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Identity, Culture in an Era of Globalization

Shridhar Sharma (Delhi, India)

Identity is an umbrella term used throughout the social sciences to describe a person's conception and expression of individuality. Identity is also people's source of meaning. It is a developmental process occurring within the personality and has a powerful socio-cultural context within which it is formed. Identity formation is a universal feature of human experience. In this respect, cultural domain of identity is known as ethnic identity. The present era of globalization has significant ramification in all spheres of contemporary human phenomena of existence. The corrosive power of globalization is slowly but certainly destroying identities.

Keywords: ethnic identity, globalization, culture, identity

Objective

The overall purpose of this article is three fold:

- a) to explain the concept of identity, culture, and globalization,
- b) to establish the linkages between them, and
- c) to elucidate how globalization is changing our culture and identity.

Identity is an umbrella term used throughout the social sciences to describe a person's conception and expression of individuality. In philosophy, the term identity, from Latin 'identitas', 'sameness', is the exact sameness of things. The concept of sameness has given rise to the general concept of identity, as in personal identity and social identity. Identity is thus, people's source of meaning and experience. 'Identity' is the entire personality of a human being in his uniqueness with physical, biological, psychological, and societal, components including ethical nature. Since ERIKSON (1959) writing on identity formation and MARCIA's (1966) further explanations of identity status model, scholars have emphasized identity as a developmental process. It is also a common assumption that identity-formation is a universal feature of human experience. A psychological identity relates to self-image, a person's mental model of him or herself, self-esteem, and individuality.

The term 'identity' also refers to the capacity for self-reflection and the awareness of self. While sociology places some explanatory weight on

the concept of role-behavior including group behaviour. Accordingly the notion of identity negotiation may arise from the learning of social roles through personal experience (COLTE 1966). Thus, there is identity of the individual, of groups, and the identity of societies, which are constantly communicating with each other. Psychologists most commonly use the term identity to describe personal identity, or the idiosyncratic things that make a person unique. Eriksonian (1963) framework rests upon a distinction among the psychological sense of continuity, known as the ego identity, sometimes identified simply as 'the self'. While the personal idiosyncrasies that separate one person from the next, known as the personal identity; and the collection of social roles that a person might play, are known as either the social identity or the cultural identity.

It is also necessary to clarify that self is distinct from identity (MARKUS, KITAYAMA 1991). Different people have different perceptions about the self. One person may look inwards, so that all external parameter are perceived to lie on the periphery and acquire substance only when they are internalized. Another may perceive the self as something formed and guided by the external parameters that is society, cultural inheritance, and the prevalent ideologies in a group. He may approve and disapprove of them. From the vantage point of self-psychology, there are two areas of interest: the processes by which a self is formed, the 'I', and the actual content of the schemata which compose the self-concept, the 'Me' (KANAGAWA et al. 2001; ENGLISH, CHEN 2007).

Relating, the self-concept to self-esteem, the differences between complex and simple ways of organizing self-knowledge, and the links between those organizing principles and the processing of information are interrelated. So identity formation is the process of the development of the distinct personality of an individual regarded as a persisting entity, known as personal continuity, in a particular stage of life in which individual characteristics are possessed by which a person is recognized or known, such as the establishment of a reputation. It is the process which defines individuals to others and themselves. Pieces of the entity's actual identity include a sense of continuity, a sense of uniqueness from others, and a sense of affiliation. Identity formation also leads to a number of issues of personal identity and an identity where the individual has some sort of comprehension of him or herself as a discrete, separate entity.

This may be through individuation whereby the undifferentiated individual tends to become unique, or undergoes stages through which differentiated facets of a person's life tend toward becoming a more indivisible whole.

E. H. ERIKSON (1968) further explored identity development and observed that Identity crisis is the failure to achieve ego identity during adolescence. The stage of psychosocial development in which identity crisis may occur is called the 'identity cohesion' versus 'role confusion' stage. During this stage of adolescence, we are faced with physical growth, biological, and sexual maturation, and integrating our ideas of ourselves and about what others think of us. As a part of the development process, we form our self-image and endure the task of resolving the crisis of our basic ego identity. Successful resolution of the crisis depends on one's progress through previous developmental stages, centering on issues such as trust, autonomy, initiative, and guidance. Those who emerge from this stage with a strong sense of identity are well equipped to face adulthood with confidence and certainty. ERIKSON (1980) observed that those who fail to achieve a cohesive identity—who experience an identity crisis—will exhibit a confusion of roles not knowing who they are, where they belong, or where they want to go. This sort of unresolved crisis leaves individuals struggling to 'find themselves'. They may go on to seek a negative identity. Pathological identity development, through alienation of oneself and which may even involve crime or drugs or the inability to make defining choices about the future.

So the basic strength that should develop during adolescence is fidelity, which emerges from a cohesive ego identity. ERIKSON described those going through an identity crisis as exhibiting confusion.

They often seem to have no idea who or what they are, where they belong or where they want to go. They may withdraw from normal life, not taking action or acting as they usually would at work, in their marriage or at school. ERIKSON felt that in addition to family, peers have a strong impact on the development of ego identity during adolescence. He believed that association with negative groups such as cults or fanatics could actually restrict the developing ego during this fragile time. Fidelity is known to encompass sincerity, genuineness and a sense of duty in our relationships with other people. Thus identity is described as "a sub-

jective sense as well as an observable quality of personal sameness and continuity, paired with some belief in the sameness and continuity of some shared world image” (SCHWARTZ 2001). Then it will be possible for a person to have healthy contact, to be empathetic and will be able to resolve day to day conflicts easily.

Identity as cultural power

We may now examine identity, as a cultural power, which surely lies at the heart of our contemporary cultural imagination. The more robust view of the ‘power of identity’ is one to which anyone surveying the dramatic rise of social movements based around identity positions, gender, sexuality, religion, ethnicity, nationality, might easily subscribe. So, by recognizing the significant cultural source of resistance to the power of globalization goes a long way towards getting this power in perspective.

Understanding that what we call ethnic ‘identity’ may not be a universal, but just one particular, modern, way of socially organizing. The social psychology of attachment to a locality or a group is a powerful phenomenon, but it is also a complex one, with different possible modes of articulation and different consequent implications for people’s sense of self and of existential well-being in the context of their religion, social status and national identity.

Concept of culture

Culture is socially transmitted knowledge shared by same group of people, everything that people have, think, communicate and do as members of society including the non-biological means of human adaptation. Hence all cultures are made up of ideas, values and attitudes and patterned ways of behaving (CHOI, CHOI 2002; BERRY 2007). Culture is thus defined as “That complex which includes knowledge, belief, art, morals, law, customs and any other capabilities and habits acquired by man as a member of society”. Culture is a collective programming of the mind that distinguishes the member of one group or category of people from another. Cultural identity involves at its core a sense of attachment or commitment to a cultural group and is thus both a cultural and psychological phenomenon (BHUGRA, BHUI 2007).

It is necessary to state that culture is learned and it is not inborn. We learn what the symbols stand for, not born with cultures we learn it from our parents, surroundings, and friends through enculturation. Enculturation is the process by which a society's culture is transmitted from generation to another. Everyone acquires culture after we are born. Children learn about their culture through observation of their parents, siblings, teachers, friends, and now they are greatly influenced by TV, films, and internet.

It will be also relevant to add that culture is based on symbols. In this context language is most important symbol. It is a primary means by which culture is transmitted from one generation to another. In the process language is more defined and developed.

Culture is also shared and it is not limited to an individual. We share the same meanings for symbols to be a part of a culture; it's a way of thinking and interacting by different means. So it results in a certain amount of regularity, predictability. However, there is variability in the sharing of culture i. e. age variation, ethnic factors, generation gaps and sex variation and thus in some ways males and females are different. Consequently culture is integrated and adaptive. All cultures are dynamic. They are ever-changing, non-static, referred to as cultural evolution. Many cultures today are very different from what they were say 100 years ago. But with passage of time, cultures do change (KIRMAYER, MINAS 2000). This cultural change can come from outside, domination of other culture, or inside, women entering work force and education. Culture change is also both by invention and diffusion, invention (internal)-new thing or ideas or diffusion (external)-spreading of cultural elements from one culture to another. In recent times modern communication is enhancing this process at a greater speed.

What is most distinctive about human beings is our capacity to acquire complex social learning over life span and this is sometimes treated as quite distinct from our biology. With parental anxiety sensitivity influencing parenting which in turn influences the next generation's anxiety, sensitivity. Such intergenerational transmission through biological mechanisms can be moderated or reversed by cultural practices that regulate child rearing or other social learning experiences. Related to this, there is a question, is culture something that resides in the psyche of individuals,

inscribed through social learning in the circuits of the brain? These are some of the areas, which are emerging and require more research though we have some knowledge on these aspects.

Now, we may describe globalization; it is a system which is dictated by an ideology. The ideology is that of 'market forces economics', where the invisible hand of the market mechanism is allowed to operate unimpeded. There are three major components of globalization, which include communication, technology and economics. It is also a social process, to attain harmonization in the world, and where economic and technological power is used to control political power (SHARMA 2006, THOMPSON 1999). In today world, the communication technology is emerging as a powerful tool. This tool is increasing interconnected between societies such that events in one part of the world, increasing have effects on people and societies far away. The process which is generated by communication technology has both a negative and positive aspects (LULL 2001).

Linkage between globalization and identity

To begin with, let me sketch the implicit reasoning behind the assumption that globalization is changing our culture and identities. Once upon a time, before the era of globalization, there existed local, autonomous, distinct, and well-defined, robust and culturally sustaining connections between geographical place and cultural experience. These connections constituted one's, and one's community's, 'cultural identity', which every individual and society cherished. So, cultural identity was something people simply 'had' as an undisturbed existential possession, an inheritance, a benefit of traditional long dwelling, of continuity with the past. Every individual belongs to a culture, whether they are conscious of it or not. Often it is only when we come into contact with another culture that we become aware of the values, social structures and behaviours that mark out our own culture as distinctive. This situation arises regularly when migrant groups, find themselves living in close proximity to those, who represent the host culture (BHUGRA et al. 2010; BERRY 2008).

Identity, then, like language, was not just a description of cultural belonging; it was a sort of collective treasure of local communities. But it was also discovered to be something fragile that needed protecting and

preserving that could be lost into this world of manifold, discrete, but to various degrees of corrosive power of globalization (MOYERAN, FORMAN 1992)

During the last few decades globalization, has swept like a flood tide through the world's diverse cultures, destroying stable localities, displacing peoples, bringing a market-driven 'branded' homogenization of cultural experience, thus obliterating the differences between locality-defined cultures which had constituted our identities. Though globalization has been judged as involving 'a general process of loss of cultural diversity', some of course did better, some worse out of this process (ARNETT 2002).

There could be three distinct views on this aspect, first cultural identity is not likely to be the easy prey of globalization, second globalization destroys cultural identity and third globalization helps in proliferation of identities and hybridization of culture and cause problem.

To illustrate the above view, M. CASTELLS (2009) devoted an entire volume of his celebrated analysis of 'The information age' to the proposition that: 'Our world and our lives are being shaped by the conflicting trends of globalization and identity.' For CASTELLS, the primary 'opposition to the power of globalization' lies in 'the widespread surge of powerful expressions of collective identity that challenge globalization. Far from being the fragile flower that globalization tramples, identity is seen here as the upsurging 'power of local culture that' offers (albeit multi-form, disorganized, and sometimes politically reactionary) 'resistance' to the centrifugal force of globalization. The deterritorializing force of globalization thus meets a structured opposition in the form of what is called 'banal nationalism'.

It is also rightly argued that globalization destroys localities, as, for example, in the crude homogenization thesis, everywhere becoming blandly culturally uniform, but that cultural experience is in various ways 'lifted out' of its traditional 'anchoring' in particular localities. One way of understanding this is to think about the places we live in as being increasingly 'penetrated' by the connectivity of globalization. We may live in places that retain a high degree of distinctiveness, but this situation is no longer, possible as it may have been in the past, the most important determinant of our cultural experience.

Today modern culture is less determined by location because location is increasingly penetrated by 'distance'. The more obvious examples of this sort of penetration of localities are in such areas of mundane cultural experience as our interaction with globalizing media and communications technologies, television, mobile phones, email, the internet, or in the transformation of local into increasingly 'international' food cultures, dress, and fashion designs (THOMPSON 1995, SIMON 2004).

Cultural existence which brings globalized influences, forces, experiences and outlooks into the core of our locally situated life world. Television news brings distant conflicts into the intimate spaces of our living-rooms, 'exotic' tastes become routinely mixed with domestic ones, assumptions we make about the health and security of our families now routinely factor in an awareness, however vague, of global contingencies such as environmental risk or stock-market stability. For the remaining part of this discussion, I shall try to sketch some of the implications of what we can call this proliferating but 'uneven' generation of identity, focusing on the key issue of the challenge this poses to the coherence of individual, group, and national identities (ARNETT 2002).

National identity is itself testament to the power of the globalization of modernity. It is clear from this that the nation and national identity are not in danger of imminent collapse. But the very dynamism and complexity of globalization is such that the stability of this form of identification is not guaranteed indefinitely. The truth in the claim that national identity is threatened by globalization lies in the fact that the proliferation of group identity positions may be producing challenges to the dominance of national identity.

Thirdly, we may examine whether proliferation of identities cause problems and if yes, what type of problem it causes. The emergence of 'hybrid' cultural identities as a consequence both of the multicultural constitution of modern nation states and of the emergence of transnational forms of popular culture is one such example. Significant as this trend is, there is a danger that the concept of hybridity may be expected to do too much explanatory work and, indeed, that the idea of continual hybridization as the destination of global cultures may be overstated.

The assumption that biology is universal and culture local, ignores the fact that biology is the major source of human variation, not only in

terms of genetic variation, but as a result of differences in environment, diet and other facets of people's way of life. The cultural environment does not act primarily through natural selection. Stable patterns of behaviour are acquired through child rearing and experiences over the life course and are transmitted across generations by a variety of mechanisms of learning. It is a fact that emotions are universal, biological, but expression of emotions are culture specific, identity. This is the reason, why we find differences in emotional behaviour of groups.

The forces of globalization, expressed through telecommunications, mass media, rapid transportation, and economic exchange, result in the interpenetration of increasingly mobile social worlds. This mobility and interpenetration create new forms of hybrid identities of creolization that are now commonplace. Globalization leads at once to greater homogenization and hybridization and, in a reactionary response, to reassertions of difference and efforts at boundary demarcation. Hybridity may also indirectly serve the forces of globalization.

In opposition to the interest in cultural diversity as novelty, there is a longing for the familiar and for community that provides a safe haven in an accelerated world of fragmented, displaced and devalued identities. Within receiving countries, first of hospitality and then of anxiously, constructing barricades against the other. The migrations and the resistance against inclusion are driven by forces that are fundamentally about issues of equity of disparity between the haves and have-nots.

Globalization demands new ways of thinking about culture in terms of hybridization, turbulence, in the area of individual, group identities, and national identities. The process of cultural globalization is causing visible changes in both individual and group identity universally. The 'cultural identity' was something people had cherished as an undisturbed existential possession, in which there is an inheritance of continuity with the past. So, the corrosive power of globalization is slowly but certainly destroying identities of individuals, groups, and also national identity. Such disturbances in identity development can turn up in every phase of this life long process.

Identity is certainly people's source of meaning and experience. Cultural fragmentation, hybridization, narcissistic identities, postmodernism, and localization strategies are as part of cyclical phases of the world sys-

tem. Such phenomena existed at certain points in past cycles, they could well do so again in the future and now it is our responsibility to focus our energies on this aspect and to respond to new challenges.

Zusammenfassung

Identität ist ein Sammelbegriff, der innerhalb der Sozialwissenschaften verwendet wird, um zu beschreiben, wie eine Person ihre Individualität wahrnimmt und ausdrückt. In der Philosophie meint der Begriff der 'Identität', abgeleitet vom lateinischen 'identitas' (Gleichheit), die exakte Gleichheit von Dingen. Das Konzept der Gleichheit gab Anlass zum allgemeinen Konzept der Identität sowohl als persönliche als auch als soziale Identität. Identität umschreibt sie gesamte Persönlichkeit eines Menschen in seiner physischen, psychischen, biologischen und sozialen Einmaligkeit, was auch ethische Implikationen hat. Seit ERIKSON 1959 die Identitätsformation beschrieb und seit Marcias weiteren Ausführungen zum Identitätsmodell (1966) haben Gelehrte betont, dass die Identität ein Entwicklungsprozess ist. Es ist auch unstrittig, dass die Identitätsentwicklung eine universelle menschliche Erfahrung bedeutet. Die psychologische Identität bezieht sich auf das Selbstbild, die mentale Repräsentation, die eine Person von sich hat, das Selbstwertgefühl und die Individualität. Der Begriff Identität bezieht sich auch auf die Fähigkeit zur Selbstreflektion und die Bewusstheit des Selbst.

Die Soziologie ergänzt hierzu noch die Bedeutung von sozialen Rollen einschließlich der Gruppennormen, was zur Kritik der Leugnung von Identität durch das Rollenkonzept geführt hat (COLTE 1966). Es gibt also eine Identität des Einzelnen, eine Identität von Gruppen und von Gesellschaften, die ständig miteinander kommunizieren. Psychologen beschränken den Begriff der Identität meistens auf das Individuum oder andere idiosynkratische Aspekte, die eine Person einzigartig machen. Der Bezugsrahmen von ERIKSON (1963) beruht auf einer Betonung des psychologischen Sinns der Kontinuität, bekannt als Ich-Identität, manchmal auch einfach das Selbst genannt. Während die persönlichen Idiosynkrasien bzw. Besonderheiten die Personen voneinander unterscheiden, verbinden die verschiedenen sozialen Rollen, die jemand spielen kann, als soziale oder kulturelle Identität die Individuen miteinander.

Es ist ebenfalls nötig klarzustellen, dass der Begriff des Selbst von dem der Identität zu unterscheiden ist (MARKUS, KITAYAMA 1991). Verschiedene Menschen haben verschiedene Wahrnehmungen über das Selbst. Der Eine mag nach innen schauen, so dass alle externen Parameter als peripher wahrgenommen werden und nur an Bedeutung gewinnen, wenn sie verinnerlicht werden. Der Andere mag das Selbst als etwas wahrnehmen, das durch externe Parameter geformt und geleitet wird, wie z. B. die Gesellschaft, das kulturelle Erbe oder die vorherrschende Weltanschauung einer bestimmten Gruppe, ob er dieser nun zustimmt oder sie ablehnt.

Aus der Sicht der Selbst-Psychologie sind zwei Bereiche von Interesse: die Prozesse, durch die das Selbst, das 'Ich', geformt wird, und die aktuellen Inhalte der Schemata, aus denen sich das Selbstkonzept, das 'Mich', bildet (KANAGAWA et al. 2001; ENGLISH, CHEN 2007). Das Selbstkonzept des Selbstwerts, die Unterschiede zwischen komplexen und einfachen Organisationsformen der Selbsterkenntnis und die Verbindung zwischen diesen Organisationsprinzipien und der Informationsverarbeitung müssen zueinander in Beziehung gesetzt werden.

Die Identitätsformation ist der Entwicklungsprozess einer bestimmten Persönlichkeit eines Individuums im Sinne einer fortbestehenden Einheit, auch persönliche Kontinuität genannt, in einem bestimmten Lebensabschnitt, in dem bestimmte individuelle Eigenschaften einer Person zugeschrieben werden, wie etwa eine bestimmte Reputation. Es ist dieser Prozess der die Individuen für andere und für sich selber beschreibt. Teile der Gesamtheit der aktuellen Identität beinhalten einen Sinn der Kontinuität, der Unterschiedlichkeit von anderen, und ein Gefühl der Zusammengehörigkeit. Die Identitätsformation führt außerdem zu einer Reihe von Annahmen über die eigene Identität und die Wahrnehmung, eine eigenständige Person zu sein. Dies geschieht durch die Individuation, in der das undifferenzierte Individuum tendenziell einmalig wird, bzw. Stationen durchläuft, in denen verschiedene Facetten des individuellen Lebens sich zu einem sichtbaren Ganzen formen.

ERIKSON (1968) erforschte die Entwicklung der Identität und beobachtete dass eine Identitätskrise das Versagen (sei), Ich-Identität während der Adoleszenz zu erreichen. Das Stadium in der psychosozialen Entwicklung, in welchen eine Identitätskrise auftreten kann, wird als Stadi-

um der 'Identitätskohäsion versus Rollenkonfusion' bezeichnet. In dieser Phase der Adoleszenz sind wir mit körperlichem Wachstum, biologischer und sexueller Reifung und der Integration dessen, was wir selbst und andere über uns denken konfrontiert. Als Teil dieses Entwicklungsprozesses erschaffen wir unser Selbstbild und meistern die Aufgabe, unsere Identitätskrise zu lösen. Ob die Lösung der Krise gelingt, hängt davon ab, wie erfolgreich wir waren, frühere Entwicklungsschritte zu meistern, insbesondere im Sinne von Vertrauen, Autonomie, Aktivität und auch Anleitung. Wer aus diesem Stadium mit einem starken Gespür für seine Identität hervorgeht, ist gut ausgerüstet, sich als Erwachsener sicher und zuversichtlich zu fühlen.

ERIKSON (1980) beobachtete dass Personen die es nicht schaffen eine Identitätskohärenz zu erreichen, die also eine Identitätskrise erleben, eine Rollenkonfusion zeigen werden, indem sie nicht wissen, wer sie sind, wohin sie gehören und wohin sie gehen möchten. Diese Art ungelöster Krise belässt die Individuen im Kampf sich 'selbst zu finden'. Sie laufen Gefahr, eine negative Identität anzunehmen. Eine pathologische Identitätsentwicklung als Entfremdung von sich selbst, kann zu Kriminalität oder Drogenmissbrauch führen und der Unfähigkeit, Entscheidungen für die Zukunft zu treffen.

Die Hauptstärke, die also während der Adoleszenz zu entwickeln ist, ist die Kongruenz (fidelity), die aus einer zusammenhängenden Ich-Identität resultiert. ERIKSON beschrieb Menschen, die eine Identitätskrise durchmachen, als konfus. Oft scheint es, dass sie keine Vorstellung darüber haben, wer oder was sie sind, wohin sie gehören und wohin sie gehen wollen. Sie können sich vom Alltagsleben zurückziehen und weder am Arbeitsleben, Familie oder Schule teilhaben. ERIKSON nahm an, dass zusätzlich zur Familie auch die Peergruppe einen starken Einfluss auf die Identitätsentwicklung bei Jugendlichen hat. Er glaubte, dass die Zugehörigkeit zu negativen Gruppen wie Kulturen oder fanatischen Kreisen dass sich entwickelnde Ich in dieser fragilen Zeit beschädigen kann. Die Kongruenz führt bekanntlich zu Ernsthaftigkeit, Echtheit und Pflichtgefühl in unseren Beziehungen zu anderen. Auch AMMON betonte dies für die Entwicklung der menschlichen Identität und konstatierte, der Mensch entwickelt sich in Gruppen. Die Gruppe integriert den Einzelnen und die Identität differenziert ihn aus der Gruppe heraus (vgl. AMMON 1982).

Es besteht also eine große Nähe zwischen dem Einzelnen und der Gruppe. Identität ist nun sowohl ein subjektives Gefühl als auch eine objektiv beobachtbare Qualität persönlicher Übereinstimmung und Kontinuität, gepaart mit einem Glauben an die Übereinstimmung und Kontinuität eines gemeinsamen Weltbildes. Dies ist die Voraussetzung dafür, dass ein Mensch kontaktfähig und empathisch ist und Konflikte lösen kann, während eine destruktive Gruppe Probleme nach außen agiert.

