Through Paediatrics to Psycho-analysis*. London: Tavistock Publications.

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