(Deutsche Zusammenfassung: Gisela Finke)

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Group Therapies With Psychotic Patients, Borderline States, and Narcissistic Organizations in Institutions: Proposition of a Therapeutic Program

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The general psychopathologies characteristics of psychotic, borderline, and narcissistic patients, including their defense mechanisms and analyzability criteria are given and analyzed. In an institutional setting we may combine the use of a large community group, focused on the institution problems and small therapeutic or rehabilitation groups, axed on the individual's problems. These approaches may be combined with family or multifamily therapies and individual interventions. Sociological, anthropological and psychodynamic dimensions are present and included in these different interventions. In this context, each individual is seen in a network of relationships, in which he organizes, develops and even corrects his own personality. Research should explain and reconfirm this point of view

Keywords: psychosis, borderline starts, narcissistic organizations, psychoanalysis theory and technique, group analysis, community therapy

1. Psychotherapeutic intervention in institutions and in the community

The ultimate goal of any therapeutic or rehabilitative intervention in individuals with mental health problems is that they should reach a state of equilibrium in their functioning and in their mental health that would allow their integration, or reintegration, into the community.

To obtain an improvement in mental health good enough to achieve these goals, sometimes it is necessary to institutionalize the individuals in question. But the primary goal of such action must always be their reintegration in the community.

Now, such action is directed above all to the most severe mental health problems, such as psychoses and connected personality disorders, borderline states and narcissistic organizations.

Nowadays, disorders of these types are more common than neuroses and those who suffer from them also tend to demand the support of psychotherapists more often than those who suffer from the last disorders referred. In addition they must often require admission to an institution,

so that they may be treated by means of a therapeutic or rehabilitative intervention.

FREUD, when he began developing the theory and technique of psychoanalysis, believed that this therapy was indicated first and foremost in the treatment of neurosis and, within these, of those that might develop a transference situation that could be worked through analytically, which he named transference neurosis. Their analysis and working through permitted a reorganization of the individual's personality by reliving the relationships with childhood figures and specifically with the parental figures, in a more tolerant and understanding situation than in the past and which was ultimately, the relationship with the analyst.

It was however necessary to wait for the work of FEDERN (1947), Frieda FROMM-REICHMANN (1955), and SECHEKAYE (1951), and ROSEN (1953) for analytical psychotherapy of psychoses to develop. For these authors the freudian hypothesis of the inefficacy of psychoanalysis in the treatment of psychoses, even if FREUD also tried to understand their psychopathology more deeply, is the result of a counter-transferential attitude in relation to these patients. They make use of symbolic communications and non-verbal interventions and seek to transform psychotic resistances, which are harder to work on, into others of a neurotic type, that are more amenable to analysis and working through.

As regards abnormal personalities, similar studies have been carried out, among others, first by KNIGHT (1953), than by WINNICOTT (1958, 1965, 1971) and more recently by BERGERET (1979, 1992) and O. KERNBERG (1975a/b, 1976, 1978, 1980a/b/c, 1984), who have also developed the need of transforming the particular resistances of these individuals into neurotic resistances.

2. Personality characteristics and psychoanalytic treatment of psychoses and personality disorders

In addition to the contributions of the aforementioned authors, who developed the psychoanalytical study of psychoses, it is the work of M. KLEIN and her followers, such as BION (1956), MELTZER (1967, 1975), and ROSENFELD (1965), of the middle group of British analysts, such as BALINT (1939, 1952), WINNICOTT (1965, 1971), P. HEIMANN (1950,

1960, 1962), and others, and of self psychology, KOHUT (1977), that has contributed most to the understanding of the psychotic individual.

For the kleinians and, to some extent, the middle group, psychotics develop a regression to M. KLEIN's paranoid-schizoid position (1928), which nevertheless occurs in personalities that have already reached the depressive position.

For his part, KOHUT (1971) showed the importance of the primary narcissism stage both directly and through one its two immediate substitutes, the grandiose self or the idealized parental imago. Development of these concepts occurred following the critique of FREUD's original ideas about that entity (On narcissism, 1914) and their replacement by the so-called double-axis theory, according to which the individual, alongside his object investment needs, displays other simultaneous needs for investment in the self. For KOHUT (1977) and KOHUT, WOLF (1978), all forms of psychopathology and psychoses in particular, are linked to disorders of the self-object relationship in the childhood self.

This evolution led to the development of the concept of the self-object. In his view, self-objects are understood as entities required to meet the basic requirements of individuals conceptualized as functions. Thus KOHUT sees people not as completely autonomous entities but rather as individuals with centers of autonomy, with their own needs.

These facts, in particular the regression to the paranoid-schizoid position already mentioned, explain the development of a splitting of the ego, which the phenomenologist's refer to as *spaltung*.

The defense mechanisms specific to psychoses are the splitting, introjection, projection and denial described by Anna FREUD (1936), to which M. KLEIN (1926, 1946) added projective identification.

The structural organization of psychosis is the product of all these facts:

- split, divided ego, poorly adapted to reality. Loss of synthetic integrative functions,
- cruel and demanding superego, with archaic (M. KLEIN 1928) or early oedipal (RACLOT 1986) characteristics. Ego ideal very instinct from reality,
- Id functioning almost at conscious level,
- aforementioned defense mechanisms.

We find a number of personality disorders with a similar structural organization, such as schizoid, schizotypal, and paranoid personalities, in which some or all of the personality characteristics described above, are found, even if, in this last case, no psychiatric symptoms, strictly speaking are present.

These personality disorders are close to others that stand between them and the neurotic personalities and in which we will include borderline states and narcissistic personality organizations. WINNICOTT (1965, 1971), BERGERET (1992), and Otto KERNBERG (1975a, 1980c) studied these personality types particularly.

According to BERGERET and WINNICOTT, this type of personality, like others moreover, differentiates itself from the individual-environment totality in which the former, the individual, is unable to develop appropriately, thus giving rise to personalities that are poorly structured with a strong depressive nucleus, but that despite this generally maintain a reasonable relationship with the community and the surrounding world.

This is called by the authors the false-self concept: Otto KERNBERG (1975, 1976, 1980, 1984) considers that the Object Relations Theory (ORT) constitutes a special focus within the structural point of view, connecting the structure with the evolutive, genetic and dynamic aspects of mental functioning. He speaks of units of self and object representations, determined by changes in affects.

He considers that in borderline states, as in narcissistic organizations, object relations have special characteristics that are linked to the aspects of functioning mentioned above and to the very organization of those personalities, these object relations being conceptualized from the development and interaction of units of the self and object representations that are opposed and appear as determinants of the individual's behavior.

Defense mechanisms are thus centered on the dissociation of contradictory ego states rather than on repression. Their transferences are thus essentially different from other similar and more common developments that are seen in people with a better psychic performance. Lastly, their primitive drives, or instincts, as J. STRACHEY (1951) prefers to call them, are not unconscious, but are dissociated in consciousness.

In his theory of object relations, unconscious intrapsychic conflicts are

not elementary conflicts between drives and defenses, but rather conceptualized as happening between self and object representations, under the impact of a given derivative on the impulse, clinically, a certain disposition of affect, as we have seen, with other contradictory or opposing self and object units, under the impact of the respective dispositions of affect.

That is to say, the derivative of the drive finds its expression through a given primitive objective relation, a certain unit of self representation and object representation, and, on the other hand, defense will also express itself through a given internalized object relation. Conflict thus arises between those intrapsychic structures.

Thus the psychopathology of symptomatic neuroses and minor character neuroses is determined by inter-systemic conflicts, between integrated systems of ego, superego and id. In contrast, in the psychopathology of borderline states and narcissistic organizations an integration of the main intrapsychic aspects is not achieved. Therefore, the conflicts are largely or mainly intrasystemic, within the undifferentiated matrix of the self.

The difference between the structures specific to borderline states and narcissistic organizations lies in the existence, in the latter, of a feeling of omnipotence, linked to a functioning of the self and revealed by a feeling of grandiosity: grandiose self.

Thus, these are personality types that are a long way from the transference neuroses that FREUD considered paradigmatic of entities suitable for psychoanalytical treatment. As in psychoses, the aim here is to change these defense mechanisms into others of a neurotic type, more amenable to analysis and working through.

What then is the feasibility of carrying out this change, in one case and in the other? In other words, what are the criteria of analyzability in these two types of situation: psychosis and personality disorder?

3. Criteria of analyzability

FREUD identified the development of the following general features in individuals as fundamental aims in therapeutic psychoanalysis:

1. ability to love and work (adaptive),
2. ability to make conscious the unconscious or

3. using a conceptualization closer to the structural theory, to achieve a situation whereby, 'where id was, there ego shall be'.

These are features that ultimately enable us to determine what we refer to as criteria of analyzability.

These three features are intimately connected with the individuals' following general characteristics: age, generally between 20 and 50 years, even if lately there is a trend to a widening of the range, possession of a speculative intelligence and good insight, relative absence of secondary benefits determined by illness and relatively high ego strength, expressed by capacity for social, sexual, and work achievements, and by the corresponding capacity to cope with frustrations, and with certain specific indications for the aforementioned treatment, such as the so-called transference neuroses, which FREUD considered to be the entities particularly suited to this type of intervention and, accessorially, traumatic neuroses, borderline states, the majority of personality and character disorders, psychosomatic disorders and, more rarely, certain psychoses.

On the other hand organic psychoses, oligophrenias, dementias, and certain particularly severe narcissistic and masochistic structures are formal contraindications for analytic therapy and do not meet the aforementioned criteria of analyzability.

In the case of transference neuroses, that is, of those psychopathological entities in which the analyzand constructs in his relationship with the analyst a framework of that type, neurosis, within which he will repeat, in his interaction with him, the attitudes that he held toward the figures of the past, and specifically the parental figures, in a situation marked by reality, the analyst's more understanding and tolerant attitude will allow him to restructure his internal functioning.

In case of psychoses and personality and character disorders, entities that epidemiological and clinical studies show to be more common than neuroses, and for which the help of psychoanalysts is more frequently sought, the organization of psychoses, personality or character disorders of the transference type will be seen. These analysts will help to organize and then analyze, through the corresponding defense mechanisms and structured transference he will then try to work through them with the analyzand.

Given their complex structure, as described above, these types of defense mechanisms and transference situations are particularly difficult to analyze and naturally much more so than neurotic ones. For that reason the analyst's main task in analyzing them is to attempt to change them into neurotic defenses, which will allow the analytic process to be carried out more rapidly and completely.

Thus, the analyzability of these situations is given by the extent to which they can be changed, through the analysis of their defense mechanisms and transference relationships, into neurotic situations, which are more amenable to a fuller analysis and working-through.

4. Establishing a treatment and rehabilitation program in a treatment unit

From what we said above, we may conclude that the users who require admission in order for a treatment or rehabilitation process to be carried out are precisely psychotics and those suffering from the more severe personality disorders.

Since it is impossible to organize a psychoanalytical treatment, as the standard cure in an institution, we structure our intervention on the basis of a group analytical psychotherapy, which should be complemented by other approaches, focused in turn on the individual himself, on the institution in which the therapy is carried out, on the family and in the community where he will be inserted or reinserted.

We shall describe them in succession.

a. Group analytic psychotherapy, as the focus of therapeutic action in an institution

This therapy is fulfilled two or three times a week, for one hour and 15 minutes to one hour 30 minutes, in an approach followed according the classic work of MULLAN and ROSENBAUM in 1962 in small groups, with a total of eight to ten people on average per group. It is not the purpose of this intervention to establish, analyze, and work through the group transference neurosis, as this is impossible to achieve in the context of an admission that should not be prolonged beyond four months, at most, as

though its aim is the reinsertion of the individual in the community, as soon as possible.

Although this therapy could be continued in an out-patient setting, the fact is that some variables would have to be changed and although the therapy undertaken in an institution, might contribute to the development of this therapeutic process, it cannot just be inserted into it or complete it.

This action takes place within the relationship between the group analytic pattern, the set of attitudes developed by the group analyst in the group analytic matrix with an interpretative role and aiming at achieving a better understanding of the individuals' internal functioning and an individualization of their selves, and the group analytic matrix, network of relations, communication and analysis that will allow those goals to be pursued through incorporation of the pattern.

It is in this context, the referred relationship between the group pattern and matrix, that the analysis of emotions, defense mechanisms and object relations occur. Through this analysis, we seek for a better understanding of the individuals' internal functioning and for the development of their social relationships, that will determine, in a mirror reaction, their selves individualization. More specifically, the psychoanalytic pattern will convey a psychoanalytic culture to the group matrix, which will enable the matrix to develop and enhance the aforementioned analytical activity, particularly centered on the transferences analysis.

Bearing in mind the particular complexity of the personalities with which we are working in these situations, their analysis raises difficult problems, which we have already mentioned and which are linked to the very structure and organization of the selves.

In any case, the problem of organization, analysis and working-through of the group transference neurosis, which cannot be developed in the limited period of time available to us in this type of presentation, does not arise in these therapeutic interventions, but only the analysis of the various aspects mentioned above, organization and functioning of the personality and its defense mechanisms.

In case of intervention directed mainly at rehabilitation, this focus is complemented by the development of cognitive-behavioral models,

which include reinforcement of certain behaviors and discouragement of others, aversive or other similar techniques and development of the social skills of the individuals who make up the group.

This action must be backed up by a network of other actions: individual support, analysis of institutions, family psychotherapy and intervention in the community. Let us begin with the first of these.

b. Individual psychotherapeutic and psychopharmacological support individual support

This should be provided by a psychiatrist, with a group analytic training and experience in psychopharmacological management.

In fact, on the one hand, the majority of the users referred in this work need psychopharmacological support, especially the psychotic patients but also certain more severe personality disorders, and it is essential to have someone trained to provide it.

On the other hand, they sometimes need more personalized support to enable them to work more intensely on personal problems already identified or even worked on in group therapy, but that need to be gone into in more depth, given that they cannot be analyzed in the group situation during their short time of confinement.

The pros and cons of individual psychotherapeutic and psychopharmacological support being provided by the same person could be discussed, but it should be stressed that the individual undergoes a series of transference and counter-transference situations in the different therapies to which he is submitted in this scheme: group, individual, family, community action, intervention in the community. To add to these different variables another focused on the therapeutic relationship with a view to developing a psychopharmacological therapy would only complicate this situation.

Moreover, and regardless of the introduction of this new variable, the different problems of transference-counter transference interaction that these different therapies of analytical inspiration undertaken cross-wise, group, individual, institutional, community, family, raise are complex problems that call into question the individual's therapeutic progress. Therefore it is advisable to hold a weekly or bi-weekly meeting of the

various therapists involved in evils patient treatment, to study and analyze the evolution of the therapeutic process, as a whole, and to see how certain problems that occur in any of the different transferential and counter transferential relationships mentioned above impact on it, assessing them and, when appropriate, correcting them.

c. Institutional intervention

Another particularly important dimension is the meeting of a community group, with all the patients and staff members of our unit, which should take place daily, at the start of the work done in our department, for 75-90min. The way the institution and in particular our department operates should be discussed within this group, that will be, naturally, a large group.

The aim of this action is, on the one hand, to create a climate of understanding and tolerance, a general attitude of acceptance for the way, or ways, in which the users express themselves and, on the other, to allow them to influence the working of the institution in which they are being treated. Another aim is to create a general climate that favors progress of the psychotherapeutic process.

The purpose of this process is not a direct therapeutic action per se on users but rather to develop a sociological dimension that will facilitate subsequent integration or reintegration of the individuals into the community. Thus it has a predominantly social and institutional dimensions, that are fundamental for the development of the whole process.

d. Family intervention

Family therapy constitutes a fourth dimension. The individual belongs to a family and cannot be understood if we do not take this dimension into account.

The approach we advise is inspired by psychoanalysis and is aimed at developing insight within the family setting, and analyzing latent contents and unconscious factors. It also seeks to stimulate the interpersonal relationships and intimacy of the therapist with the family, while reducing censure and scapegoat mechanisms.

Its ultimate goal is to improve interpersonal relationships, reduce conflicts and lead to the development of socialization and subsequently individualization processes with the consequent differentiation of selves.

In addition, we use the perspective of object relations theory in family therapy, which ultimately constitutes a variant of the former approach.

Therapies based on this concept start with an analysis of the family interaction, from a perspective of the 'here and now', and of the corresponding feedback systems that maintain or indeed exacerbate the problems existing within the family and aim to modify the interpersonal and intrapsychic dynamic of its members, who are at the root of those situations.

Developed by the Kleinians and by SLIPP (1988) they use general systems theory to understand the family as an integrated unit and focus also on analysis of the interpersonal relationships and intrapsychic dynamics of the individuals who make up that entity.

They use techniques of analytical family psychotherapy, but give particular emphasis to the way in which internalized objects are split, thus giving rise to situations of projective identification in the different members of the group made up by the family and lead to the development of an unconscious system of conflicts. A symbiotic pattern of parental self-esteem maintenance nevertheless allows family cohesion and individual autonomy to be preserved.

A system of transference and counter transference interaction develops in this context; the therapist should be particularly alert to the latter (WINNICOTT 1971).

The unfolding of the process is centered here on three stages: the initial stage, at which the therapist develops a therapeutic alliance with the family in question that enables him to analyze, without manipulating or controlling, the pattern of the family relationship; the middle stage, during which interpersonal relationships are studied, always seeking to connect them to infantile conflicts; and the final stage, at which the intrapsychic functioning of the individuals is analyzed and an attempt is made to work through personal conflicts and their dynamic evolution.

In this therapy, we use a multiple family approach, in which three or four families of patients of the same group-analytic group are followed weekly.

e. Community intervention

To develop this intervention, we should use the so-called self-help groups, volunteer groups, mental health education groups, citizens' groups, etc., to help us in raising the community awareness for the patients' problems and achieving its cooperation in an interaction with the individual.

Only in this way it will be possible to achieve our final goal: the reintegration of the individual into the community.

5. Research conducted or planned within the scope of this therapeutic program

The results of this program and the way it works should be analyzed and investigated. In the first place, at a clinical level, structured diagnostic scales should be used in this field.

The PSE (Present State Examination) generally used in the United Kingdom was very easy to use, but is now outdated.

Today we can use other scales:

- the DIS (Diagnosis Interview Schedule) applied to the DSM-IV (DIS-IV),
- the IDCL (International Diagnosis Checklist) applied to the ICD10, the computerized versions of both these scales are advantageous,
- the Structured Clinical Interview for DSM IV – Axis I Disorders or SCID-I, for studying clinical syndromes,
- the Structured Interview for DSM IV Personality (MSIDP), created to assess the personality functioning of study individuals, via DSM-IV,
- Structured Clinical Interview for DSM IV – Axis II Personality Disorders or SCID II, more precise than the former, but identical in its objectives,
- the DIPD IV (Diagnostic Interview for DSM-IV Personality Disorders) and DIB-R (Diagnostic Interview for Borderline) are even more precise than the above, but more difficult to use,
- lastly, where the aim is to assess the disabilities of these patients and the scope for their rehabilitation, the WHO DAS II (WHO Disability Assessment Schedule) may be used.

According to the case under study, we can use one of these scales to confirm the diagnosis made and/or evaluate the progress achieved with the treatment, giving one test at the start and another at the end of the therapy and assessing the differences and any improvement seen.

Investigation of these phenomena will make it possible to study and perhaps confirm the data referred to above. With the first group referred (PSE, DIS IV, ICDL, and SCID-I) we could study clinical syndromes, with the second (MSIDP, SCID, DIPD IV, and DIB-R) the personality functioning and with the third the disabilities occurred.

Moreover, psychological tests will also enable us to study any personality modifications that occur during therapy. Parallel forms of RORSCHACH, MMPI, and ROSENZWEIG can be used for this purpose.

In addition to these aspects, more linked to the therapeutic progress of the users, research can also focus on the evolution of the therapeutic process itself.

For example, according to the Ulm model, the psychoanalytic process has been described, from THOMÄ and KÄCHELE (1985) standpoint as a continuous, temporally unlimited therapy, focused with a changing site, centered on the analyst-analyzand relationship. An identical study could be carried out with the therapeutic scheme proposed here.

6. Conclusion

Our ultimate goal is the integration of the individual in the community in the best possible state of mental health.

In the case of users who suffer more severe disorders, such as psychoses and severe personality disorders: psychotic personalities, borderline states, and narcissistic organizations, among others; this goal often requires admission, total or partial, to an in-patients unit.

In this case and with a view to pursuing the stated goals a program was developed to achieve them, as well as to improve users' socialization and awareness of their own individuality.

This program was centered in the use of a group analytic psychotherapy, complemented by a series of other interventions, focused on the individual, in a dual psychotherapeutic and psychopharmacological dimension, on the institution, the family and the community.

They all seek to create a network of interactions designed to improve the overall functioning of individuals in their various dimensions, as people, in groups and within their family, institutional, and community relationships. An attempt is thus made to work at the level of community, group, and interpersonal relationships and intrapsychic functioning. This is an approach in which sociological, anthropological, and psychological aspects are present as therapeutic factors, not to mention the biological aspects that are of course at its root. All will contribute to the reintegration of the individual into the community, which constitutes our fundamental goal.

Investigation of these phenomena should confirm or refute these therapeutic perspectives.

Summary

The ultimate goal of any therapeutic or rehabilitative intervention in individuals with mental health problems should be the search of a state of equilibrium that would allow their integration in the community.

To obtain an improvement in mental health good enough to achieve these goals sometimes it is necessary to institutionalize the individuals in question

Such actions are directed above all to the most severe health problems, as psychoses and the connected personality disorders, borderline states, and narcissistic organizations.

The theory and technique of psychoanalysis was established in a first step, above all, for the treatment of neuroses and was centered in the development and working-through of a transference neurosis. But the works of FEDERN, Frieda FROMM-REICHMANN, SCHEKAYE, and ROSEN and, afterwards, of the Kleinian authors, with BION, MELTZER, and ROSENFELD, and the self psychologists as H. KOHUT, in what concerns the psychosis, and of KNIGHT, WINNICOTT, BERGERET, and O. KERNBERG, in what regards borderline and narcissistic states, allowed the enlargement of this point of view.

The criteria of analyzability of these different situations centered in general aspects and in the organization of these different kind of personalities were studied consequently.

A treatment and rehabilitation program, established particularly for these more serious situations in an in-patient unit, was organized the following way:

- a) The therapy is focused in a group-analytic psychotherapy with a three times a week periodicity and in which each session has a length of 75-90min. There, we proceed to the analysis of emotions, defense mechanisms, resistances and object relations. The importance of the interaction of the matrix, centered in the group itself, and in the pattern, focused in the therapist, are discussed;
- b) individual psychotherapy, used to deep some aspects of group psychotherapy that cannot be reached in a limited intervention in a group, that take place in a confinement, that cannot overcome a maximum of four/five months, and psychopharmacological support, frequently needed in these circumstances;
- c) institutional intervention centered in a community group that take place every day in the beginning of our work and which aim is the development of a climate of understanding and tolerance from the institution itself and a general attitude of the way or ways by which the users express themselves and, on the other hand, to allow them to influence the institutional work;
- d) family intervention, centered in a psychoanalytic approach organized according the object relations theory, developed by the kleinian authors and by SIPP. Interpersonal relationships and group dynamics are analyzed in their context.

A multiple family approach is used, in which we follow, weekly, three or four families of patients of the same group-analytic group, in which our therapy is focused, as we point out above.

- e) A community intervention, centered on self-help, volunteers, and mental health education groups, is used to allow the community awareness of the patients' problems. The results obtained in the different therapeutic settings used in this program and, above all, in the program itself, as a whole, should be analyzed and investigated, in order to be adequately verified

With these aims, we may use the following scales:

- PSE, DIS-IV, ICD-L, (ICD-10), SCID-I to study clinical syndromes,
- MTIDP, SCID-II, DIPD IV, DISB-R to study personality general

- characteristics and their disturbs, the last one referred being intimately linked to the border-line states diagnosis,
- the WHO DAS II to study these patients disabilities and the scope for their rehabilitation.

Psychological tests, through their parallel forms, may also be used to analyze the evolution of these patients with our program. RORSCHACH, MMPI, ROSENZWEIG tests may be used in this context.

An analysis of the therapeutic process, similar to that organized by THOMÄ and KÄCHELE, in 1985, in psychoanalysis, may also be used.

By the present program, a network of interactions is designed to improve the functioning of the individuals in their various dimensions, as people, in group and within their family, in institutional and community relationships. An attempt is thus made to work at the level of community, group, and interpersonal relationships and intrapsychic functionings. This is an approach in which sociological, anthropological, psychological aspects are present as therapeutic factors, not to mention the biological aspects that are of course at its root.

All will contribute to the reintegration of the individual into the community which constitutes our fundamental goal.

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The Dynamics of Object Relations in Psychoanalytical Psychotherapy with Psychotic Patients: a Clinical Example.

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After a brief introduction to the analytic understanding of object relations in psychotic patients, the author presents a clinical case of a patient suffering from delusions of persecution and a pronounced state of melancholia, who has been in treatment for several years in a psychiatric centre. The evolution of this patient during a long psychoanalytic psychotherapy may be considered as a process of separation from the persecuting maternal object and the development of a more authentic identity within the transference setting. The transference-countertransference relationship evolves progressively, making it possible to replace the destructive gaze of the maternal object by the reassuring gaze of the analyst. This transformation of the object relation leads towards a new identity.

Keywords: identity, introjection, melancholia, psychoanalytical psychotherapy, dream work

Introduction

For a long time now, the attention of doctors has been attracted by the spectacular manifestations of psychotic states, characterized by symptoms of moral suffering, psychomotor inhibition, aboulia, and suicidal attitudes, and they have sought to understand this phenomenon of denying life. Until the end of the 19th century, the investigations undertaken in psychiatry of this state of pronounced depression, called melancholia, were directed towards the biological aspect and established its markedly 'organic' origin. This state was considered to be an 'endogenous' psychosis, a 'genetic' entity. The psychological approach to melancholic patients was only developed in the 20th century and cast a new light on the already well-described semiology (EY 2006). These investigations deepened the understanding of depressive disorganization, placing the emphasis on the personalities of the patients and their psycho-social functioning. But it was above all S. FREUD and the other psychoanalysts who investigated the mechanisms of melancholia, known as 'metapsycho-

logical', and discovered a libidinal regression underlying this suffering.

FREUD's famous paper (1917) on the relations of mourning and melancholia led to considerable progress in the analytic understanding of the object-relations of the melancholic. The pain and the sense of emptiness represent a loss of the primary object who is the source of the subject's narcissism and the guarantor of self-preservation. Admittedly, in melancholia the object is not always really lost, but the object 'disappears' as an object of fantasy. The libidinal relationship linking the patient to the object is not always conscious, but the melancholic behaves as if he or she had been abandoned and as if the world had been reduced to nothing.

Another fundamental aspect of melancholic mourning is that the patient transfers on to himself or herself all the accusations that he directs unconsciously at the lost object. On the one hand, melancholia is a state of mourning for the lost object and, on the other, it is an aggressive identification with this object. This identification operates according to the mechanism that FREUD was later to call introjection (1921). Thus, the melancholic patient's identification with the incorporated object determines the aggressivity with which he/she unrelentingly treats himself.

If, following FREUD, the subject tries to recover the lost object by means of the mechanism of introjection, according to ABRAHAM (1953), the object is chiefly 'a target' for all the anal-sadistic impulses. He emphasizes the existence of two forms of mechanisms of introjection: either the melancholic has introjected the original object on which he has built his ego ideal, the accusations stem from this introjected object; or the accusations are addressed to an introjected object which is itself an object of the subject's aggressivity.

This brief introduction to the psychoanalytic understanding of object-relations in psychotics is necessary to get a clearer picture of the psychopathology of Mrs. P., who has been in treatment for several years now, both in a psychiatric institution and in a centre for psychoanalysis, for delusions of persecution and a pronounced state of depression. The patient's evolution during a psychoanalytic psychotherapy illustrates the process of separation from the persecuting maternal object and the development of another kind of object-relationship within the transference setting.

Psychiatric file

The patient is a black woman, aged 54, at the time when we met, and a former primary school teacher, who has been suffering for several years from repeated and very striking melancholic episodes involving states of stupor, prostration, mutism, and delusional ideas of persecution. The beginning of the patient's psychotic decompensation and her first hospitalization in the psychiatric sector coincided with the period of illness and death of her mother, four years ago.

The letter from her psychiatrist, who referred Mrs. P., to the Centre for Psychoanalysis, gave certain details concerning the evolution of her illness, in particular, a noisy psychiatric decompensation in adolescence, for which she had been proposed shock therapy. She did not receive this treatment, however, as the very mention of electroshock treatment had been enough to improve her condition. Thereafter she experienced a period of relative psychical stability until the age of 50.

Concerning her biography, we know that she has a white, authoritarian mother, who married a black man whom she divorced quite quickly, when her daughter was five. At the end of her life, her mother had belonged to an extreme right wing party, which may have contributed to the patient's delusional ideas about being persecuted by racists and Nazis. Mrs. P. was brought up by her maternal grandmother until the age of 12 with her younger brother, and then by her uncle and aunt. She was married to a doctor from whom she separated after three or four years. She has a 22-year-old daughter whom she brought up alone and with whom she has remained very close.

The patient is currently stable on a psychiatric level and is on regular drug treatment: Risperdal 8mg/per day. She was keen to begin psychotherapy and spoke about it regularly with her doctor. So it was within this context that she first came to see me at the Centre for Psychoanalysis, once a week, for face-to-face therapy.

The beginning of psychotherapy

Mrs. P. came to her sessions very regularly. In a stereotyped way, she repeated her complaints: her sense of degradation and emptiness. She felt rigid, inhibited, without any taste for living. Her whole body expressed

suffering: she walked with small steps, with her head down, like a sad and unhappy child. She described the abandoned state of her apartment which was full of dust and in a state of disorder, since she no longer looked after anything. She spoke about her wish to die and about her suicidal ideas, throwing herself out of the window, taking pills, etc..

Mrs. P. spoke slowly, chiefly in response to my questions, with long pauses, while looking elsewhere. Our sessions were very laborious and poor in content. What does she think of her mother? Mrs. P. loathed her and did not want to speak about her. She preferred to speak to me about her daughter. The separation from her daughter is the source of Mrs. P. worries. She considers that her daughter is too naïve, fragile, exploited at work, and unhappy in her private life. She is also worried because her daughter has white skin, 'white as snow, vulnerable'! For Mrs. P., it is a relationship *à deux*, in spite of the presence of men in her life, and she is afraid of being a fusional, invasive mother.

Mrs. P. spoke to me about this skin colour difference, which frightens her, and associated this with her family: her father was West Indian and her mother was from metropolitan France. When her parents got divorced, her mother and the whole family on the white side became xenophobic. "It was something that really upset me", she said, "something I could neither fight nor speak out against. After the divorce, my mother rejected everything that was West Indian, everything that was black, and she rejected me, too, into the bargain."

I was now able to understand better her identity disorders and the projection of persecutory ideas during her delusional episode. This had occurred during a holiday trip to the Antibes, after a difficult year during which Mrs. P. had taken care of her sick mother. Her mother hardly ever left her apartment any more, believing she had been poisoned in a Chinese restaurant. Feeling very tired, the patient had suddenly been invaded by feelings of horror to do with racist threats, and by fears for her daughter. We can detect here the mechanism of aggressive identification with the maternal object: her mother's xenophobic delusion is transformed into her own delusion of being persecuted for racial reasons. Her mother's illness and death were accompanied by the integration of her way of thinking and her violence, as if the maternal object had been introjected, incorporated into the ego, from where it continued to threaten her.

Resistance in the transference

After one year of psychotherapy, the patient became more dynamic and dressed smartly in cheerful colours, but there was no change in her relationship with the analyst. To my question at the beginning of the session, “What’s on your mind today?”, she would always reply, “I’m thinking about my death”, and she would then speak about her sense of emptiness and her suicidal ideas. I could tell, however, from the session material that Mrs. P.’s life was not really empty, but filled with reading, family get-togethers, and activities at the day hospital. It was her rigid relationship with me which remained empty and rigid: she stayed inside her world, respectful, but distant and impermeable, with a denial of any form of attachment towards me.

After a session that was cancelled because I was away, she was visibly upset, but she did not want to recognize this feeling, saying to me, “It does not matter; in any case, I’m dead.”

I replied, “Dead? So you don’t have to suffer from feeling of abandoned?”

With an absent look, she answered, “But I don’t understand, doctor, what you are saying? ... Your words don’t enter me ...”

After a week of separation for holidays, Mrs. P. spoke to me for the first time about a dream from the night before in which a woman was taking good care of a baby of mixed-race, who wouldn’t stop urinating on her. The patient had difficulty associating to the subject of the dream: ‘A human being, a baby ...’—a long silence followed.

“A baby, perhaps it’s you? And this woman who is taking care of you, is it me?”

I was thinking at this point about her libidinal regression towards the oral stage of the baby, clearly depicted in the dream and about the instinctual ambivalence towards the maternal object, split into good and bad, stressed by the baby urinating, isolated from all associations, as in her transference relationship.

Mrs. P.’s immediate reaction to my intervention was one of denial. But this first experience of ‘working with her unconscious’ through dreams aroused a sort of curiosity in her. For a very long time, during her hospitalizations, she did not dream, ‘as if she was sleeping in a coffin’. Recently, she has started dreaming again and for her it is like a rebirth.

When Mrs. P. arrived for the last session before the holidays, she was tense and very sluggish. There was a long silence ... She returned to a childhood memory, to her mother's racist ideas: Yes, it had terrified her, she said, but at the same time she loved her mother ... she had suffered from this without understanding it Since her mother died, she has been unable to bear any grudges against her mother. She has forgiven her everything ...! Her associations led her back to her adolescent crisis in Grenoble, when her mother had abandoned her and she had felt rejected.

I made a link between the suffering she experienced as a result of being abandoned by her mother and her anxiety about our separation for a month. "Pardon?", she said. She did not understand. I repeated what I had said, and finally she accepted to speak to me about her fear of staying alone, of finding herself in a void without me. I gave her a piece of paper with the date and time of our session in September, a sort of fetish assuring her of my return. The positive maternal transference ensuring her narcissistic continuity was very weak, and mixed with a denial of attachment and aggressive tendencies that she wanted to get rid of.

Dream work

Progressively, she brought me new and increasingly elaborate dreams, with details and colours. My listening and their interpretation evoked new memories and emotions. Her associations to the dreams provided me with the essential material for conducting our sessions, and advancing her analysis.

Professional events returned in the material of her current dreams. I learnt that for the last eighteen years she had been involved in teaching work and derived a great deal of satisfaction from it. She was passionately interested in her professional career and, in fact, during this time, her crises of 'periodic illness' had diminished. In the attempt to construct her identity, she seeks narcissistic reinforcement from the looks she receives from her colleagues and pupils with the unconscious aim of making up for the lack of positive gaze of her mother.

Dreams of hate and anger

During the sessions Mrs. P. showed she was taking more initiative; I learnt that she had found voluntary work in a school. Yet she still began

each session by complaining about feeling 'empty' and would speak about her fear of tiring me with her 'uninteresting talk'. She seemed to be in a state of submission, like a little girl in front of an authoritarian teacher, and she sometimes came late or not at all, like a child who skips her classes. I spoke to her about this on several occasions and after a period of resistance, she brought me the 'dream of hate'.

In this dream, she was with the Head of her school and in front of her class full of pupils, when she expressed her anger towards him openly. She explained that she had been mistreated for years by this person, who, in her opinion, was deeply racist, which had prevented her from progressing in her career. Later, she brought a series of dreams which she herself described as 'an extension of hate'.

One month later, she began our session in an unusual way, saying, "I hesitate to tell you, but I think I am a bit better; because my anger has come out." And she told me a dream in which she was very angry with an old woman at the market who was trying to diddle her. She had expressed herself openly, as never before: she shouted at her, bawling her out, and now she felt liberated. The patient added that in this woman she recognized her mother who used to paint and sell very colourful paintings.

Ego splitting and denial have given way to the expression of authentic feelings. This is reproduced in her transference where she manifests a libidinal attachment and a particular need for my attention. Our work is well punctuated by separations: for holidays, congresses, etc.. Now she feels sadness before these periods of separation, and joy when we meet again, but also a fear of being dependent on me. She is prevented from changing her behaviour by the compulsion to repeat former patters and her fear of the omnipotent maternal object.

Dreams of jealousy

"Doctor, I have had a dream and I am ashamed ... But I want to tell you about it"

After these opening lines, she told me about an episode in the dream where a woman was playing affectionately with a little girl. This scene aroused strong feelings of jealousy in her, waking her up. "I am ashamed of this jealousy, which I can see in myself. I did not have any idea that I

could have feelings of jealous and now I am ashamed to feel them so strongly.”

Later she had another ‘dream of jealousy’, in which this feeling was addressed more explicitly to her mother who was caressing a little dog in her arms. In this dream, the dog is burnt to ashes and Mrs. P. cannot hide her satisfaction: how she had hated this dog in her childhood and how jealous she had been of her brother to whom her mother had given so much attention!

In the transference-countertransference movement, her mother, the object of the most ambivalent feelings, began to take on several aspects, hate and anger coexisting with jealousy and the need for love. Her anger towards her mother found new expression when she was speaking about her mother’s separation from her father. His imago seemed very idealized: he was a very good school sports teacher, admired by the pupils. With her father’s return on to the scene, the climate of her dreams became clearly eroticized.

She could feel this libidinal movement, the need to recognize her feminine identity and to express it. But this change caused her anxiety, as if she was afraid of a maternal gaze which prohibited desire. After confessing she had had an unsatisfying relationship with an elderly man, she became immobile and tense owing to her fears, accompanied by the feeling that she should stop seeing me, “Things are going too fast in me, at full gallop.” She felt she was becoming ‘like an adolescent’: she was having dreams of riding around on a motorcycle with a boyfriend.

I understood her ambivalence towards me, the way she swung back and forth between making admissions and withdrawing into her shell. In her maternal transference, she allowed herself to express her feelings, but I remained a split object and her mistrust returned regularly.

Sexual dreams

“I don’t know if I dare tell you this dream” After this preamble, Mrs. P. described a particular dream which she called ‘the aquatic dream’. She is walking along with her brother, and she sees a very ‘appetizing’ cake which ‘she fancies’. With a lot of enthusiasm, she added that it was a green cake, a Creole cake! Her brother offers her this delicious cake and then they walk past a night club called ‘Blacks’, and next to it she sees a

calm looking black woman, with a 'positive spirit'. She then explained her difficulty in speaking to me about it, "But I have the feeling that there is something 'sexual' in this dream ... I was afraid of speaking to you about that; I did not know how you would react ... And now I feel relieved because I have been able to tell you this dream."

I think that she was able to recognize her desire and to share it with me. I told her this. In this desire, there is an oral pleasure mixed with her childhood memories, the green colours of Guadeloupe, with a calm black woman, like a nanny. This libidinal movement deeply bound up with the recognition of her West Indian roots that had been suppressed and rejected for so long gave her real joy.

This libidinal liberation continued and quite soon she brought other 'sexual' dreams. For example, in one dream she sees herself in the class as a pupil and dressed 'very sexily'. She feels shameful about this situation, but a sense of relief comes from a black man who is close to her. She feels attractive, and this pleases her.

As she spoke about this dream, she expressed great surprise that she could feel so happy. The presence of the black man in the dream, perhaps a West Indian, brought back many childhood memories to do with the relations between her parents. She remembered her father as being a skirt-chaser, with children outside marriage. Very excited by this subject, she added, 'All his children had something mysterious about them. My mother never accepted that; she yelled so much that the whole of Guadeloupe could hear her!'

Black and other colours

Mrs. P. came back to the story of her grandparents, speaking to me about her maternal grandfather who was very attached to the West Indies and who left France to live over there when he retired. She remembers this split in the family and the strong resentment of her mother who was very attached to her father. So she depicted her mother as a woman who had suffered from her husband's infidelities, who had been abandoned by her father, and who was full of jealousy.

A neutral remark I made, "And yet you do not only have black memories of your childhood, there are all the other colours", provoked a strong reaction from her.

“Oh!!! I don’t like the word colour! That makes me think of my skin! My mother was always talking about that.”

I spoke to her about other colours: the green colour of the cake, the red colour of the houses in Guadeloupe, and the colours of the paintings that she likes to look at in my office.

A week later, she complained about health concerns and her fears of a surgical operation. I replied, “You are invaded by black ideas ...”

“No, more by dark ideas,” she said. She then spoke about the danger that the word ‘black’, the colour of her skin, presented for her. The expression ‘black ideas’ made her think about the nightmare of racial persecution which had led her to the hospital. She was afraid of falling once again into this state of horror and did not want to speak about it.

I listened to her and made a link between the persecutory experience of a little girl in her who could not understand the conflict between her parents and the anger of her mother, vexed by her husband’s infidelity. She felt at fault for having black skin, like her father!

She came to the next session in a black dress, an evening dress cut low at the back. I asked her why she was wearing this particular dress today.

“I’m no longer afraid of the colour black,” she replied. “And I wanted to mark our last session before the summer holidays.”

“And your dreams?”, I asked her as usual. She remembered the dream from the day before:

She was in a house in Guadeloupe with other local women, who were cutting black cloth to make dresses. The atmosphere was relaxed and the women were speaking to each other in Creole; she could not understand them but it wasn’t a problem. At the other end of the room she noticed a white woman, who did not speak but understood the others well. This woman was looking at her watch and indicated that it was time to have a break. Everyone accepted her calm authority. She woke up with a happy feeling of belonging to this community of black women who accepted her in spite of the fact that she did not speak their language. She associated the image of the white woman in her dream with me, her analyst.

Today, Mrs. P. is preparing herself to make a trip to Guadeloupe. She is not afraid of her skin colour any more.

Conclusion

In order to get a better understanding of the evolution of Mrs. P.'s melancholic psychopathology, it will be helpful to draw on an essential psychoanalytic concept, namely, the object-relationship. Since the 1930ies, this notion has acquired increasing importance in the psychoanalytic literature, forming part of a general evolution of ideas in which the organism is no longer considered in an isolated state but in interaction with the external world.

Although by definition the term 'object-relationship' suggests the subject's relational life, in the psychoanalytic sense it is not real relationships with those around that are implied, but rather relations at the fantasy level; it is clear, of course, that fantasies can modify the apprehension of external reality. The term 'object' has a specific meaning here. In contemporary usage the notion of object relation is considered as an instinctual development of the subject in relation to the maternal object. An early fixation of the object-relationship, oral, anal, etc., or a libidinal regression of the subject also determine the choice of defence mechanisms, the degree of development, and the structure of the ego (LAPLANCHE, PONTALIS 1967/1973, pp. 277). Thus the predominant model of the maternal object-relationship is a sort of matrix that we can find at the heart of all the subject's relationships.

In Mrs. P.'s case it can be seen that her melancholic state is connected with a libidinal regression towards the oral object-relationship, accompanied by typical defence mechanisms for this type of functioning, notably, splitting and incorporation. The death of her mother, with whom she had kept up a fusional relationship, threatened her narcissistic continuity, provoking major anxiety and fears of annihilation. Her desire to preserve this object that was indispensable for her existence led her both to identify aggressively with her mother and to introject the maternal object, thereby illustrating FREUD's concepts (1917).

Mrs. P.'s identification with her mother, who was invaded by xenophobic ideas, manifested itself in the form of paranoiac projection and the construction of delusions of racial persecution of herself and her daughter. It is worth noting that Mrs. P. also reproduces a fusional relationship, à deux, with her own daughter, and that it is the colour of her

skin—‘too white, vulnerable’, that is at the centre of her fears.

Quite quickly, due to medical treatment, the delusional manifestations diminished and a major depressive state, melancholia, played a predominant role in the clinical picture. It was as if a violent sense of persecution that was projected outwards by the patient found its place inside her and continued from there to torture and humiliate her. Following FREUD, we can interpret this evolution as the phenomenon of a libidinal introjection of the object, which then remains encapsulated within the subject. The persecuting mother makes her accusations from within the ideal ego, determining Mrs. P.’s moral suffering, self-accusations, sense of confinement, and even her suicidal ideas.

At the same time, alongside this persecuting mother, there is another mother who solicits Mrs. P.’s love and admiration. But the maternal object is split in two absolutely disjointed parts: a good and a bad part. In reality, every libidinal investment is split and repressed in the unconscious. This prevents her carrying out a work of mourning and does not allow to separate from the lost object. Ambivalent feelings of love and hate, of guilt and aggressivity, remain unconscious and inaccessible for rational elaboration. Mrs. P. does not want to speak about it, she feels nothing, she is in a void.

Other people do not exist for the patient because all her libidinal energy is attached to this fantasy relationship, oral and cannibalistic, with her mother. Her relationship with her analyst at the beginning of the psychotherapy was also marked by an absence of attachment, by distance, and isolation. She remained rigid, resistant to any affective closeness, impermeable to my ‘words’. She was ready to die, to commit suicide in order to suffer a just penalty, as if all the unconscious accusations against her mother were turned round against herself by her intransigent ego.

How was I to treat this disorder and stop the patient’s aggressivity against herself? How was I to help her rediscover a taste for living and free her libido which was completely invested in the fantasized maternal object? Psychoanalytic work on the unconscious helped us to make significant progress. As a result of this long-term work the figure of the psychoanalyst became a figure of identification and a source of libidinal development.

A particular place must be attributed in this work to the interpretation

of dreams. Their content and, above all, the associations they evoked were a means of understanding the repressed affects and memories of her childhood. The representation of the preconscious content through images, the dream-work, made it possible to liberate the violence and aggressivity contained by the unconscious. The patient clearly felt the therapeutic effects of this liberation, saying, after her dream about hate, "I'm a bit better". Through another dream she discovered the feeling of jealousy and the need for her mother's love, and she progressively accepted the ambivalence of her feelings towards the object.

During the psychotherapy, in the context of the transference relationship, an instinctual development took place which also manifested itself clearly in her dreams. The unconscious libidinal movement was represented through images of a baby, then of a girl who experienced what was 'almost a sexual pleasure' from seeing and eating cake and finally of an adolescent who was happy to feel 'sexy'. These images and other dreams I have not mentioned bear witness to a freeing of the libido and its development from the oral phase towards more mature object relations.

The return of repressed memories allowed Mrs. P. to reconstruct her family history, to see the terrifying maternal object in more realistic terms and to accept the ambivalence of the maternal and paternal imagos. Finally, the history of persecution by her mother was transformed into a mixture of love and hate, of jealousy and betrayal. She gave up her infantile theory where the anxiety linked to the marital conflict of her parents and her own abandonment was associated with the colour of her skin. Mrs. P. felt transformed; she was no longer afraid of the word 'black' and felt open towards others. She was pleased with this new identity and wanted to continue her psychotherapy with me so as 'not to destroy myself'.

Our relationship became very important for Mrs. P.. Her initial mistrust was replaced by trust and a need to share with me her thoughts and the important events of her life. This movement in the relationship was represented in her dream of Guadeloupe where she attributes her analyst with a maternal role which reassures her and with which she can identify.

As Michel DE M'UZAN has pointed out (2005), the new identity is

accomplished at the heart of the sexual organization and in the context of the relationship with another person. The maternal object cannot simply be substituted by a double. However, in the uncertainties of the transfero-countertransference relationship, in the libidinal framework constructed during psychoanalytic work, the maternal object can be replaced by the analyst.

Summary

In Mrs. P.'s case, it can be seen that her melancholic state is connected with a libidinal regression towards the oral object-relationship, accompanied by typical defence mechanisms for this type of functioning, notably, splitting and incorporation. The death of her mother, with whom she had kept up a fusional relationship, threatened her narcissistic continuity, provoking major anxiety and fears of annihilation. Her desire to preserve this object that was indispensable for her existence led her both to identify aggressively with her mother and to introject the maternal object, thereby illustrating FREUD's concepts (1917).

Mrs. P.'s identification with her mother, who was invaded by xenophobic ideas, manifested itself in the form of paranoiac projection and the construction of delusions of racial persecution as a black woman. It is worth noting that Mrs. P. also reproduces a fusional relationship with her own daughter, and that it is the colour of her skin, 'too white, vulnerable', that is at the centre of her fears.

Quite quickly, due to medical treatment, the delusional manifestations diminished and a major depressive state, melancholia, played a predominant role in the clinical picture. It was as if a violent sense of persecution that was projected outwards by the patient found its place inside her and continued from there to torture and humiliate her. Following FREUD, we can interpret this evolution as the phenomenon of a libidinal introjection of the object, which then remains encapsulated within the subject. The persecuting mother makes her accusations from within the ideal ego, determining Mrs. P.'s moral suffering, self-accusations, sense of confinement, and even her suicidal ideas.

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This refusal of any significant relationship neutralised the efforts of the treatment team to help the patient rediscover a taste for living, as her libido was completely invested in the fantasized maternal object. Only psychoanalytic approach helped us to make an important progress. Due to the dynamic of transference investments, the initial mistrust of Mrs. P. was replaced by trust and a need to share with the analyst her thoughts and the important life events. Finally, as a result of the long-term process, the figure of the psychoanalyst replaced the violent maternal imago and became an object for positive identifications, a source of libidinal development.

A particular place must be attributed in this work to the interpretation of dreams. Their content and, above all, the associations they evoked were a means of understanding the repressed affects and memories of her childhood. The representation of the preconscious content through images, the dream-work, made it possible to liberate the violence and aggressiveness contained by the unconscious. The patient clearly felt the therapeutic effects of this liberation, saying, after her dream about hate, "I'm a bit better". Through another dream she discovered the feeling of jealousy and the need for her mother's love, and she progressively accepted the ambivalence of her feelings towards the object.

During the psychotherapy, in the context of the transference relationship, an instinctual development took place, which also manifested itself

clearly in her dreams. The unconscious libidinal movement was represented through images of a baby, then of a girl who experienced what was 'almost a sexual pleasure' from seeing and eating cake, and finally of an adolescent who was happy to feel 'sexy'. These images and other dreams I have not mentioned bear witness to a freeing of the libido, and its development from the oral phase towards more mature object relations.

The return of repressed memories allowed Mrs. P. to reconstruct her family history, to see the terrifying maternal object in more realistic terms, and to accept the ambivalence of the maternal and paternal imagoes. Finally, the history of persecution by her mother was transformed into a mixture of love and hate, of jealousy and betrayal. She gave up her infantile theory where the anxiety linked to the marital conflict of her parents and her own abandonment was associated with the colour of her skin.

Mrs. P. felt transformed; she was no longer afraid of the word 'black' and felt open towards others. She was pleased with this new identity of a well integrated black woman and this movement was represented in the dream of her native country. By this dream she attributed explicitly her analyst with a positive maternal role and she wanted to continue the psychotherapy for a best 'consolidation' of her new personality.

Zusammenfassung

Die Dynamik von Objektbeziehungen wird in der vorliegenden Arbeit anhand eines Fallbeispiels dargestellt.

Im Fall von Frau P. kann man erkennen, dass ihr melancholischer Status mit einer libidinösen Regression auf orale Objektbeziehungen verbunden ist, begleitet von typischen Abwehrmechanismen für diese Art von Defizit, nämlich der Abspaltung und Introjektion. Der Tod ihrer Mutter, zu der sie eine verschmolzene Beziehung pflegte, bedrohte ihre narzisstische Kontinuität, was zu starken Ängsten und der Furcht vor Vernichtung führte. Ihr Wunsch, dieses für ihre Existenz unentbehrliche Objekt zu erhalten, führte zu einer aggressiven Identifikation mit ihrer Mutter und zur Introjektion des mütterlichen Objekts, dies illustrierte FREUDs Konzept (1915).

Frau P.'s Identifikation mit ihrer Mutter, die von fremdenfeindlichen Ideen durchdrungen war, manifestierte sich in Form von paranoiden Projektionen und der Konstruktion einer Wahnvorstellung von Rassenverfolgung als schwarze Frau. Es sollte auch erwähnt werden, dass Frau P. zusätzlich eine verschmolzene Beziehung mit ihrer eigenen Tochter reproduziert und dass die Farbe ihrer Haut ('zu weiß, verletzlich') im Zentrum ihrer Angst steht.

Durch die medizinische Behandlung ließen die Wahnvorstellungen relativ schnell nach und eine starke Depression trat in den Vordergrund des klinischen Bildes. Es machte den Anschein, als wäre das gewaltsame Gefühl von Verfolgung, das von der Patientin zuvor nach Außen projiziert wurde, nun nach Innen verlagert worden war und würde sie von dort aus weiter quälen und erniedrigen. Nach FREUD können wir diese Evolution als ein Phänomen der libidinösen Introjektion des Objekts interpretieren; welches dann im Subjekt verkapselt bleibt. Die verfolgende Mutter macht aus dem Ich-Ideal Anschuldigungen, was bei Frau P. zu einem moralischen Leidensdruck, Selbstbeschuldigungen, einem Gefühl von Einengung und sogar Suizidgedanken führt.

Gleichzeitig, neben dieser verfolgenden Mutter, gibt es eine weitere Mutter, die Frau P.'s Liebe und Bewunderung einfordert. Aber das mütterliche Objekt ist in zwei völlig gesonderte Teile gespalten: einen guten und einen bösen Teil. In Wirklichkeit ist jede libidinöse Investition gespalten und ins Unbewusste verdrängt. Dies hält sie von der Trauerarbeit ab und erlaubt es ihr nicht, sich von dem verlorenen Objekt zu trennen. Ambivalente Gefühle von Liebe und Hass, Schuld und Aggressivität bleiben unbewusst und für rationale Bearbeitung unzugänglich. Frau P. möchte nicht darüber sprechen, sie fühlt nichts, sie befindet sich in einem Loch.

Andere Menschen existieren für die Patientin nicht, denn ihre gesamte libidinöse Energie hängt an dieser Fantasiebeziehung, oral und kannibalistisch, mit ihrer Mutter. Auch die Beziehung zu ihrer Analytikerin war am Anfang der Psychotherapie von einer fehlenden Bindung, von Distanz und Isolation geprägt.

Sie blieb starr, jeder affektiven Nähe widerstehend, undurchlässig für die 'Worte' der Autorin. Sie war bereit, zu sterben, Selbstmord zu begehen, um als gerechte Strafe zu leiden, als ob all die unbewussten Be-

schuldigungen gegen ihre Mutter von ihrem unnachgiebigem Ich umgedreht und gegen sie selbst gerichtet worden wären.

Diese Verweigerung jeglicher bedeutsamer Beziehung neutralisierte die Bemühungen des Behandlungsteams, der Patientin zu helfen, ihre Lebensfreude wieder zu entdecken, denn ihre Libido war völlig in das fantasierte mütterliche Objekt investiert. Nur der psychoanalytische Ansatz half dabei, einen bedeutenden Schritt zu machen. Durch die Dynamik des Übertragungsgeschehens wurde das ursprüngliche Misstrauen von Frau P. durch Vertrauen und ein Bedürfnis, ihre Gedanken und wichtigen Lebensereignisse zu teilen, ersetzt. Schließlich, als ein Ergebnis des langfristige Prozesses, ersetzte die Figur der Psychoanalytikerin die des gewalttätigen, mütterlichen Imagos und wurde ein Objekt für positive Identifikation, eine Quelle für libidinöse Entwicklung.

Eine ganz besondere Stellung bei dieser Arbeit muss der Interpretation von Träumen eingeräumt werden. Deren Inhalte, und ganz besonders die Assoziationen, die sie hervorriefen, waren ein Instrument, um verdrängte Affekte und Erinnerungen aus der Kindheit zu verstehen. Die Repräsentation des vorbewussten Inhalts durch Bilder, die Traumarbeit, machte es möglich, die Gewalt und Aggressivität zu befreien, die im Unbewussten erhalten waren; nach ihrem Traum über Hass sagte sie: "Ich fühle mich jetzt ein bisschen besser". Durch einen anderen Traum entdeckte sie ein Gefühl von Eifersucht und das Verlangen nach der Liebe ihrer Mutter und sie akzeptierte schrittweise die Ambivalenz ihrer Gefühle gegenüber dem Objekt.

Während der Psychotherapie im Zusammenhang mit der Übertragungsbeziehung fand eine instinktive Entwicklung statt, die sich auch ganz eindeutig in ihren Träumen manifestierte. Die unbewusste libidinöse Bewegung wurde durch Bilder von einem Baby repräsentiert, dann von einem Mädchen, welches bei Sehen und Essen eines Kuchens eine Erfahrung machte, die 'fast sexuelle Lust' widerspiegelte und schließlich das Bild einer Erwachsenen, die glücklich war, sich 'sexy' zu fühlen. Diese Bilder und andere Träume, die die Autorin nicht erwähnt hat, enthalten Zeugnisse von der Befreiung der Libido und seine Entwicklung von der oralen Phase in Richtung erwachsener Objektbeziehungen.

Die Rückkehr der verdrängten Erinnerungen erlaubte es Frau P. ihre Familiengeschichte zu rekonstruieren und das beängstigende mütterliche

Objekt in realistischer Weise zu sehen. Außerdem erlaubt es ihr die Ambivalenz der mütterlichen und väterlichen Imagos zu akzeptieren. Schließlich wurde die Geschichte von der mütterlichen Verfolgung in eine Mischung aus Liebe und Hass, Eifersucht und Verrat transformiert. Sie gab ihre infantile Theorie auf, in der ihre Ängstlichkeit mit dem ehelichen Konflikt ihrer Eltern und ihre eigene Verlassenheit mit ihrer Hautfarbe verbunden war.

Frau P. fühlte sich verändert; sie hatte keine Angst mehr vor dem Wort 'schwarz' und fühlte sich anderen Menschen offen gegenüber. Sie war zufrieden mit ihrer neuen Identität einer gut integrierten schwarzen Frau und diese Veränderung zeigte sich in dem Traum über ihr Heimatland. In diesem Traum verband sie ihre Analytikerin explizit mit einer positiven, mütterlichen Rolle und sie wollte die Psychotherapie fortführen, um ihre neue Persönlichkeit bestmöglich zu festigen.

(Übersetzung: Vanessa Rathert)

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Hermeneutics of Images' Language Within the Setting of Psychology of Art

Irene Battaglini, Ezio Benelli (Florence, Italy)

The language of images has rules and interpretations that can be observed from different standpoints. The artist, the psychologist, the philosopher, has different ways of interpreting images that could be put in a dialectical relation. Here the epistemological and ontological dimensions can produce a fruitful interrelation. The aim of this paper is to show the opportunities given by the psychology of art in order to access to the personal and social-cultural imaginary orientation of the patient within the help-relationship setting. Working with images, perceptions of sensible word, colors and forms, the subjective experience can be represented, and opens a path toward deeper semantic frameworks, categories and metaphoric features which constitute the ultimate level of archaic symbolic thinking.

Keywords: psychology of art, psychodynamic, perception, vision, mundus imaginalis, imagery.

‘Così è germinato questo fiore.’ [‘So this flower sprouted’](Dante, Paradiso 33:9)

The idea of setting a permanent workshop based on images, either for individuals or groups, within a psychodynamic setting and supervised by the Psychodynamic Center in Prato, located in via Giotto, Prato, Tuscany, was developed during a meeting while sitting and drinking ‘some awful cups of coffee’ in a bar downtown Florence. That center provides several psychodynamic services and cares upon a wide local area going from Florence, Prato to Pistoia.

To be precise, we were in ‘via de’ Cerchi’, a medieval narrow street that characterized the area. We caught some inspirations while observing and listening to tourists’ comments upon monuments, taking into account the powerful attraction for some specific images while choosing a specific artistic itinerary in the city. On the other hand, we tried to perspective how would have been the effects of transgressing the instances and the purposes of a standard artistic tour as arranged by travel agencies, recurrently full of stereotypes and populated by false legends.

Antonio PAOLUCCI, renown art historian, critic, and art curator in several Italian museums, in his work ‘L’arte a Firenze nell’età di Dante,

1250-1300' (2004) supports the idea that between the twelfth and the thirteenth century, both DANTE ALIGHIERI and Giotto DI BONDONE 'had invented' respectively the Italian language and the figurative painting thanks to a rich, vivid social context. This powerful, open-minded context was medieval Florence, a city where the cultural 'humus' had to be found everywhere. It's here, downtown Florence that took its origins the blossom that DANTE ALIGHIERI dealt with in his main work 'La divina commedia'. We will come later to discuss this issue.

It was during the twelfth century, that Florence started to enrich and nurture the cultural humus, the 'genetic code' that let the lavishing Florence of the thirteenth century germinate. Before it was a 'forgotten site'. As if before GIOTTO, nothing had existed in terms of images, representations about Florence. It seemed to be more for some a mythological site, the site of origins and for some others, an unknown, mysterious, even 'removed' site. The simple pleasure of research and investigation let us start a far journey among art images and under DANTE's inspiration we had descended in the depths of Hell. In here, we, necessarily, planned a sketch a 'map', an hypothesis of a safe journey back to the light that guaranteed salvation without indulging on a sense of loss in front of art masterpieces. Even the most cynic psychologist is submitted to be perturbed, to fall into an emotional disorder while in front of a work of art. So, we need to give a shape to establish some links among the several ones, collecting the most evocative ones inside the issues discussed in this symposium. We, as art psychologist with a specific psychodynamic approach and in some cases, while necessary, also with a psychoanalytical approach we support some hypothesis upon the topic dealt. In the psychoanalytical practice, keys' focus and suggestions of interpretations are nearly illimited and always represent an enormous legacy and treasure either for the therapist or the patient, the dyadic relation is very fundamental.

Such an artwork, either made, shown, accomplished or not, constitutes for both therapist and patient a 'challenge' to awareness even when introduced to a public. A work could give emotional feelings or let people meditate and reflect upon, these are the aims of art, beyond subjectivity to be translated in a common statement, 'I like'/'I don't like it.'

The central topic of hermeneutics of images, to be intended as an inter-

pretation with rules and an inner coherence submitted to a certified and shared methodology, is certainly subjectivity.

After several researches made during our seminars devoted to Art Psychology, we believe that the artwork is not simply an expressive medium, but more clearly the closest expression of the inner imaginative world, the one that refers to the renown 'poetic basis of mind', where everything is submitted to the notion of space and not only to that of language. Space as notion is submitted to the perception of our body, with no other needs, and so strictly linked to the 'apperception', see self perception, movement, sight, touch.

While referring to KANT, empirical apperception is designed as the activity of consciousness that accompanies all kind of representations: pure apperception, or transcendental or originary, is self-consciousness. It is the core, the point of reference of all representations. In that sense, it coincides with the ego-thinking a good neologism that gives a meaning to all representations. In a psychological approach, it has to be intended as the ego, the subjectivity and more extensively as the perception of his/her own self somatic-psychic identity.

Every category is included in the art work starting from the materials used for making it: the historical period, the socio-cultural context, the private experiences of the author, euclidean geometry as well physics studied to succeed and all other variables coming from the world outside. Thanks to his attentive observation, he is able to collect informations about the space and its limits. Subjectivity defines itself as an 'a priori' either in the making of art work or in the following fruition of it.

To decipher a language, we would need an Egyptian stele, an upright pillar with a sculpture design and inscription. Working with art images requests to have a particular approach, like working with mosaics. If we wanted to decipher a mosaic, we would need to stuff it and complete it as if it was a puzzle. Mosaics have a geometric language, the stele is supported by 'collagene's brain'. We do need neuronal retinol, we should look for our 'oeuvre au noir', quoting the amazing M. YOURCENAR novel title) to sustain a work of individuation and updating the imae surface to clarify at best what is to be considered as the primordial image.

That kind of work is hermeneutical because just taking into account the urgency of interpretation we are able to reach step by step the outlines of the primordial image.

From the methodological point of view, we take for granted that the hermeneutical thought defines each act of interpretation through a circular process. This expression refers to hermeneutics as a branch of philosophy that takes into account the theory of interpretation, following the etymology: from the Greek word *ερμηνευτική τέχνη* [hermeneutiké téchne], art or technique of interpretation.

There is a circular movement from passages that compose each single part of the text to be interpreted and the whole text and viceversa. There is a continuous exchange between the known and the unknown; it's up to each single 'part' that modifies the entire ensemble of the 'whole'.

The term had been invented and codified by DILTHEY in the 'Origin of hermeneutics' (1900). It had been taken into account during the 20th century by philosophers like Martin HEIDEGGER (1927) and Hans Georg GADAMER (1960). Thanks to Paul RICOEUR and his theory on the 'hermeneutical space', reflections, finally, nurtured the foundation of a hermeneutical methodology, able to confront and share knowledge, tools with other scientific disciplines looking for a closer comprehension of the artwork that disclosed itself the 'essence' of subjectivity.

Comprehension and explanation do not oppose themselves with different methods. Just explanation is precise and accurate. Comprehension is the non-fixed phase, the previous step that goes with and surrounds explanation as a thing, an event. In that sense, comprehension includes clearly explication. On the other hand, explication develops in analytical way the value of comprehension. (RICOEUR)

For Paul RICOEUR, there is no optional choice between method and truth: the privileged site of both articulations is text only. Hermeneutics defines in practical way how interpretation takes place; text is the source of it. Text is the discourse/-s through writing and it's not fixed in any discursive modalities. It's totally autonomous from a semantic point of view and not dependant from the subject as an author; it becomes aware of its identity in the complex relation-mediation through the act of reading that appears a real, authentic act and let the text open to its own destiny.

RICOEUR's discourse could be weaved into cloth, tank to graphic symbols or colours but its syntax is similar according to HILLMAN and JUNG to the paratactic condition of dream, or while dreaming.

This methodological perspective not only opens to the dialectics be-

tween the two poles, explication and comprehension located in the hermeneutical space (RICOEUR). That kind of methodological approach gives some chances to investigate inside the chaotic and not-structured world of inner images that 'establish' the artist way of thinking. If we abandon the idea of choosing between truth and method, we clearly have the chance to set up a place both for truth and method a core values in a inter-subjective perspective as RICOEUR stated. The archetypical vision opens to the the concept of 'anima' and its seductive difficulties, as well as angelic and hermetic inconveniences. From its inner mercurial movements, typical of 'hermeneus', the interpreter, the messenger, Hermes was a Greek God, then Mercurius for the Romans, better known as the 'messenger of Gods', thief, trader, 'the one that tricks with words', so then, the one that 'plays with words', able to manage the vocabulary and lies and betrays the others. They cannot explain his behaviour, cannot comprehend him even when Mercurius offers them metaphorical reflections. A relation between profanes and inititates: different languages at desk. Hermetism has to be intended a san essoteric function of the language. Hermetism gives to culture sense, meaning of its mythologies, metaphors, religious allegories and opens us the access to world of Gods and symbols.

A series of questions come out and underline how complex and problematic is epistemology about art as a whole.

Is art a rooted principle or simply an emergent consequence? Is it a natural language or does it generate natural languages? Is it supported by pre-existant languages? Has it a network of distinct meanings, ontology, a logic of prepositions or does it deal with a system of syntax of disparate semantic elements?

During our research, we made up an amount of reflections, standing by the side of philosophers and thinkers and psychologists such as HILLMAN, NEUMANN, C. G. JUNG, VICO, FICINO, and PLOTINO. We, finally, persuaded ourselves that all these masters had argued widely their own theories in a very accurate way from them the issues of sources of imaginative world and had been able to analyse deeply all implications inside that issue. On the other side, the masterpiece by the neuroesthetic Semir ZEKI is entitled, not at random, 'Inner vision'.

An interesting thesis, still very fresh and innovative about creativity as

an opening to the imaginal world, is the one argued by Aldo CAROTENUTO in his work 'Distruzione, caos e il rischio creativo', ['destruction, chaos, and the creative risk'; authors' translation], where it is clearly mentioned to reference to the chaos as a condition of creation and conflict and where creation represents the attempt to set up an order.

We so determine the vital urgency of integration, of a confrontation, of an overlap between the primordial image and the result of an artwork done upon the imaginal world itself, comparable to a VENN's diagram. It offers its contributions to psychological mechanism and clarifies the constructions that derive from, always starting from the primordial image that is not factual, not intuitive, where our work is 'à rebours'. And as the analysis progresses, we generate another image, an individualized image, and we clarify the contribution of distinct psychological mechanism and how many constructions come out starting from the primordial image and stressing that the art work represents the best compromise available in a recurrent gap between the primordial image and the result of the image seen as individualized. Individualization and the individual through the mages gather together and even when the meeting is full of sorrow and wound, through this condition it's possible to access to a state of beauty and joy.

The primordial image is probably a sort of archetypical image and a further codification could let us to the fruitful imaginal treasure, to sacred images and without a clear shape about the one who does not have a name.

The technique employed in our workshop upon images does not look like to the formation of a new mosaic, but more and more, tends to re-constructs a broken, damaged mosaic, or even rich in some parts not exploited because never used or seen as fruitful. We have to refine observation to let those unexploited 'tesserae' [universal term used in worldwide artistic vocabulary] come out, to see their imaginal light, their imaginal harmony and that have not received yet attention, care, analysis. And as all useless things, they are full of dust, out of sight, far and distant. They are similar to stars too far to be seen and retained, and due to this fatal error, inexistent.

According to mathematicians Judith FLAGG MORAN and Kim WILLIAMS, traces of material culture of previous cultures witness a seduction

for geometric motives on individuals, even a justification for the need of decoration home living spaces, but even the human body and the objects. Cognitive neurophysiologists and neuroscientists as well such as Stanislas DEHAENE e Brian BUTTERWORTH are now studying brain procedures thank to the scanning process better known as PET that visualizes brain activity while elaborating a geometric image of a peruvian tapestry. It does not give any specific orientation on the reasons oh how this elaboration takes place in a pleasant mood or has pleasant consequences or even about the reasons that inspired the weaver to create such a design in his tapestry for the first time.

Some other authors specialized in art psychology such as E. H. GOMBRICH and Rudolph ARNHEIM had hypothesized a relation between the skills to perceive geometric motives and the bulding process of cognitive development through the recognition of structures and relating it to evolution success of human species. In his work 'Intuition and intellect', essays on art psychology, ARNHEIM states, 'Perception has to look for its structure. Perception is a discovery of the structure. The structure tells us about the nature of its components and how they interact and following what kind of order'.

For Ernst GOMBRICH, in exchange with Henri ZERNER on 'The sense of order' (1979), the human sense of order is 'rooted in biological legacy' and links the perception of patterns 'lega la percezione dei' patterns to the same survival of human species.

In more recent times, John BARROW in his work 'The artful universe', reflects upon GOMBRICH's theses when he supports the idea that the principle tool for survival is clearly the ability to recognize an order inside the natural habitat, 'the recognition of an order is worth for human survival. The ability to extract a shape of a tiger from a framework motive established in an amount of leaves in the jungle constitutes an evidence of the usefulness of such a tool'.

Thanks to John BARROW, art psychology has got a psychodynamic approach and even when it gets darker because it distants itself from the charming, sweet reductio of imaginal images' theory, it is accomplished that we finished to accept and include new criteria of order, new imaginal images patterns in configurations.

The inner images pyschologist is aware about the updated configura-

tions, while he is persuaded that he is dealing with pre-existent configurations to be defined as sprouting configurations, working on the refinement of perception as well in the ability of observing and investigating and not because something new has to come out on the surface. Evolution is also the consequence of a dramatically ancient gene, think about the maternal mitochondrion that never stops to perpetuate itself. Those configurations begin to be part in artists's investigations. An outstanding example is represented by ESCHER.

During the Renaissance, Leon Battista ALBERTI wrote, 'basically, I suggest setting up the entire floor with musical and geometric lines and figures, to be sure that people inside the room are definitively attracted by culture'.

The notion of 'space and movement' turns us to psychology and to the imaginative exhortation of this metaphorical palette.

Psychology and art, why together?

It is a common condition of tense between two languages, where psychology is not necessarily a 'crutch' for art critic and where art is not simply the 'medium' between therapist and patient. It is more a dialectics between linguistic phenomenologies, where the aim is to establish some well-founded connections, to give an 'emotional feeling of integration' inside the human self, between different codes belonging to the same artistic, expressive instances.

It is the space, protected by the human consciousness, where there could be place and evidences of imaginative world movements. It is the place where human steps become clear looking for a metaphorical icon, of a 'imaginalis picturae formatio': to be intended as the creation or expression of a figurative painting (or 'iconic').

The phenomenology of art is concerned with the order, the arrangement, the taking into account of things under new existential categories, in its ability for and to narration, following a semantic framework that has an inner coherence and a communicative effectiveness.

The artist is between his own work and the unconscious. In the same way, it stands the shaman, the medium, and the psychologist. The fool is unaware and incomprehensible. The artist tends not to judge what he becomes aware of. Art deserves potential scenarios where it could be

staged the evidences of the proximity, the removal, the incoherence, the ambivalence, the fracture, the unity, the archaic, the mythology, the atrocity, the evil, the absence, the negation, the darkness, the unshaped, the sky, the magma. On the same stage a-logic, pre-logic, proto-logic conditions are set: In other words, the shadow and the dream.

According to SCHLEIERMACHER (1768-1834) interpretation is not only the one done from sacred texts, but from any texts whose meaning is not clearly expressed.

What exactly is the work of the interpreter, to be intended as the psychotherapist? Mainly, has he to be able to re-establish, renovate the sense the author wanted to express in his own art work or is it allowed to give it other meanings following the reflection on distance that separates us from it? In that sense, interpretation becomes, clearly, an exegesis rooted on historical and cultural background.

The crucial question is then, how hermeneutics of the inner-images' world could be of some help to the whole comprehension of the art work from a psychological point of view. That kind of question is, in some ways, inconceivable, seen no access to a scientific approach. It's the way, we achieve the profile, the outline starting from the 'topoi' of inner-images world. In the 'marsh' of several doubts, we always come back to the basics.

The 'formalizing', shaped action is, rightly, an action, something that is going to be what it is, something that occurs elements to be what it is. For this, it needs to set up variables such as risks, costs, psychic energies as stated by FREUD in his work, the 'Two principles of mental functioning',

The individual comes on his own to a conciliation between two principles [principle of pleasure and principle of reality]. The artist is originally a man that is outside reality a sit appears, he doesn't adjust himself to it. (1911)

We deal with a subsequent definition, an explication that does not open to any doubts, that does not mitigate through the comprehension. And there is no satisfaction for the traveller in this erratic searc for a tassel on the ground of inner-images world.

The term anima alludes to depths, and HILLMAN considers himself as a direct heir of psychodynamic psychology, whose origins went back to Heraclius and to his statement that no one could ever discover the limits

of the soul, even if travelling till the edge of world, seen the depth of its essence.

If the psyche is an image, the imaginal habit, behaviour, force according to HILLMAN, opens widely that everything is poetic and metaphoric. Henri CORBIN (1972) employed a striking expression 'mundus imaginalis' [imaginal world], while describing a real world populated by laws and purposes far from abstraction. On the other hand, according to HILLMAN, the 'mundus imaginalis' is a specific field of imaginal realities that call for method and perceptive abilities distinct from those requested in the spiritual dimension or in the empirical, naïve of the usual sensible perception. The mundus imaginalis offers an ontologic modality that set up psychological archetypes, as they result to be the vital structures of imagination or, essentially, imaginal phenomena rooted beyond senses, if not in appearance, at least for their meaning, just because they belong to imagination and are inside imagination.

The mundus imaginalis provides archetypes for a cosmic, axiomatic foundation that we could not have from biological instincts, external and disconnected shapes, numbers, social and linguistic, biochemical reactions or genetic codification. (HILLMAN 1981, p. 814).

Henri CORBIN wrote,

In ta'wil, we should translate sensible shape into imaginative shapes, and from here looking for higher and deeper meanings; then go in the opposite direction, that is, to bring back the imaginative shapes to the originary sensible shapes. This means to delete the virtual potentialities, abilities of imagination. (1972)

Probably, the question about the reasons of formalizing action is not rightly set, at least, not from the methodological point of view. The psychodynamic psychologist wants to know the 'sites' where this inner production sprouts, how it is regulated and how big or not it is. Our masters invoked the concept of soul, as nowadays, we long for knowledge. They did not fear to source to the sacred as a dimension totally human to access to the 'load-bearing walls' that continuously shape the idea of humanhood.

Marsilio FICINO (1433-1499) devoted himself to several activities, among those, three had been the most important: He had been a translator, a thinker and philosopher, and a magician. His thought is a christian revision of Neoplatonism, Florentine Humanism is rooted on Neoplato-

nism, where philosophy sprouts from an 'intellectual insight', a sudden enlightenment coming from the depths of mind. FICINO conceived a metaphysical structure for reality, according to the platonic framework, reality is set as a sequence of decreasing stages advancing to perfection. He, actually, identified them very differently from the Pagan Neoplatonic thinkers, especially categories such as: God, angel, soul, quality, to be intended as shape, and substance.

The first two stages and the last two ones are specifically distinct from one another. There is the intelligible world and the material world. The soul represents the element of junction, the meeting place where 'the heavens' intertwines with earth so the upper world is able to invigorate, to regenerate the inferior one.

The experience of beauty, Augustinus stated, is the place of risk.

We still focus on some suggestive masters of the past. It would be a pity to leave their works in the shelves of university libraries. They have still a lot to teach to ourselves, as psychotherapists.

In 1973, HILLMAN gave a lecture in Rome, where he clarified without any reductions, the epistemological constituents to explain and then figure out the background of imaginal world of mind. The title of his lecture is impressive and reveals the essentiality of what argued until now: PLOTIN, FICINO, and Vico, forerunners of jungian psychology.

'Ad Achille tutti i fatti de' forti combattitori, ad Ulisse tutti i consigli de' saggi' [To Achilles, all the events of powerful fighters, to Ulysses all the suggestions by the sages; author's transl.]. Gian Battista Vico HILLMAN, not only, offers us the opportunity for a revision of psychology opening us to the imaginal world, but, also, he supports the development of psychology of art intertwining it with the basis of archetypal psychology. Let's stress now the close relationship HILLMAN has always had with Florence and Italy.

In 1966, while staying for a while at Dora BERNHARD's house, a friend of him, located near the lake Bracciano, that he started writing his first lecture entitled 'Eranos', then included as first chapter of his work 'The myth of analysis'. For the very first time, while commenting upon the Ovidian fable of Amor and Psyche probably inspired by the several traces of Renaissance culture spread all over the country (Italy) he devoted himself to Marsilio FICINO and to Florentine Neoplatonism.

Then, some years later, in Florence, during a symposium devoted to his works at Palazzo Vecchio, the medieval town hall, HILLMAN lectured in Italian what could be defined the 'Florentine statute' of imaginal psychology.

The Florentine lecture came after the lecture given in Rome previously in 1973, the one we have just quoted, 'Plotino Ficino e Vico forerunners of Jungian Psychology', published in HILLMAN in 'The soul of the world and the thought of the heart' (1992). This one also is full of references to Italian culture, starting from DANTE, PETRARC till MICHELANGELO. All these essays develop reflections on the surrounding world and its inner beauty and push the heart to awaken to the wonder of beauty. He also wants to root an erotic of psychoanalysis that can be generated by a logic of the soul. Psychology of art can become a vocabulary of the soul and for the soul, able to care the heart of patients. On the other hand, the psychologist is the humble medium between the inner world of the patient and the inner world of the world. The psychologist of art is the one that re-arranges the 'tesserae' brought by the patient according to equations not always solved through a cognitive argument but, more from a mathematics of a mysterious, hidden, beauty represented in a fractal. It's, irrevocably, the place where the soul takes its shape.

'Quel fiore era il Cristo e al tempo stesso la città.' (Franco CARDINI)
[That flower was Christ and the city at the same time; authors' transl.]

Hermeneutik einer Bildersprache im Rahmen einer Psychologie der Kunst

Zusammenfassung von Hellmuth Cox (Freising)

Den Hintergrund der Ausführungen der Autoren Battaglini und Benelli bilden die Ideen einer Revision der Psychologie, wie sie dem Jungianer und analytischen Psychologen James HILLMAN vorschwebten und wie sie 1977 von ihm in dem gleichnamigen Buch 'Re-visioning psychology' dargelegt wurden. Bei der kritischen Überprüfung moderner und zeitgenössischer Betreiber von Psychologie und Psychotherapie beruft er sich auf die Epoche der Renaissance, die ihre Blüte in einer italienischen Stadt erlebte, die in ihrem Namen bereits eine Anspielung eben dieses Vorgangs trägt: Florenz.

Nach Florenz verlegen auch die Autoren den Beginn ihrer Betrachtung. Bei einem gemeinsamen Treffen, ganz in der Nähe des Geburtshauses DANTES, entwickeln sie ebenso versunken wie die Besucher der Stadt in den Anblick der Kunstschatze sozusagen die Idee einer 'Psychology of Art', einer Psychologie, die sowohl die Kunst zum Gegenstand hat, als auch einer Psychologie, die als Wissenschaft auf Kunst als konstitutivem Moment und als Ausgangspunkt von Erkenntnisprozessen gründet.

Die Renaissance und die in dieser Epoche vorgenommene Rückbesinnung auf die griechische Antike und ihren Göttern wird zum Bezugspunkt einer Weise des Psychologisierens, in der nicht der Mensch und die 'Majestät des Ichs' das Maß aller Dinge ist, sondern welche die Seele und ihre Bildersprache zu ihrem Recht kommen lässt. Die Seele wird durch die Anschauung erfahrbar, in Bildern begreifbar und erforschbar in Hinblick auf sie begründende Strukturen, die auch wiederum die Gestalt von Bildern annehmen, gewissermaßen von Urbildern oder Archetypen. In der Arbeit mit Patienten, ihren Äußerungen, Fantasien und Träumen versuchen die Autoren, sich eine hermeneutische Methodik zunutze zu machen, welche sich in der Auslegung und Deutung von Kunstwerken, sei es bildnerischer, sei es dichterischer Art, bewährt hat. Hierbei orientieren sie sich an Paul RICOEUR, der im Gefolge von DILTHEY, HEIDEGGER, und GADAMER eine Theorie des 'hermeneutischen Raums' geschaffen hat, in dem sich in einem spannungsvollen Bogen die Dialektik von Erklären und Verstehen ergänzt hin zu einem immer dichterem Verständnis eines Kunstwerks, und somit zu einer Entschlüsselung des eigentlichen Wesens von Subjektivität. Das geschieht in einer zirkulären Bewegung des Denkens, in dem der ganze Text in Beziehung gesetzt wird zu seinen Teilen und umgekehrt. Dieses Denken scheut sich auch nicht Ergebnisse aus anderen nicht geisteswissenschaftlichen Disziplinen zur Ausdeutung des Textes und des Bildes hinzuziehen.

In mehreren Forschungsseminaren, welche die Autoren der Kunstpsychologie widmeten, stellten sie fest, dass das Kunstwerk nicht nur ein expressives Medium ist, sondern mehr noch der Ausdruck, welcher der inneren 'eingebildeten' Welt am nächsten kommt, welche sie mit dem von HILLMAN geprägten und nicht leicht zu übersetzenden Formel einer 'poetic basis of mind' in Verbindung brachten. Die Autoren versuchen mit dieser zugegebenermaßen mehr assoziativen und mehr verdichtenden

Argumentation sich epistemologischen Themen zu nähern, welche seit jeher mit dem Namen KANTS verknüpft sind. Nach seiner Erkenntnistheorie ist der Raum, dem die Autoren neben der Sprache als Ordnungsprinzip der durch das Kunstwerk repräsentierten inneren eingebildeten Welt eine bedeutende Rolle zusprechen, eine von den Anschauungsformen, welche notwendigerweise jeglicher Möglichkeit von Erfahrung als Bedingung vorausgehen.

Die Philosophie KANTS und seine 'Kritik der reinen Vernunft' bilden den Anfang der 'naturwissenschaftlichen' Erklärung, Ausdeutung und Beherrschung der Welt. Dass die Autoren sich auf KANT und die protestantische Tradition eines transzendenten Nichterkennbaren berufen hängt eng mit dem Bemühen einer Aussöhnung zwischen jungem archetypischen Psychologisieren und den neuroästhetischen Forschungsansätzen von Semir ZEKI zusammen. ZEKI verlässt sich bei seinen Untersuchungen der Physiologie und Pathologie des Gehirns auf die Annahme vorweg gegebener Hirnkonzepte, die angeboren aber auch synthetisch sein können, greift damit nicht nur die kantsche Unterscheidung von analytischen Urteilen a priori und synthetischen Urteilen a priori auf, sondern entdeckt noch zusätzlich Analogien zwischen diesen Hirnkonzepten und künstlerischem kreativem Vorgehen: gleichsam als ob die Strukturen des Gehirns die Bedingungen des künstlerischen Schaffensprozess bereitstellen würden. Nach ZEKI erschließt sich auch umgekehrt das Funktionieren des menschlichen Gehirns aus der analytischen Betrachtung von künstlerischen Prozessen.

Der Text der Autoren kommt aber immer wieder auf das Gedankengut der Renaissance zurück. Er stellt dabei einen Denker besonders heraus: Marsilio FICINO, den HILLMAN den Patron der archetypischen Psychologie in der Epoche der Renaissance nennt, der in seinem Werk die platonische Ideenlehre wieder entstehen lässt. Das Faszinierende am Neoplatonismus ficinoscher Prägung ist, dass hier eine Antwort angestrebt wird, auf die Frage, wie das Göttliche, wie das transzendente 'Eine', als erstes und oberstes Prinzip aus seiner Abgeschlossenheit herauszutreten und sich in der Vielheit der Erscheinungsformen zu zeigen vermag.

Die Suche nach einem Einklang, welcher das Philosophieren FICINOS zu versprechen scheint, bestimmt die Ausführungen der Autoren dieses Textes in einem fort. Die Inspiration, die von den Essays HILLMANS

ausgeht, welche die tiefe Verbundenheit dieses analytischen Psychologen zu Florenz immer wieder zum Thema haben, wird spürbar in den eigenen Bemühungen der Autoren, den Sinn des schöpferischen Tun auch von Menschen, mit denen sie vor allem therapeutisch umgehen, zu ergründen und deutend zu entschlüsseln.

Die heutige Gruppe, welcher die Autoren angehören, gleicht der damaligen von FICINO geführten platonischen Akademie in Florenz, welche sich von den damals gängigen orthodoxen Lehrmeinungen umgeben sahen, die von dem Rationalismus eines Aristoteles beeinflusst waren, und die unfähig waren eine Sichtweise in den universitären Diskurs aufzunehmen, die die Seele und ihre Symbolik an die erste Stelle setzte. Von dieser manchmal hermetisch abgeschlossenen Symbolik geht die immer fort währende Aufforderung einer hermeneutischen Aufschlüsselung aus. Die sich mit dieser Aufgabe beschäftigte Psychologie der Kunst begrüßt die Hilfestellung die neuerdings von der Seite der Hirnforschung angeboten wird, einer bestimmten Richtung der Hirnforschung, deren prominentester Vertreter ZEKI allerdings und Gott sei Dank ein Platoniker ist.

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Über den therapeutischen Nutzen von Kinofilmen. Filmtherapie in der Klinik für Dynamische Psychiatrie

Georg Kress, Andrzej Guzek, Thomas Bihler (München)

There has been a growing and enduring interest of psychiatry and psychoanalysis in the art of cinema in the last twenty years. Nowadays important psychoanalytic journals as for instance the 'Psyche' publish film reviews, in which the unconscious subtext of movies is analyzed, on a regular basis. Prominent psychiatrists like Glen GABBARD use the cinematic portrayal of psychic disorders to teach their students the diagnostic basics of psychiatry. Still there are but a few attempts at using the unconscious meanings of artistic movie productions for therapeutic purposes. Film therapy at the Clinic for Dynamic Psychiatry tries to integrate the emotional experience of movies as a valuable and significant element into the therapeutic field of a psychiatric-psychotherapeutic hospital.

Keywords: psychoanalysis, movie, therapeutic effect, inpatient treatment

Zahlreiche Zeitschriftenbeiträge und Monographien belegen ein gewachsenes und anhaltendes Interesse an der Filmkunst in den Gebieten der Psychiatrie und Psychoanalyse in den vergangenen 20 Jahren. Bedeutende psychoanalytische Fachzeitschriften wie 'Psyche' veröffentlichen inzwischen regelmäßig Filmrezensionen, in denen der unbewusste Subtext von Kinofilmen analysiert wird. Prominente Analytiker wie z. B. Glen GABBARD in den USA nutzen die filmische Darstellung psychiatrischer Störungen, um ihren Studenten die diagnostischen Grundlagen der Psychiatrie zu vermitteln. Es gibt inzwischen verschiedene psychoanalytische Filmfestivals und mit Slavoj ZIZEKS 'The pervert's guide to cinema' hat das Thema 'Psychoanalyse und Film' inzwischen auch die breitere, intellektuell interessierte Öffentlichkeit erreicht. Es verwundert daher nicht, dass es in den letzten Jahren auch zunehmend Versuche gibt, das Medium Film nicht nur theoretisch zu betrachten, sondern auch praktisch für therapeutische Zwecke zu nutzen. Für die Konzeption einer psychoanalytisch fundierten Filmtherapie können die Erfahrungen aus 30 Jahren Filmtherapie in der Klinik für Dynamische Psychiatrie wertvolle Hinweise geben. Unseres Wissens gibt es keinen Ansatz einer therapeutischen Verwendung des Mediums Film, der auf eine ähnlich lange Erfahrungsgeschichte und Kontinuität zurückblicken kann.

Psychoanalytische Überlegungen zur Analogie von Film und Traum

Über die Verbindungen von Film und Psychoanalyse wurde schon viel nachgedacht und geschrieben. 1896, im selben Jahr, in dem Sigmund FREUD zum ersten Mal den Begriff Psychoanalyse verwendete, entstand auch die Erfindung des Kinetographen der Gebrüder LUMIÈRE. Ursprünglich als ein dokumentarisches Instrument zum Erfassen und Verewigen der Realität gedacht, entwickelte sich der Film schnell zu einem offenen Feld für Fantasie und Kreativität, d. h. zu einer eigenständigen Kunstform. An Stelle einfacher Realitätsabbildung wurde die Filmkunst zum Mittel einer kreativen Projektion der äußeren und inneren Realität des Menschen.

Durch die Filmkunst können Bilder, von denen man vor ihrer Erfindung nur träumen konnte, wie z. B. eine Reise zum Mond im Film des Stummfilmpioniers Georges MELIES, die Form eines konkreten, lebendigen Bildes annehmen. Durch seine spezifischen Gestaltungsmöglichkeiten ist der Film in besonderer Weise zur Überschreitung von Grenzen in Raum und Zeit, aber auch zu einer Aufhebung der Grenzen zwischen Realität und Fantasie in der Lage. Aus diesem Grund entstand schon früh im allgemeinen Verständnis eine Assoziation von Film und Traum, wie sie sich in der Redewendung abbildet, ein Filmstudio als 'Traumfabrik' zu bezeichnen. Die Analogie zwischen Film und Traum ist jedoch weit tiefergehend als die bloße Tatsache, dass den Zuschauern in einem kommerziellen Unterhaltungsfilm ihre Wunschfantasien widergespiegelt werden.

Das Medium Film ist in besonderer Weise geeignet, das Unbewusste des Zuschauers anzusprechen, seine Inhalte und seine Dynamik abzubilden. Insofern steht die Analogie von Film und Traum auch im Mittelpunkt psychoanalytischer Überlegungen zum Wesen der Filmkunst. Dies bezieht sich zunächst auf die Situation, in der Filme rezipiert werden, da diese der Situation des Träumenden sehr ähnlich ist: Man verharret regungslos in einem dunklen Raum und betrachtet bewegte Bilder, auf deren Ablauf man keinen Einfluss hat. Die passive, anonymisierte Situation, in der das Geschehen rezipiert wird, kann die Abwehr lockern und regressive Prozesse in Gang setzen.

Der Zuschauer im Kinosaal befindet sich in einem traumähnlichen Zustand, in dem die Grenzen zwischen Primär- und Sekundärprozess durchlässiger werden. Diese Dynamik wird durch die besonderen Gestaltungsmöglichkeiten des Films zusätzlich gefördert. Mit dem Eintritt in die Welt des Films ändern sich die im bewussten Alltagsleben unverrückbar gültigen Gesetze von Zeit, Raum und Logik. Der Zeitablauf im Film kann, ebenso wie im Traum, von den üblichen Regeln befreit werden. Durch die Schnitttechnik des Film kann Zeit verkürzt und beschleunigt werden, ebenso wie sie z. B. über Zeitlupe verlangsamt und ausgedehnt werden kann. Der Ablauf der Zeit kann z. B. über Rückblenden umgekehrt werden, er lässt sich aber auch unendlich wiederholen, so dass z. B. eine Handlungskette mit Variationen mehrmals hintereinander gezeigt werden kann, z. B. in dem Film 'Und täglich grüßt das Murmel-tier'.

Auch die Grenzen zwischen Vergangenheit, Gegenwart und Zukunft können durch den Film aufgehoben werden: man kann in einem Moment die Geschehnisse im antiken Rom betrachten und, als Fernsehzuschauer, wenn man nur einen Knopf drückt, im nächsten Moment Raumfahrern dabei zusehen, wie sie auf einem fernen Planeten mit Außerirdischen kämpfen.

So wie die Zeit unterliegt auch der Raum im Film keiner der üblichen Regeln. Durch den Film erhält der Betrachter Zugang zu jedem möglichen Ort, ein Zugang der ihm im normalen Leben verwehrt ist: von der Wellblechhütte in einem Slum bis zum Schlafzimmer im Königspalast kann man überall zugegen sein. Diese Entgrenzung des Raums ist wiederum analog zum Erleben im Traum. Auch die Grenze zwischen der äußeren und inneren Welt des Menschen kann im Film überwunden werden. Man kann Einblick in die innere Welt von Fantasien, Gedanken, Gefühle und Erlebnissen der in einem Film handelnden Personen gewinnen, deren Welt miterleben und sich damit identifizieren. In diesem so geöffneten inneren Raum des Menschen, entfalten sich individuelle und kollektive Elemente des Unbewussten, so dass der Film, ähnlich wie im Traum, eine Möglichkeit eröffnet, den unbewussten Inhalten der Märchen und Mythen, den archaischen Symbolen und Archetypen zu begegnen. Diese Begegnung findet, wie bereits erwähnt, in einem psychisch aufgelockerten Zustand statt, in dem die Grenzen zwischen Primär- und

Sekundärprozess durchlässig werden. Hier findet sich auch eine Analogie zwischen dem Betrachten von Filmen und dem Erleben des Analysanden in der psychoanalytischen Situation. Es ist von daher ein nahe liegender Gedanke, die spezifischen Qualitäten des Filmerlebens auch für therapeutische Zwecke nutzbar zu machen. Dieser Versuch wird in der Filmtherapie der Klinik für Dynamische Psychiatrie unternommen.

Filmtherapie in der Klinik für Dynamische Psychiatrie

Schon bald nach der Gründung der Klinik für Dynamische Psychiatrie im Jahr 1979 bildete sich unter den damaligen Patienten eine Interessengruppe Film. Deren Anliegen war kein therapeutisches, sondern bestand in dem Wunsch einiger filmbegeisterter Patienten, als Freizeitgestaltung während des Klinikaufenthalts anspruchsvolle Filme vorzuführen. Die Anregung, diese Interessengruppe in ein therapeutisches Angebot umzugestalten, kam von einem der Autoren, Andrzej GUZEK, der Anfang der achtziger Jahre als Psychiater in der Klinik tätig war. Da der Cineast GUZEK als Psychiater in einer Klinik in Warschau schon Erfahrungen gesammelt hatte, Patienten Filme vorzuführen und sie gemeinsam zu besprechen, wurde Anfang 1982 zusammen mit Georg KRESS, dem Kunsttherapeuten der Klinik, die Filmtherapie aus der Taufe gehoben. Die Filmtherapie findet seither unter der Leitung von Georg KRESS einmal wöchentlich von 19-22 Uhr mit einer Gruppe von ca. 12-16 Patienten statt.

Wirkfaktoren der Filmtherapie

Da die Filmtherapie, wie sie in der Klinik für Dynamische Psychiatrie seit 30 Jahren besteht, dem Kenntnisstand der Autoren nach eine singuläre Erscheinung darstellt, gibt es dem entsprechend keine Literatur, auf die man bei der Frage nach möglichen Wirkfaktoren zurückgreifen könnte. Die im Folgenden skizzierten Wirkfaktoren sind daher als eine erste, hypothesengenerierende Annäherung zu verstehen, die noch nicht durch empirische Daten belegt werden kann. Im Anschluss an die theoretische Erörterung möglicher Wirkfaktoren sollen diese Thesen anhand einer Fallvignette illustriert werden, die aus der teilnehmenden Beobachtung von einem der Autoren (BIHLER) an einem Abend der Filmtherapie ent-

standen ist.

Eine erste Annäherung an Wirkfaktoren der Filmtherapie kann sich der bereits erwähnten Analogie von Film und Traum bedienen. Wenn man diese Analogie ernst nimmt, so kann man sagen, dass das Erleben eines Films in der Filmtherapiegruppe einem gemeinsam geträumten Traum der Teilnehmer ähnelt. Der Film gleicht in dieser Analogie einem Traum, der in einer psychotherapeutischen Gruppe erzählt wird, die Statements der Teilnehmer der Filmtherapie in der anschließenden Besprechung bekommen dadurch den Status von Assoziationen zu diesem Gruppentraum. Ein wesentlicher Unterschied zur psychoanalytischen Gruppentherapie besteht allerdings darin, dass der 'Gruppentraum' und die 'Assoziationen' in der Filmtherapie nicht gedeutet werden.

Die Filmtherapie ist keine aufdeckende Therapieform in dem Sinne, dass die Stellungnahmen der Teilnehmer deutend in Bezug gesetzt würden zu ihrer Lebensgeschichte oder Psychodynamik. Man könnte nun aus Sicht einer aufdeckenden Therapie, deren Rationale vor allem an der Behandlung neurotischer Patienten ausgerichtet ist, fragen, welchen Wert die Filmtherapie denn hat, wenn sie die Möglichkeiten, die sich ihr für eine Bewusstmachung unbewusster Vorgänge bieten, nicht interpretierend nutzt. Diese Frage ist berechtigt, zielt jedoch an den mit unserer Form von Filmtherapie verknüpften Intentionen vorbei.

Die in der Klinik für Dynamische Psychiatrie praktizierte Form der Filmtherapie ist speziell auf die Bedürfnisse und Möglichkeiten von archaisch ich-kranken Patienten mit schweren Persönlichkeitsstörungen ausgerichtet, die das Gros der Patienten der Klinik stellen. Wenn wir unter diesem Blickwinkel erneut die Analogie von Film und Traum betrachten, so lässt sich nun präziser fragen, welche therapeutischen Vorteile mit einem solchen gemeinsam geträumten, cineastischen Gruppentraum für diese Patientengruppe verbunden sind. Um diese Frage zu beantworten, muss man einen Blick auf das Traumverhalten ich-strukturell gestörter, vielfach auch traumatisierter Patienten werfen. Dabei treten zwei Varianten zutage: entweder ist das Traumverhalten durch eine zu restriktive Abwehr gestört, d. h., dass über sehr lange Zeiträume überhaupt keine Träume erinnert werden können, oder die Abwehr ist zu schwach ausgeprägt, so dass Träume überflutend traumatisch erlebt und erinnert werden und das Ich sich kaum von den im Traum auftretenden

Inhalten abgrenzen kann. Therapeutisch ergeben sich für diese beiden Typen also diametral entgegen gesetzte Notwendigkeiten: für Patienten mit zu starrer Ich-Abgrenzung geht es darum, die fehlende Traumfähigkeit zu ersetzen bzw. das Unbewusste zu stimulieren und ihm Ausdrucksmöglichkeiten zur Verfügung zu stellen. Für Patienten mit zu geringer Abgrenzung nach innen muss es darum gehen, ihnen bei der Abgrenzung zu helfen und ihre schwachen Ich-Grenzen zu stärken. Für beide Aspekte der Arbeit mit archaisch ich-kranken Patienten kann die Filmtherapie einen wichtigen Beitrag leisten.

Für Patienten mit starrer Abgrenzung kann das Filmerlebnis in der Analogie von Film und Traum zu einer Kompensation für ihre defizitäre Traumfähigkeit werden. Filme in der Filmtherapie kann man also verstehen als Träume für Patienten, die nicht träumen. So wie ein in der Gruppentherapie erzählter Traum die Identitätskonflikte aller Teilnehmer berührt und alle von der Erzählung eines Traumes profitieren, profitieren die Teilnehmer der Filmtherapie von dem stellvertretend für sie geträumten Traum der Filmerzählung.

Das Filmerlebnis wirkt auf das Unbewusste eines jeden Teilnehmers in je spezifischer Weise. Das Unbewusste stellt Verknüpfungen zur Lebensgeschichte her, durch die vom Film gegebenen emotionalen und kognitiven Stimuli kommen psychodynamische Prozesse in Gang. Diese Verknüpfungen werden in der anschließenden Fallvignette noch beispielhaft aufzuzeigen sein. Insofern die Patienten selektiv auf die Filminhalte reagieren, die Assoziationen zu ihrer Lebensgeschichte erlauben und/oder in Einklang mit ihrer aktuellen psychodynamischen Problematik zu bringen sind, kann man das Filmerlebnis in Analogie zu therapeutischen Techniken wie Konfrontation, Affektualisierung und Amplifikation verstehen. Der Film stellt dem Teilnehmer also Formen zur Verfügung, durch die sein Unbewusstes provoziert wird und die ihm so die Möglichkeit zur emotionalen Reaktion und zur Selbstbegegnung eröffnen. Das Filmerlebnis, das ein 'totales Erlebnis' aus Sprache, Bild, Handlung, Musik, Farbe usw. darstellt, spricht dabei Bereiche an, die in den verbalen Therapien in dieser Form nur schwer erreichbar sind.

Da die Filmtherapie wie bereits erwähnt, keine aufdeckende, deutende Therapieform ist, auch keine Widerstandsanalyse betreibt, vertraut sie in ihrer Vorgehensweise auf FREUDS Maxime: „Es wird sich finden“, d. h.

dass das Unbewusste eine ihm innewohnende Tendenz zur Selbstbegegnung, man könnte vielleicht auch sagen, zur Selbstheilung aufweist. Wenn durch das Filmerlebnis bei einem Patienten eine emotionale Reaktion, eine Einsicht in eigenes Betroffensein ausgelöst wird und direkt in der Nachbesprechung zum Ausdruck kommt, so wird dies als wertvoller Effekt verstanden. Solche Reaktionen werden jedoch nicht durch therapeutische Interventionen provoziert, sondern es wird, sollte bei einem Patienten die Abwehr überwiegen, davon ausgegangen, dass es für ihn noch wichtig ist, sich von seinem Betroffensein abzugrenzen und seine Abwehr wird nicht in Frage gestellt.

Indem die Filmtherapie also Reize für das Unbewusste setzt, Patienten ohne ausreichendem Zugang zu ihrem Unbewussten über das Filmerlebnis in emotional signifikante Dynamiken involviert, hat sie für die anderen verbalen und nonverbalen Therapien in der Klinik eine vorbereitende und unterstützende Funktion. Es wird davon ausgegangen, dass durch das Filmerlebnis im Unbewussten dynamische Prozesse angestoßen bzw. bereits bestehende Dynamiken verstärkt werden und diese dann in den anderen Therapieformen zur Bearbeitung kommen können.

Wenden wir uns nun der diametral entgegengesetzten Aufgabe zu, nämlich der Unterstützung von archaisch ich-kranken Patienten mit defizitärer Abgrenzung nach außen und innen. Auch in dieser Hinsicht kann die Filmtherapie einen wichtigen Beitrag liefern. Während es bei Patienten mit destruktiver Abgrenzung vor allem darum geht, die starre Abwehr gegen emotionales Involviertsein und unbewusste Dynamiken zu öffnen, ihnen einen Zugang zu sich selbst zu ermöglichen, geht es bei der zweiten Patientengruppe vor allem darum, zu schließen, ihnen dabei zu helfen, ihre ungenügend ausgebildeten Ich-Grenzen zu stärken und eine Abgrenzung gegen ein Überflutetwerden von Emotionen und unbewussten Inhalten zu gewährleisten.

Würde die Filmtherapie dies nicht leisten, könnte der gemeinsam geträumte Traum des Filmerlebnisses für manche Patienten leicht zum Albtraum werden oder auch zum traumatischen Erlebnis. Potenziell traumatisch auch deshalb, weil die meisten in der Filmtherapie gezeigten Filme in ihrer Handlung dramatische Vorgänge und Konflikte aufweisen, die an real erlebte Traumatisierungen der Patienten anknüpfen und diese aktivieren können. Dass die Filmtherapie unter diesen Umständen nicht

re-traumatisierend wirkt, sondern im Gegenteil abgrenzend und damit heilsam gegen traumatische Erlebensweisen und Erinnerungen, liegt an der Natur des Filmerlebens selbst, das als solches nicht nur eine involvierende, Identifikation ermöglichende, sondern auch eine genuin distanzierende und abgrenzende Qualität besitzt. Dies wurde vor allem in der auf Imaginationsübungen basierenden Spielart der Traumatherapie erkannt und therapeutisch konsequent genutzt.

Die Traumatherapie arbeitet unter anderem mit der imaginativen 'Bildschirmtechnik'. Dabei wird der Patient instruiert, traumatische Erinnerungen so zu visualisieren, als ob er sie distanziert als Zuschauer eines Films auf einem Bildschirm betrachten würde. Der distanzierende Effekt, auf den dabei gesetzt wird, beruht vor allem darauf, dass der Patient das traumatische Erleben nicht mehr als eine übermächtige, überflutende Gewalt in seiner inneren Welt erlebt, der man hilflos ausgeliefert ist, sondern diese als außerhalb seines Selbst erlebt, als einen Vorgang in der Außenwelt, mit dem man in der Imagination auf verschiedene Art und Weise umgehen kann. Diese Abgrenzung des Selbst vom Trauma wird noch durch die Imagination des Filmerlebnisses verstärkt, das aufgrund der Qualität des 'Gemachten', Nicht-Realen des Films, immer auch die Möglichkeit der Des-Identifikation bietet. Beim Film ist eine distanzierende Haltung jederzeit möglich: „Das ist ja nur ein Film, nicht die Realität“. Die Darstellung traumatischer Erlebensweisen im Film bekommt somit die therapeutische Qualität eines dritten Objekts, das einen distanzierten und distanzierenden Umgang und damit eine Stärkung der Abgrenzung und der Ich-Grenzen ermöglicht.

Diese Janusköpfigkeit des Filmerlebnisses, das sowohl Identifikations- wie auch Distanzierungsmöglichkeiten bietet, kann zu einer Präzisierung der oben erwähnten Analogie zwischen Film und Traum führen. Man müsste dementsprechend sagen, dass der Film eine Art 'Traum light' darstellt, eine Möglichkeit des 'luziden Träumens', bei der in der Identifikation mit dem auf der Leinwand Gezeigten die Traumsituation zwar gegeben ist, die äußere Realität und das bewusste Ich des Sekundärprozesses jedoch, im Gegensatz zum nächtlichen Traum, nicht ausgelöscht sind. Man kann während der Filmvorführung zum Beispiel den Blick schweifen lassen, den Raum und die Mitpatienten betrachten, sich über andere Dinge als den Film Gedanken machen, einen Schokoriegel essen,

den Raum auch vorübergehend verlassen, um zur Toilette zu gehen etc.. Alle diese Handlungen sind Handlungen, die in der Situation des nächtlichen Traums nicht möglich sind, wo die einzige Möglichkeit, sich von überfordernden Inhalten zu distanzieren darin besteht, die Traumhandlung zu unterbrechen und entweder durch eine anders gestaltete Szene fortzusetzen oder zu erwachen.

Diese Kontrollmöglichkeiten, die durch das Fortbestehen des Sekundärprozesses in der Situation der Filmvorführung gegeben sind, hat sich auch die Traumatherapie zu Nutzen gemacht. Die so genannte 'Videorekordertechnik' ist eine Fortentwicklung und Erweiterung der Bildschirmtechnik. Dabei wird der Patient instruiert, sich vorzustellen, sein 'Traumafilm' würde von einem Videorekorder abgespielt, den er in der Imagination bedienen kann, mit Standbild, Zeitlupe, Vor- und Zurückspulen etc.. Diese Imagination soll dem Patienten helfen, in der traumatischen Situation verlorene Situationskontrolle zurückzugewinnen und ein Gefühl der Selbstwirksamkeit gegenüber dem traumatischen Erleben erzeugen bzw. die Selbstwirksamkeit stärken.

Obwohl die Filmtherapie dem einzelnen Teilnehmer diese Kontrollmöglichkeiten nicht einräumt, ist das Setting der Filmtherapie dennoch geeignet Selbstwirksamkeitsüberzeugungen zu erhöhen. Zum einen sind der Laptop, auf dem die DVD abgespielt wird und der Beamer für die Projektion in der Mitte des Raums aufgebaut, was für jeden Teilnehmer sichtbar signalisiert, dass die Gruppe die Kontrollmöglichkeit über das Geschehen auf der Leinwand hat: man könnte jederzeit den Film anhalten, zurückspulen, in Zeitlupe laufen lassen etc.. Zum anderen signalisiert der Charakter der Filmtherapie als einer sich selbst organisierenden Interessengruppe Selbstverantwortung, Kontrolle und Selbstwirksamkeit: Filme müssen in der Videothek ausgeliehen, zurückgegeben und bezahlt werden. Ein Film für die nächste Filmtherapiesitzung muss ausgesucht, vorgestellt und beschlossen werden. Ein unterhaltender, nicht therapeutischer Film für die samstägliche Filmvorführung für alle Patienten muss überlegt und vorgeführt werden. Es gibt einen Schatzmeister, einen Filmvorführer, einen Protokollanten. Neue Teilnehmer müssen begrüßt, andere Teilnehmer, die entlassen werden, verabschiedet werden. Alle diese realitätsbezogenen Aktivitäten der Filmgruppe, die gruppendynamischen und organisatorischen Vorgänge vor und nach der Filmvorfüh-

rung schaffen einen therapeutischen 'Rahmen' im Sinne des Sekundärprozesses, der geeignet ist, der Gruppe dabei zu helfen, auch schwierigste primärprozesshafte Inhalte der gezeigten Filme abzugrenzen und dabei ein Gefühl von Situationskontrolle und Selbstwirksamkeit aufrecht zu erhalten.

Die genannte milieutherapeutischen Elemente der Filmtherapiegruppe verweisen darauf, dass die Filmtherapie neben der zentralen Arbeit an der Abgrenzung und der Flexibilisierung der Ich-Grenzen der Teilnehmer noch weitere strukturaufbauende und strukturstärkende Effekte hat. So kann über die Identifikationsangebote, die der Film macht, auch die Empathiefähigkeit der Teilnehmer gefördert wird. Die abgrenzende Wirkung des Filmerlebnisses und der anschließenden Besprechung kann sich positiv auf die strukturellen Fähigkeiten der Teilnehmer zur Affekttoleranz und Affektregulation auswirken. Dadurch, dass jeder Teilnehmer in der Schlussrunde zu einer persönlichen Stellungnahme in Bezug auf den Film aufgefordert ist, werden die Selbstreflexion, die Affektwahrnehmung, die Symbolisierungsfähigkeit und die Fähigkeit zur affektiven Kommunikation gefördert.

Da die Stellungnahmen der Teilnehmer nicht analysiert, diskutiert oder kritisiert werden, sondern als authentische Äußerung des je individuellen Filmerlebnisses akzeptiert werden, erfahren die Teilnehmer für ihre persönliche Realität Akzeptanz und Wertschätzung, was eine positive Wirkung auf ihren Selbstwert beinhaltet. Abschließend zu den therapeutischen Wirkfaktoren der Filmtherapie sei noch bemerkt, dass neben diesen direkten therapeutischen Effekten auch der Aspekt der kulturellen Anregung und Geistigkeit als indirekter therapeutischer Effekt zu berücksichtigen ist.

Günter AMMON hat in seinen theoretischen Schriften immer wieder die eminente Bedeutung der Geistigkeit für die Borderlinetherapie betont. Kulturelle Anregung und geistige Auseinandersetzung mit kulturellen Fragen und Themen erscheint dabei als ein zentrales Therapeutikum für die innere Leere, die Mentalisierungsdefizite, Identitätsschwäche und allgemeine Orientierungslosigkeit von Menschen mit einer Borderlinestruktur. In der Filmtherapie kommen Patienten in Kontakt mit cineastischen Kunstwerken, die nicht nur ihr ästhetisches Empfinden und ihre ästhetische Wahrnehmung fördern, sondern sie auch im günstigsten Falle

zur geistigen Auseinandersetzung mit grundlegenden Fragen des Menschseins anregen und herausfordern, d. h. letztlich auch zur Auseinandersetzung mit grundlegenden Fragen ihrer eigenen Identität, was nach Ammon das zentrale Anliegen der Borderlinetherapie ist und sein muss.

Fallvignette aus der Filmtherapie: 'Das Piano' von Jane Campion

Die folgende Fallvignette bezieht sich auf einen willkürlich ausgewählten Abend der Filmtherapie, bei dem einer der Autoren (BIHLER) als teilnehmender Beobachter zugegen war. Die Eindrücke, die von diesem Abend hier referiert werden, sollen nicht als empirische Belege für die zuvor gemachten theoretischen Ausführungen gewertet werden, sondern haben lediglich den Zweck, das zuvor theoretisch Gesagte durch ein Beispiel aus der Praxis zu illustrieren.

An diesem Abend wurde der Film 'Das Piano' gezeigt. Der Film der neuseeländischen Regisseurin Jane CAMPION aus dem Jahr 1994 ist ein eindrucksvolles Meisterwerk der Filmkunst, wurde unter anderem mit drei Oscars und der Goldenen Palme in Cannes ausgezeichnet und gilt zurecht als ein moderner Klassiker.

Die Handlung

Der Film spielt in der Mitte des 19. Jahrhunderts. Ada McGrath, die weibliche Hauptperson, ist eine leidenschaftliche Klavierspielerin und stumm. Es heißt, sie habe nicht gesprochen, seit sie sechs Jahre alt war. Sie selbst empfindet sich jedoch nicht als stumm, da sie sich über ihr Klavier ausdrücken kann. Zu Beginn des Films verlässt sie mit ihrer neunjährigen Tochter Flora und dem Klavier ihre Heimat Schottland, da ihr Vater sie mit dem in Neuseeland lebenden Briten Alistair Stewart verheiratet hat. Nach ihrer Ankunft in Neuseeland muss sie mit ihrer Tochter die erste Nacht am Strand verbringen, da niemand erschienen ist, sie zu empfangen. Am nächsten Morgen wird sie von ihrem zukünftigen Mann Stewart und dessen Bekanntem George Baines abgeholt. Das geliebte Klavier muss gegen ihren Willen am Strand zurückbleiben, da Stewart in dem Instrument keinen praktischen Zweck erkennen kann. In ihrer Not ritzt Ada die Tastenanordnung eines Klaviers in eine Tischplat-

te und imitiert darauf zu Floras Gesang die Klavierbegleitung. Das veranlasst Stewart, an ihrem geistigen Gesundheitszustand zu zweifeln. Seinen Versuchen, ihre Zuneigung und Zuwendung zu gewinnen, entzieht sie sich.

Um ihr Klavier wiederzusehen, bittet Ada den benachbarten Baines, sie und Flora an den Strand zu führen. Erst nach einiger Zeit willigt er ein und Ada kann so am Strand auf ihrem Klavier spielen. Baines erkennt, augenscheinlich fasziniert von Adas hingebungsvollem Spiel, wie wichtig ihr das Klavier ist, und erwirbt es wenig später von Stewart im Tausch gegen ein Stück Land. Er lässt es vom Strand holen und erbittet bei Stewart Klavierunterricht durch Ada. Diese weigert sich zunächst, ihr Ehemann zwingt sie aber dazu, damit ihm das begehrte Stück Land nicht entgeht. Baines will allerdings gar nicht selbst Klavier spielen, sondern nur Ada zuhören und zusehen um ihr nahe zu sein. Er schlägt ihr ein Tauschgeschäft vor: gegen gewisse erotische Gefälligkeiten könne sie ihr Klavier zurückerhalten. Für jeden Besuch werde sie eine Taste ihres Klaviers symbolisch wieder erwerben. Sie willigt widerstrebend ein. Von Unterrichtsstunde zu Unterrichtsstunde erkauft sich Baines nun eine immer größere körperliche Nähe, für die Ada immer mehr Tasten des Klaviers aushandelt.

Nach einem Lientheaterabend in der Missionsstation, bei dem Baines seine tieferen Gefühle für Ada klar geworden sind, gibt er ihr das Piano vorzeitig zurück, da er inzwischen ein schlechtes Gewissen hat und sie nicht zu einer Prostituierten machen will. Er möchte, dass Ada ihn gern hat und freiwillig zu ihm kommt, aber da sie das nicht tue, wolle er ihr seine Zuneigung nicht länger aufzwingen. Ada hat nun ihr Piano wieder, fühlt sich aber zu ihrer eigenen Verwunderung trotzdem nicht glücklich. Sie vermisst Baines und sucht ihn erneut auf. Sie gibt ihm zu verstehen, dass sie ebenfalls Gefühle habe, und beide schlafen miteinander. Stewart beobachtet das Paar dabei heimlich. Ihm hat sich Ada bisher nie hingegeben und er hatte gehofft, dass sie mit der Zeit 'zutraulicher' werden würde, wie er es nennt.

Stewart passt Ada am nächsten Tag auf dem Weg zu Baines im Wald ab, küsst sie, reißt sie zu Boden und bedrängt sie immer heftiger. Als ihre Tochter nach ihr ruft, lässt er jedoch wieder von ihr ab. In der Folge sperrt er Ada in ihrem Zimmer ein, verriegelt die Tür und vernagelt die

Fenster. Aus Sehnsucht nach Baines kommt Ada mehrmals nachts zu Stewart ins Schlafzimmer und streichelt ihn, der sich nun Hoffnungen macht. Sie lässt jedoch ihrerseits nie eine Berührung durch Stewart zu. Er sagt, er habe beschlossen ihr zu vertrauen und sperrt sie nicht weiter ein. Sie verspricht ihm, Baines nicht mehr zu besuchen.

Sobald Stewart aber wieder fern des Hauses in der Wildnis arbeitet, entnimmt sie eine Taste des Klaviers und schreibt darauf 'Dear George you have my heart' (Lieber George, dir gehört mein Herz). Die Taste verpackt sie und schickt Flora diese Baines zu überbringen. Flora eilt jedoch zu Stewart, der im Zorn zurückkehrt und mit seiner Axt erst eine tiefe Kerbe in das Klavier schlägt, dann Ada den rechten Zeigefinger abhackt. Die verstörte Flora muss statt der Taste Adas Finger zu Baines bringen und soll ihm mitteilen, dass Stewart Ada noch mehr Finger abhacken werde, sollte Baines sich weiter mit Ada treffen.

Während Ada in Fieberträumen liegt und Stewart sie pflegt, versucht er seine Tat vor ihr zu rechtfertigen und behauptet 'ihr lediglich die Flügel gestutzt zu haben'. Als er ihre Decken lüftet, veranlasst ihn der Anblick ihrer nackten Beine zu einem erneuten Vergewaltigungsversuch. Da sie in dem Moment zufällig die Augen öffnet und ihn scheinbar direkt anschaut, lässt er wieder von ihr ab und hat gleich darauf das Gefühl, Worte von ihr zu vernehmen. In einem Zustand der Verwirrung dringt er nachts in Baines Haus ein, hält ihm ein Gewehr an den Kopf und versucht Herr der Lage zu werden. Er spricht von Adas Stimme in seinem Kopf, die ihn gebeten habe, sie und Baines gehen zu lassen. Er gibt an, wieder der Mann sein zu wollen, der er vorher war, und fordert Baines auf mit Ada fortzugehen.

Ada, Baines und Flora fahren in einem Boot fort. Das Klavier ist mit an Bord. Ada verlangt überraschend, es ins Meer zu werfen, da es befleckt sei. Also wird es über Bord gestoßen. Plötzlich lässt sie sich mutwillig von dem Seil, mit dem das Klavier festgebunden ist, hinunter in die Tiefe ziehen. Erst im letzten Moment entscheidet sie sich doch für das Leben, befreit sich vom Seil und rettet sich an die Wasseroberfläche.

Baines, Ada und Flora leben nun gemeinsam in Nelson auf der Südinsel Neuseelands. Ada arbeitet als Klavierlehrerin und trägt einen silbernen Ersatzfinger, den ihr Baines angefertigt hat. Langsam beginnt sie, sprechen zu lernen. Nachts denkt sie manchmal an ihr Klavier am Grun-

de des Meeres und sieht sich, an das versunkene Klavier gebunden, in völliger Stille im Ozean schweben.

Soweit zur Nacherzählung der Filmhandlung.

Unbewusster Subtext der Filmhandlung

In einem weiteren Schritt wäre nun zu fragen, welche Themen der Film anbietet, die das Unbewusste der Zuschauer inspirieren können? Die Frage richtet sich also auf den unbewussten Subtext der Filmhandlung, auf die Psychodynamik, die der Filmhandlung zugrunde liegt und die den Film als geeignet für die Zwecke der Filmtherapie ausweisen kann. Dazu ist zu bemerken, dass der Film eine Vielzahl von relevanten Themen und symbolischen Vorgängen anbietet, mehr als im gegenwärtigen Kontext behandelt werden können. Eine ausführliche psychoanalytische Filminterpretation von 'Das Piano' wäre sicher ein lohnendes Unterfangen, würde aber den gegebenen Rahmen bei weitem sprengen.

Wir müssen uns also darauf beschränken, nur die Hauptthemen kurz zu streifen. Das zentrale unbewusste Thema des Films ist das Drama von Symbiose und Individuation. Obwohl wir als Zuschauer die Vorgeschichte der Hauptperson Ada nicht kennen, also nicht wissen, was die Ursachen für ihre Verstrickung in einer verlängerten, destruktiven Symbiose sind, die ihren Individuationsprozess behindert, lässt die symbolische Gestaltung des Films keinen Zweifel offen, dass es sich so verhält.

Das Piano, von dem Ada zu Anfang gänzlich abhängig ist, symbolisiert dabei den Körper der symbiotischen Mutter. Ada selbst befindet sich in einem regressiven Zustand, der nicht nur präödiplal ist, sondern auch präverbal, womit ihre Stummheit also auf die symbiotische Phase des ersten Lebensjahres verweist. Die allmähliche Lösung aus der Symbiose wird in dem Film mehrfach als erneutes symbolisches Durchtrennen der Nabelschnur inszeniert: durch das Herauslösen einer Taste aus dem Piano, durch das Abtrennen von Adas Zeigefinger, schließlich durch das Durchtrennen des Seils, das Ada an das Piano fesselt und sie mit ihm in die Meerestiefe des Unbewussten zu reißen droht. Die vorletzte Szene des Films, in der sich Ada schließlich für das Leben entscheidet und das Piano im Meer versinkt, symbolisiert dabei einen vorläufigen Abschluss des Individuationsprozesses, den die Hauptperson im Verlauf des Filmes erlebt, inszeniert als symbolische zweite Geburt.

Der Individuations- und Geburtsprozess erscheint dabei immer wieder als grausamer und schmerzhafter Vorgang der Trennung, der an der Grenze von Leben und Tod stattfindet. Dieses existenzielle Drama verleiht dem Film seine emotionale Wucht und archaische Signifikanz. Verstärkt wird diese Dynamik dadurch, dass der Kampf um Trennung und Individuation nicht nur die Hauptperson Ada betrifft, sondern sich parallel auch in ihrer Tochter Flora vollzieht, die ihrerseits darum ringt, die symbiotische Verstrickung mit ihrer Mutter zu lösen und zu einer Triangulierung der Symbiose durch einen Ersatzvater, zuerst Stewart, dann Baines, zu gelangen.

Auch Flora erlebt die Individuation als einen grausamen Vorgang, in dem sie verletzt wird, selbst ihre Mutter verletzt und dadurch Schuld auf sich lädt. Parallel zum Individuationsprozess von Ada entwickelt sich aber auch der Übergang von der präödipalen Phase zur ödipalen Phase der Entwicklung. Das Erwachen des sexuellen Begehrens bei Ada, die Entwicklung einer personalen Liebesbeziehung zu Baines, das dadurch entstehende Dreiecksverhältnis von Ada, Stewart und Baines, das von Begehren, Schuld und Rivalität gekennzeichnet ist, sind Eckpunkte, die den zweiten Strang der Psychodynamik in Jane Campions Film umreißen. Alle diese Themen machen den Film für die Filmtherapie geeignet und wertvoll. Insbesondere der Subtext von Symbiose und Individuation ist für archaisch ich-kranke Patienten, wie sie das Gros der Teilnehmer der Filmtherapie darstellen, von großer Relevanz, da die Lösung des Symbiosekomplexes den zentralen Punkt der Therapie aller Borderlinestrukturen darstellt.

Die Reaktionen der Filmtherapiegruppe auf den Film 'Das Piano'

Nachdem der unbewusste Subtext des Films kurz skizziert wurde, möchten wir nun anhand ausgewählter Statements von Teilnehmern der Filmtherapie darstellen, wie diese auf den Film reagierten.

Der Umgang mit Symbiose, Individuation und der Möglichkeit oder Unmöglichkeit der Triangulierung aus einer männlichen Perspektive zeigte sich in der Schlussbesprechung sehr gut an zwei Teilnehmern, Herrn A und Herrn B. Zudem zeigt dieses Beispiel sehr deutlich, wie die Filmtherapie in die laufenden unbewussten Prozesse der Therapie der einzelnen Teilnehmer eingebunden sein kann.

Zwischen Herrn A und Herrn B, die beide in der selben Gruppentherapie waren, war es bereits am Vortag der Filmtherapie zu einer Auseinandersetzung in der Therapiegruppe gekommen. Herr A befand sich schon seit einiger Zeit in einer intensiven Auseinandersetzung mit seiner äußerst problematischen Mutterbindung. Er hatte sich als Kind von seiner Mutter, die ständig an ihm herumnörgelte und zu impulsiven Wutausbrüchen neigte, immer wieder klein gemacht und unterdrückt gefühlt. Nun reagierte er bei den kleinsten Anzeichen, dass eine Frau ihn dominieren könnte, mit intensivem paranoischem Erleben und heftiger Wut. In der Woche der Filmtherapie hatte sich das paranoische Bedrohungserleben von Herrn A so sehr gesteigert, dass sich die Mutterübertragung wahllos auf verschiedene Mitpatientinnen ausdehnte, er diese Frauen unbewusst immer wieder provozierte und dadurch ständig in aggressive Konflikte mit Frauen geriet.

Auch Herr B litt unter einer ungelösten problematischen Mutterbindung. Bei ihm war der Fall allerdings etwas anders gelagert: seine Mutter schwankte in der Kindheit zwischen übergroßer Nähe und bestrafendem, gekränktem Rückzug. Dadurch entwickelte auch Herr B große Schuldgefühle und eine übermäßige Anpassung an die Mutter. Aufgrund der stark ausgeprägten Doppelgesichtigkeit der Mutter fiel es ihm aber leichter als Herrn A, seine wohl kaum geringere Wut auf die Mutter, und gegen Frauen im Allgemeinen, abzuspalten und zu verleugnen. Aufgrund seiner starken Schuldgefühle gegenüber Frauen, ausgelöst durch seine unbewusst gewordene mörderische Wut auf die Mutter, entwickelte er sich in Identifikation mit dem Aggressor und aufgrund von Reaktionsbildung zum 'Frauenverstehrer' und 'Frauenretter', der sich immer wieder als 'treuer Diener' für alle bedrängten Frauen anbot.

Somit bestand bei Herrn A und Herrn B eine Polarisierung, dergestalt, dass jeder im anderen die Anteile widergespiegelt sah, die er bei sich selbst abgespalten hatte: Herr A sah in Herrn B die eigene ängstliche Anpassung, Unterordnung und Abhängigkeit von Frauen, gegen die er sich in seiner paranoischen Wut beständig zur Wehr setzte, während Herr B in Herrn A seine eigene abgespaltene Wut gegen Frauen erkannte, zu der er sich aufgrund seiner Schuldgefühle unter keinen Umständen bekennen konnte und wollte.

In diesem Konflikt waren sie am Vortag aufeinander geprallt, als Herr

A Herrn B in der Gruppentherapie vorgeworfen hatte, sich in der Klinik als Ersatztherapeut für die weiblichen Mitpatienten aufzuspielen, in dieser Rolle 'seine Männlichkeit aufzugeben', und so letztlich von den Frauen als Mann gar nicht ernst genommen zu werden. Herr B reagierte auf diese Äußerungen sehr verletzt, stellte sein bisheriges freundschaftliches Verhältnis zu Herrn A grundsätzlich in Frage und warf ihm seinerseits Frauenfeindlichkeit vor. Die von beiden eigentlich gewünschte Verbündung mit einem männlichen Schicksalsgenossen und die dadurch mögliche Triangulierung ihrer symbiotischen Abhängigkeit von Frauen konnten in dieser von Spaltung und Projektion dominierten Dynamik zunächst nicht gelingen.

In der Filmtherapie setzte sich diese Polarisierung fort. In seinem Statement in der Abschlussbesprechung bezog sich Herr A auf die Dreiecksbeziehung der Hauptpersonen, an der ihn vor allem der Aspekt beschäftigte, dass die Rivalität um Ada die Freundschaft von Stewart und Baines zerstört: *„Der Film zeigt die Auswirkung von Frauen auf die Männerwelt. Frauen können ziemliche Turbulenzen auslösen. Das ist auch der Grund, warum Frauen früher nicht zur Seefahrt zugelassen wurden,“ (lacht).*

In seiner unbewussten Reaktion geht es Herrn A also vor allem um eine männliche Verbündung, mit deutlicher homoerotischer Färbung, wie die Assoziation zur Seefahrt erkennen lässt, unter Ausschluss der Frauen. Passend zu seiner aktuellen Auseinandersetzung mit der Autonomie verbietenden, symbiotischen Mutter entschlüsselt er auch unbewusst das Symbol des Pianos in zutreffender Weise: *„Der Film hat auch gezeigt, wie man Macht ausüben kann. Das Piano war ein Machtinstrument.“*

Das homoerotisch gefärbte Beziehungsangebot von Herrn A kann Herr B in der Besprechung nicht aufgreifen oder annehmen. Er bleibt in seiner Stellungnahme in der Identifikation mit der 'unterdrückten' Frau: *„Der Film hat mich beeindruckt, hat mir sehr gut gefallen. Durch die Liebesgeschichte war er trotzdem lebensbejahend. Es hat mich berührt, wie frauenverachtend es damals war. Die Frau hat sich durch das Piano ausdrücken können. Die Liebe zu Baines ist dadurch entstanden, dass sie sich ihm gegenüber ausdrücken konnte und er nicht versucht hat, ihren Willen zu brechen.“*

Am anderen Tag fand die Auseinandersetzung zwischen Herrn A und Herrn B ihre Fortsetzung in der Gruppentherapie, als Herr B seinem Kontrahenten erneut Frauenfeindlichkeit vorwarf und als Beleg die Äußerungen von Herrn A in der Filmtherapie anführte. Eine Auflösung des Konflikts zwischen den beiden Männern war zu diesem Zeitpunkt noch nicht möglich. Die Filmtherapie hatte in diesem Fall also mehr die Funktion einer Brücke in einem fortlaufenden Prozess der Auseinandersetzung, indem ein Konflikt, der in anderen Therapien aufgebrochen war, in der Filmtherapie aktualisiert wurde und die Besprechung des Films die Brücke zur nächsten Gruppentherapiesitzung schlug.

Durch die Filmtherapie wurde auch eine neue Komponente in den Konflikt eingeführt, insofern Herr A von seiner anfänglichen projektiven Entwertung von Herrn B Abstand nehmen, und einen Wunsch nach männlicher Verbündung formulieren konnte. Diese neue, durch das Filmerlebnis angeregte Qualität konnte zwar von den Protagonisten zum damaligen Stand ihres therapeutischen Prozesses noch nicht bearbeitet werden, stand aber ab da für weitere Entwicklungsschritte als Inhalt des Vorbewussten zur Verfügung.

Ein besonders intensives Erlebnis der Selbstbegegnung auf einer unbewussten Ebene hatte Frau C in der Filmtherapie. Zum Zeitpunkt der Filmtherapie war Frau C erst seit kurzem in der Klinik. Sie war mit einer schweren depressiven Episode aufgenommen worden. In ihrem depressiven Zustand und aufgrund ihrer Lebensgeschichte wies sie einige auffallende Ähnlichkeiten mit der Hauptfigur des Films auf. Durch ihre starken depressiven Verstimmungen wirkte sie im Klinikalltag fast mutistisch, war ängstlich-kontaktvermeidend, wie ein Schatten. Wie Ada war sie Musikerin und man konnte auch bei Frau C vermuten, dass es ihr in ihrem Leben wohl oft leichter gefallen war, ihre Gefühle durch Musik auszudrücken als durch Sprache. Das Thema Symbiose und Individuation spielte auch in der Psychodynamik von Frau C die zentrale Rolle, da sie in einer engen, vermutlich noch nicht gelösten, symbiotischen Bindung mit ihrer Mutter aufgewachsen war und ebenso symbiotische Beziehungen zu ihren eigenen Kindern hatte. Ihre Depressionen waren wesentlich durch ein 'Empty-Nest-Syndrom', d. h. durch den Auszug ihrer inzwischen erwachsenen Kinder ausgelöst worden.

Man konnte also vermuten, dass der Film für Frau C einen Blick in den

Spiegel darstellte, dem sie jedoch, noch ganz am Anfang ihrer Therapie stehend, zum Zeitpunkt der Filmtherapie nicht gewachsen war. Dementsprechend war ihr Statement in der Besprechung des Films ganz von Abwehr gekennzeichnet: *„Ich habe den Film von mir ferngehalten. Mir war das zu düster, zu gewaltsam. Da war auch kaum Sprache in dem Film, die Stummheit, kaum auszuhalten, deshalb ist das so auf einen eingedrungen. Kein Film für mich.“*

In der Formulierung, sie habe den Film ‘von sich’, d. h. ihrem Selbst, fernhalten müssen, steckt das unbewusste Anerkenntnis, dass der Film sehr viel mit ihr selbst zu tun hatte. In der Stummheit der Hauptperson begegnete Frau C ihrer eigenen Stummheit und Isolation, die durch ihre Kommunikations- und Kontaktstörungen verursacht waren. Durch die Formulierung, es sei alles so auf sie ‘eingedrungen’, verdeutlichte sie aber auch, dass ihre Ich-Grenzen zu diesem Zeitpunkt noch zu schwach waren, um sich einer so intensiven Auseinandersetzung mit sich selbst zu stellen. Dementsprechend ging der Filmtherapeut auch nicht auf mögliche Parallelen zwischen Frau C und der Hauptperson ein, sondern betonte nur, dass sie während des Films auch einmal den Raum verlassen könne, wenn sie etwas nicht aushalte.

Es ging also in der Besprechung bei Frau C vor allem darum, ihre schwachen Ich-Grenzen und ihre defizitäre Abwehr zu stärken, ihr ein Gefühl von Selbstwirksamkeit zu vermitteln. Aus der Sicht einer klassischen, aufdeckenden Psychoanalyse könnte man bemängeln, dass der Therapeut nicht nur selbst mitagiert hat, sondern die Patientin auch noch explizit zum Agieren aufgefordert hat. Aus der Sicht einer strukturorientierten Therapie muss man die Intervention aber als adäquat für den damaligen Stand der Patientin erachten, da im Vergleich zum defizitären ‘Aushalten’, das Frau C zeigte, also angepasste ‘Unterwerfung’ und ‘Totstellverhalten’, eine Abgrenzung durch destruktives Agieren im Sinne eines Verlassens der Filmtherapie, also aktives, unangepasstes ‘Fluchtverhalten’, schon einen Fortschritt bedeutet hätte. Da das für die Therapie wertvolle Material, dem Frau C im Filmerlebnis begegnete, zu diesem Zeitpunkt und im Rahmen der Filmtherapie nicht deutlich genutzt werden konnte, musste darauf vertraut werden, dass dieses Erlebnis nicht verloren war, sondern zu einem späteren Zeitpunkt für die Therapie fruchtbar werden könnte, da über die Dokumentation der Filmtherapie

die Einzel- und Gruppentherapeuten der teilnehmenden Patienten über das Geschehen in der Filmtherapie informiert werden.

Dass es aber in der Filmtherapie auch direkt zu therapeutisch relevanten Einsichtsprozessen kommt und kommen kann, zeigte sich bei Frau D. Sie hatte während der Filmvorführung einen nicht zu bezwingenden Hustenreiz bekommen, hatte deshalb auch zeitweise den Raum verlassen.

In der Schlussrunde meinte sie: *„Ich war ja wegen meines Hustens nicht die ganze Zeit dabei. Jetzt geht es mir besser, kann wieder frei atmen. Die Hauptperson wollte ja unbedingt das Piano ... was man alles tut, um etwas zu kriegen! [Mit zweifelnder Stimme:] Ob die Ada ihrer Tochter verziehen hat? Das [Stewart] war ja nicht der leibliche Vater der Tochter ... Ich merke, wenn mich etwas tief berührt, dann geht die Husterei los ... aber ich habe schon eine Ahnung, was es gewesen ist.“*

Der Filmtherapeut fragt in dieser Situation nicht nach, zu welcher Erkenntnis die Patientin gekommen ist, und welche Zusammenhänge zu ihren inhaltlichen Bemerkungen über den Film bestehen. Er würdigt nur die Selbsterkenntnis der Patientin und empfiehlt ihr, diese in der Einzeltherapie zu besprechen.

Ein Stück eigener Lebensgeschichte begegnete auch Herrn E in der Filmtherapie, der wegen einer rezidivierenden, schweren depressiven Erkrankung und sozialen Phobie in der Klinik behandelt wurde. Bereits im Alter von neun Jahren hatte er nach Schulproblemen und Problemen mit der Mutter einen Strangulationsversuch unternommen, indem er versucht hatte, sich mit einem Gürtel die Luft abzuschnüren und dann den Gürtel am Schrank befestigt hatte, um vom daneben stehenden Bett zu hüpfen. Der Suizidversuch misslang glücklicherweise, da der Schrank kippte und sich der Gürtel löste. Dieses Geschehen blieb von seinen Familienangehörigen unbemerkt und ist bis heute in der Familie nicht bekannt. Die Ähnlichkeit des larvierten Selbstmordversuchs der Hauptperson Ada mit seiner eigenen Geschichte berührte Herrn E sehr tief:

„Ziemlich dramatischer Film. Am Schluss der Selbstmord ziemlich heftig, hätte auch schiefgehen können mit dem Schuh!“ (Anm.: In der vorletzten Szene hängt Ada an dem Seil, das sie mit dem Piano in die Meerestiefe zieht. Um sich zu befreien, zieht sie ihren Schuh aus.)

Mitpatienten: *„Es war kein Selbstmord, sondern ein Selbstmordversuch!“*

Filmtherapeut: *„Das ist ja der Lebenswille, der sich am Schluss*

durchgesetzt hat.“

Herr E ist sehr traurig, berührt, sagt, er könne nicht mehr weiter darüber sprechen.

Filmtherapeut: *„Sprechen Sie bitte in der Einzeltherapie darüber, was sie hier erlebt haben.“*

Herr E: *„Ja, das mache ich.“*

Auch hier wurde der biografische Hintergrund in der Filmtherapie nicht angesprochen. Dennoch war er über die Betroffenheit und die Traurigkeit von Herrn E in der Gruppe präsent. Der therapeutische Nutzen dieser Selbstbegegnung war ebenfalls offensichtlich: indem Herr E durch das Filmerlebnis einen emotionalen Zugang zur Verzweiflung des kleinen Jungen, der er einmal gewesen war, bekam, darüber erschrocken und traurig sein konnte, bekam er neben einer zu vermutenden kathartischen Wirkung ein wesentliches Stück Kontakt zu sich selbst.

Es ist davon auszugehen, dass dies in der nächsten Einzeltherapiesitzung vertieft wurde. Darüber hinaus war es dem Patienten aber auch möglich, sein biografisches Erlebnis emotional in die Gruppe zu bringen, ohne sich im Klartext dazu bekennen zu müssen. Angesichts der bis heute bestehenden Verdrängung seines Suizidversuchs in der Familie konnte dies als erster wichtiger Schritt für Herrn E gewertet werden, das Verschweigen und Wegsehen zu durchbrechen. Der logisch nächste Schritt in der Therapie wäre es dann, dass der Patient die wahre Geschichte in der Gruppentherapie erzählen könnte. Insofern hatte die Filmtherapie hier auch eine vorbereitende Rolle.

So weit einige praktische Beispiele aus der Filmtherapie, die man noch beliebig erweitern könnte. Wir hoffen dadurch gezeigt zu haben, dass die Filmtherapie den Patienten zu intensiven emotionalen Erlebnissen verhelfen kann, die an Aspekte der Lebensgeschichte anknüpfen. Diese Betroffenheit kann entweder zu Erkenntnisprozessen direkt in der Filmtherapie führen, oder Erkenntnisprozesse in anderen therapeutischen Angeboten vorbereiten oder unterstützen. Insofern kann man davon sprechen, dass die Filmtherapie ein wertvolles und vollwertiges Therapieangebot darstellt bzw. eine gute Ergänzung zu den anderen Therapieangeboten im stationären Setting sein kann.

On the Therapeutic Value of Movies. Film Therapy at the Clinic for Dynamic Psychiatry (Summary)

Georg Kress, Andrzej Guzek, Thomas Bihler (München)

There is an extensive literature on the subject of psychoanalysis and movies. Central to psychoanalytic theorizing on cinema is the analogy of film and dream. There are a lot of features of watching a movie which are quite similar to dreaming, e. g. resting motionless in a darkened room and watching pictures in motion that form a story; or the dissolution of the everyday limitations of time, space, and linear logic in movies as well as in dreams. All these features create a dream-like state of mind, characterized by a loosening of the reality principle and the secondary process, and an amplification of the primary process. Watching a movie can therefore stimulate the unconscious and psychodynamic processes, and can cause strong emotional reactions. Film therapy builds on these psychodynamic qualities of movies and tries to use them for therapeutic purposes.

The film therapy group at the Klinik für Dynamische Psychiatrie was established in 1982. It takes place once a week with a group of 12-16 patients. It's structure is that of a self-organizing group with a therapist as leader. The patients decide themselves which movies are shown. There are no limitations in the choice of films, except pornographic and extreme violent films, which are off limits. The film therapy group has numerous features of milieu therapy, according to the principle of self-organization. The formal structure of a film therapy session includes: welcoming of new patients to the group; the discussion, which film to show next week in film therapy; watching the chosen movie of this week; finally the discussion of patients' emotions and impressions that were triggered by the movie. In this discussion each participant is asked to give a personal statement. The statements are not met with direct interventions from the therapist, no interpretation or confrontation, no analysis of resistance. In closing the session, patients decide, which movie will be shown for all patients on Saturday. This has to be a 'light' movie as entertainment, in contrast to 'problematic' movies shown in film therapy for therapeutic purposes. Before the therapist closes the

session, the group dismisses any members who will be discharged from the hospital before the next session.

Therapeutic Mechanisms of Film Therapy

Our concept of film therapy is adapted to the needs and deficits of patients with severe personality disorders. Basically there are two types of patients with personality disorders: a 'restrictive-avoidant' type vs. a 'disorganized-enmeshed' type. The 'restrictive type' has very little access to emotions, phantasies, and the unconscious. This implies a deficient ability to dream and 'thick' ego-boundaries. The enmeshed type is characterized by 'thin' ego-boundaries, leading to deficient inner and outer demarcation, and is therefore easily overwhelmed by anxieties and phantasies.

Therapeutic mechanisms in film therapy work for these two types of personality disorders in different ways. For patients with restrictive type personality disorders the stimulating qualities of movies are most important. Because of the similarities between movies and dreams a film shown in film therapy can compensate for a deficient ability to dream. In this respect a film can be seen as a kind of dream for individuals who do not dream. The emotionally involving qualities of a film are therefore fit for loosening the 'thick' ego-boundaries of these patients and stimulating their unconscious. This stimulation is more readily tolerated because psychodynamic processes which are triggered or amplified by film therapy are not interpreted in the film therapy session itself.

As a non-interpretative form of therapy, film therapy understands itself as support for the verbal therapies in the clinic. It is supposed, that psychodynamic processes triggered by film therapy will be fruitful and worked through in the verbal therapies (Rationale: „Es wird sich finden“, S. FREUD, i. e. 'The Id will discover itself'). Nevertheless there are always experiences of insight and self-encounter for patients in film therapy itself, but these are not provoked through therapeutic interventions.

While the therapeutic task for restrictive type patients is to help them opening up and to gain access to their inner world of emotions and phantasies, the task for enmeshed type patients is quite the opposite. They need help to close and strengthen their boundaries, to distance themselves from overwhelming feelings and often traumatic memories.

Also in this respect film therapy can be beneficial. Movies not only have an involving, emotionally arousing quality, but also at the same time a distancing, calming quality: 'It's only a movie, not reality'. Trauma therapy uses this distancing quality in imagination techniques such as the 'screen technique' and the 'videorecorder technique' in order to help patients to distance themselves from traumatic memories and to restore a sense of self-efficacy in the face of trauma. In the same way watching a movie that arouses the patient can help him at the same time to distance himself from his arousal. The involving and distancing nature of movies as well as the setting of film therapy can strengthen the ego-boundaries of the patient and his ability to demarcate and modulate affect. Film therapy has also beneficial effects on other psychic functions such as empathy, ability to communicate, symbolization, perception and regulation of affect, development of mentalization, stimulation of creativity.

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Identity Conflict or Performance Anxiety?

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The study focusses on how sexual performance anxiety can be confused with gender identity disturbance. When we speak about sexual disturbances we are talking about symptoms and problems which compromise an individual's sex life at various levels. These disturbances can be said to involve three aspects of sexuality: the sex act, the perceived identity, and sexual fantasies. Clinical cases were examined in which behind an apparent identity conflict lay a sexual performance anxiety and the importance was thus shown of making a careful and complete anamnestic analysis in order to provide a correct interpretation of the symptom and for the choice of appropriate psychotherapy.

Keywords: identity conflict, performance anxiety, autogenic training, human sexuality.

The mystery of sexuality has been the source of fascination and attempts to understand it from the beginnings of human society, becoming the object of both cults and taboos. It is only in the last one hundred years or so that sexuality research has taken a more strictly scientific and systematic path making use of various disciplines such as bio-chemistry, bio-physics, psychology, sociology and ethology.

The discipline of sexuality was formulated in the late 19th century thanks to the work of scholars such as Richard VON KRAFFT-EBING (1886), famous for his 'Sexual psychopathy', Albert MOLI (1912), the founder of the International Society for Sexual Research in 1913, Ellis HAVELOCK (1897), co-author of the first manual on homosexuality, John Addington SYMONDS, Magnus HIRSCHFELD (1886-1935), who in 1910 published the first study of transsexuality, and in 1919 founded the Institute for Sexual Research.

The early studies focalized attention on the differentiation of 'normal' and 'abnormal', and developed the theory of 'degeneration'.

Sexual pathology was at first, and for a considerable time after, the main area of interest, following a strictly medical approach. As the 20th century progressed, contributions from other areas of knowledge have provided other aspects to sexuality: psychology, sociology, pedagogy, psycho-physiology, ethology, bio-physics, bio-chemistry, neuro-endocri-

nology, psycho-pharmacology. In this way, sexuality has become perhaps the most interdisciplinary of the sciences.

Alfred KINSEY (1948), William MASTERS and Virginia E. JOHNSON (1966), Helen S. KAPLAN (1977, 1995) demonstrate the efforts of scholars and researchers to consider sexual health as an integration of somatic, intellectual, motivational and social elements which produces an enrichment both of the personality and of the ability to communicate with others.

Women and men have a response to sexual stimulation which is in some ways similar and in some ways different and this needs to be taken into consideration unless we want to reduce sexuality to pure genital impulses without any evaluation of all the psychological components which the sex act implies.

In the human species, psychological aspects need to be considered in the formation of female and male gender identity and gender role. Gender identity is the personal belief of belonging to a sex and gender role is the public display of the identity conferred to that sex by society.

The concept of gender identity refers therefore to the biological sex in which an individual identifies her or himself as female, male or something between or beyond these two conventional polarities.

Gender identity does not derive from biological sex and does not concern sexual orientation. Biological factors which can influence gender identity include hormone levels both in the embryonic phase and in childhood and adolescence and their genetic regulation. Social factors which can influence gender identity include information about gender transmitted through the family, the media and other institutions.

In a child's early life, parents and environment have a determining influence, up until the point in adolescence when the image of their own body, and its acceptance or refusal, take on fundamental importance in the overall formation of the adult individual. The search for identity is the central theme of life and includes both acceptance of the self and acceptance by the society in which one lives.

The developmental psychologist Erik ERIKSON (1995) focussed particularly on early life and adolescence, the theme of many of his published works.

The rapid changes which occur in the body during adolescence, sexual

urges, social pressures, mean that young people take into consideration and act out different roles in this period of their life. But since an adolescent is not yet able to integrate their identifications and their roles, there is a 'diffusion of identity' and the personality seems fragmented.

'Sexual identity', or sexual characterization, covers the subjective dimension of the individual's being 'sexed'; it answers a need for classification and stability, even though it contains elements of uncertainty and unpredictability since it is the result of a process of construction, influenced by the complex interaction between biological, psychological, educational and socio-cultural elements.

Present theories of sexology within the biological, psychological and sociological spheres, consider sexual identity to be a multi-dimensional construct made up of four distinct components:

- biological sex: belonging biologically to the female or male sex, as determined by sex chromosomes,
- gender identity: the primary identification of an individual as permanently female or permanently male, usually determined in early childhood,
- gender role: the set of expectations and roles with respect to how women and men should behave and appear in a given culture in a given historical period,
- sexual orientation: erotic and sentimental attraction to members of the opposite biological sex, the same biological sex or both: heterosexual, homosexual, bisexual.

We can say that gender identity is the individual belief of being a female or a male. It is generally defined in the period between birth and three years of age and is usually already present when a child begins to talk.

The process by which a girl perceives herself to be a female or a boy perceives himself to be a male is influenced both by biological predisposition and social conditioning.

Gender identity is thus one of the fundamental components in the process of the construction of identity and refers to the experience of belonging to one sex or the other, that is, female or male, or of belonging ambivalently to both or neither of them.

This belonging can be expressed therefore through experiences and behaviour which either correspond or not to the subject's biological sex. We can therefore describe gender identity as the experience of the per-

ception of ourselves as sexed and of our behaviour, that is, the opinion which everyone has of themselves as belonging to one sex or the other, independently of the sexual role which she or he presents to others, voluntarily or involuntarily. It is therefore the acceptance of one's personal fundamental biological nature of being female or male, the consciousness of belonging to the female sex or to the male sex.

Gender role, or sexual role, in contrast, is made up of the set of characteristics culturally ascribed to females or males. According to cultural norms, individuals are expected to behave in ways which conform socially to their biological sex; that is, females act in ways perceived by their society as being feminine and males in ways perceived by their society as being masculine.

The set of characteristics which go to define what is appropriate for a female and what is appropriate for a male is made up of aspects and types of behaviour, some of which concern physical appearance, gestures, personality. Each type of behaviour is thus 'typified' according to a gender, and cultures and societies define and modify the criteria of appropriateness.

For example, in our contemporary western society, a woman who is overweight, pays little attention to personal hygiene, drinks heavily or uses strong language will probably be perceived as being less feminine than other women: in the same way, a man who makes wide use of gestures when speaking, is particularly interested in fashion or is very insecure will probably be perceived as being less masculine than other men.

The concept of gender role therefore covers everything that an individual does or says in order to show that they have the status of girl or woman or of boy or man. This includes their sexuality in the sense of eroticism, but is not limited only to this. Gender role is evaluated in relation to the following elements: behaviour, attitude, mannerisms, interests, spontaneously chosen topics of conversation, chance comments, dream content, fantasies, erotic practices and so on.

The development and formation of gender role usually takes place in the period from three to seven years of age.

Attitudes and modes of behaviour which deviate from female or male stereotypes are considered to be inappropriate. Empirical studies have shown that society is more tolerant of deviation from gender role on the

part of girls and women than it is for boys and men. This can be seen in the way that parents are much less concerned about a 'tom-boy' daughter than a 'sissy' son. Gender role, then, is the individual's perception that their behaviour and personality conform to the social and cultural definitions of femininity or masculinity.

Sexual orientation is defined as the physical and sentimental attraction to members of the opposite sex, the same sex or of both sexes.

Scholars have frequently pointed out the multiple elements which go to make up sexual orientation. A prime distinction is made between sexual orientation, which is understood as a set of feelings and preferences, and sexual behaviour, which describes sexual practices and sexual acts. Sexual orientation itself is made up of two aspects: the emotional-sentimental and the erotic.

We can conclude by saying then, that sexual identity is the process in which biological sex and cultural and personal values concerning sexuality influence both the perception of self and the modes of behaviour of the child, who as an individual becomes aware of her or his own sexual identity between 18 months and three years of age.

It must not be forgotten that the notion of identity-belonging and the notion of change exist in an intimate relationship with each other. The problem of identity affects all individuals, no matter what their nationality, social class, group, sex, age. It is perhaps the most controversial notion on both the philosophical and the psycho-analytical plane. The acquisition and maintenance of a sound sense of identity indicates the mental health of a person.

Life is in a state of continuous change and the sense of identity is a Gestalt-Gestaltung; a structure which is in a permanent state of being built and re-built: a newborn, a toddler, a child, an adolescent, an adult, an old person. The difficulties in accepting and integrating these changes, which we psychologists and psychoanalysts call 'resistance to change', also relate to mental health and to potential mental illness or suffering.

What is then identity? It can be condensed in the phrase, 'I am myself'. Why am I myself and not someone else? These are questions which a child consciously asks her or himself already at the age of five or six, and even before that, unconsciously in a more obscure, more emotional way.

For ERIKSON, identity expresses the relationship and the relation be-

tween the individual and the group in which the individual lives. The formation of the identity is a process which derives from the assimilation of all the fragmentary identifications of childhood, which in their turn presuppose a successful containment of all the primitive identities. This concept brings us to the beginning of the process, to the primary relationship between the mother and the child. Each child is born in a particular society, in a group, in a family, and at a particular moment of history and this leads us therefore to consider the quality of the relationship with the mother, understood as the representative of the society, because it is the mother, at the moment of birth, who welcomes and accepts the child.

Identity is what results from a process of continuous interaction between three integration relations: spatial, temporal, and group. The beginning of the process which leads to the acquisition or maturation of the sense of identity coincides with the beginning of the mother-child relationship. The mother, with her ability to contain, enables the acceptance of the newborn child, who comes into the world full of unconscious anxieties and fantasies: about death, annihilation, emptiness: everything that the trauma of birth provokes in a child which will then be joined by the successive developmental experiences.

If the mother does not take on the fears and anxieties of the newborn, the infant has no mental or bodily 'place' in which to deposit them and will be unable to reach serenity. The experience of pleasurable bodily contact encourages the libidinization of the body surface which is perceived, after the period of healthy symbiosis, as a limit between the child's self and the world which surrounds them. The mother is the depository of the infant's rudimentary identity germ, by means of her memory and her own ability of synthesis. She must serve as a buffer against internal and external stimuli which are difficult to deal with, thus allowing the establishment of the sense of identity which is strictly linked to psycho-sexual development.

Successively, with the maturation of the child, interest becomes centered on the genital zone of the body image. It is at this stage that both the successful identification with the same-sex parent and the emotional attitude of both parents are important in order to acquire a psycho-sexual identity. While the sense of identity is developing the individual also

meets moments of crisis; every stage of development corresponds to a loss and a fruitful depression.

Birth is the loss of the intrauterine life, or proto-depression, weaning means leaving behind the mother's breast for other socialized forms of feeding, adolescence brings the sense of loss of the child-body, the sense of being a child and the child-parent relationship, which is necessary in order to reach an adult identity.

Sexuality is a fundamental component of life and living it in a satisfactory way is essential for maintaining good mental health. Each of us has his/her own modes and preferences for living our sexuality and these involve not only physical and psychic aspects of our individuality but also our relationships with others. Since human sexuality is an extremely complex concept and contains within it numerous aspects and elements, what we call sexual disorders are those symptoms and problems which compromise our sexual life at various levels. To put it more simply, these disorders involve three aspects of sexuality: the sex act; the identity in which we recognize ourself; our sexual fantasies.

Sexual dysfunctions are alterations in sexual desire and in the psychological or physiological response to sex which make a person unable to begin or complete a sex act. In men, for example, there may be loss or reduction of sexual desire, impossibility of erection or precocious ejaculation. In women, the most frequent sexual dysfunctions are anorgasmia or frigidity and vaginismus. A sexual dysfunction may be present from the very beginning of an individual's sexual activity or may arise later due to either physical causes, for example, diabetes, drug abuse, or psychological causes like depression, stress, etc..

Some people recognize their own identity in the opposite biological sex and live trapped in a body which they do not recognize, which does not belong to them and which they refuse. In this case we are dealing with gender identity disorders.

When a person experiences impulses, fantasies or sexual behaviour with respect to persons or objects or practices which are unusual, we use the term 'paraphilia'. This is the current scientific term to describe sexual behaviour more generally known in common parlance as 'perversions' or 'sexual deviations'.

The basic element which distinguishes paraphilia from all those per-

versions which normally all of us indulge in at some time or other in our sexual activity is that the former cause unease or suffering to at least one of the participants in the activity; they also interfere with the work and/or social life of the person who suffers from them, they are performed compulsively—it is not possible for the subject to do without them—and they cause damage and/or legal problems. Forms of paraphilia for example are: exhibitionism, fetishism, voyeurism.

Sexual disorders are the source of suffering and humiliation for the individual who is affected by them, but in the case of paraphilia they may also cause harm and humiliate those who are victims of them, for example in the cases of pedophiles or sexual sadists.

In many cases it is possible to be cured, it is enough to ask for help from a specialist, sexologist, psycho-therapist, psychiatrist, andrologist; too often, however, even though we live in a society which never seems to stop talking about sex, people who are affected with these disorders live with them in the silence of their own isolation and shame.

Sometimes we find in front of us in our consulting rooms young adults who have not yet had any sexual experience with the opposite sex or who have had few and unenjoyable sexual experiences. Their motivation for revealing themselves and their problem is doubt about their own sexual identity.

It is not always easy to take a detailed sexalogical history because of the understandable resistance of the patient. At first contact with the patient we should discuss neutral topics so as to put the subject at ease, and then we can gradually move on to more emotionally sensitive topics and more intimate description of the problem.

While initially we wait for the patient to describe his or her unease, helping them to make clear any ambiguities which might arise through the language they use may prove useful to complete the clinical picture.

The principal details to analyze in the phase of history-taking are: past and present somatic data, emotional life from childhood, school experience, type of work, socio-economic status, knowledge of sex, sexual experience, pre-matrimonial relations, homosexual experiences, relationship with parents, children and friends, self-esteem, sensual preferences and prejudices, emotivity, circumstances which might affect the psycho-emotive sphere negatively or positively, generally anxiety-creating cir-

cumstances at the personal level, education and up-bringing factors, personal identity disorders, religious view-point, recurrent dreams, strong likes or dislikes, hobbies, view of life.

In this respect Helen S. KAPLAN (1995) outlines sexual history-taking in the form of a T-model, since the problem can be evaluated from two directions:

- synchronic = identikit of the present problem,
- diachronic = for how long the problem has been felt.

In this phase it is essential to create an alliance with the patient, who, in general, wants to change, but only by making minimum or no effort, thinking that the work can be delegated to the therapist.

Once all the technical and formal aspects of the case have been clarified, no matter what the specific problem is, we must remember that the person in front of the therapist is someone who is suffering and needs immediate support. For this reason, creating a reassuring atmosphere is indispensable.

Empathizing with with another person, that is, perceiving their interiority, does not mean getting involved with them: the therapist must always keep an emotional distance which will enable her or him to evaluate the case as objectively as possible.

Case history

At this point I want to introduce a case history involving a personal identity conflict which then proved to be performance anxiety.

A. S. is a young man of 22. He is tall and slim. He comes over as lively and pleasant, and his language is relaxed, witty and full of jokes; nonetheless it is possible to see some embarrassment when he explains why he is seeking my psychotherapeutic help.

A. S. attends the local university and occasionally works as a group leader in holiday villages. He tells me that he has always had difficulty in relating to girls; he had his first sexual intercourse a year ago with a woman of 30 whom he had met during his holiday work. He defines the experience as a 'failure'.

A. S. is wondering if this difficulty he has in creating a relationship with women might stem from not being very masculine. He tells me that he often prefers to go out with other young men of his own age to see

action films rather than go to night clubs or pubs where he 'would have to' try to approach a young woman and get to know her.

During our talk it is revealed that his first sexual experience and his first lack of success was with a female figure whom he saw as very aggressive. It is clear that an accidental non-success fuels a vicious cycle of fear that the fact will repeat itself, such that a momentary lack of success becomes transformed into a long-term difficulty. After the 'failed' experience with the 30-year-old woman, A. S. had not attempted any more sexual relations, but had limited himself to kissing various young women to see if he felt pleasure in doing so.

There then followed several sessions dedicated to clinical history-taking and other meetings in which A. S. expressed his doubts about his personal identity, his feelings of insecurity, his low self-esteem and his generalized state of anxiety. No homosexual traits emerged, only high anxiety about sexual performance and in view of these considerations and since A. S. did not have a steady partner which meant that couple therapy was not an option, I decided to undertake a course of relaxation therapy using Johannes SCHULTZ's Autogenic Training (1968) in order to help the patient to perceive his body in a pleasurable way and to reduce the anxiety and its emotional effects.

He regularly performed the Autogenic Training exercises three times a day and managed to reach a notable state of relaxation and to feel heaviness, warmth, heart-beat, solar plexus, this latter, however, with some difficulty as I had expected, given his disorder, and cool forehead.

Starting from the simple principle according to which the anxiety which emerges at the moment of intercourse interrupts the patient's sexual response, the strategy at the base of the sex-therapy approach to sexual dysfunctions consists in reducing the anxiety or preventing its onset by restoring the patient's faith in himself. I tried to gratify the patient a lot about his collaboration and his success with the exercises, reassuring him about his potential to succeed. He came to realize that his avoiding women did not depend on problems of sexual identity but on performance anxiety.

During the course of therapy A. S. met a young woman and he told her about his problem and that he was following therapy to try to deal with it. As I instructed him, he abstained from having sex and as a conse-

quence he managed to enjoy the experience of not having to expose himself to performance and of savouring intimacy in a pleasurable way, listening to and appreciating the kisses and intimate embraces which he exchanged with his girlfriend.

A. S. was very happy with this new experience of feeling pleasurable intense sensations produced by acts to which he had previously not given much importance. One day, during our meeting, he told me that, even though he had disobeyed the order to abstain from intercourse, he was very happy because he had managed not to have problems with it and that the sex which he had had, had been emotionally extremely pleasant.

Summary

The mystery of sexuality has been the source of fascination and attempts to understand it from the beginnings of human society, becoming the object of both cults and taboos.

Alfred KINSEY (1948), William MASTERS, Virginia E. JOHNSON (1966), Helen S. KAPLAN (1977, 1995) demonstrate the efforts of scholars and researchers to consider sexual health as an integration of somatic, intellectual, motivational and social elements which produces an enrichment both of the personality and of the ability to communicate with others.

Women and men have a response to sexual stimulation which is in some ways similar and in some ways different and this needs to be taken into consideration unless we want to reduce sexuality to pure genital impulses without any evaluation of all the psychological components which the sex act implies.

In a child's early life, parents and environment have a determining influence, up until the point in adolescence when the image of their own body, and its acceptance or refusal, take on fundamental importance in the overall formation of the adult individual.

The search for identity is the central theme of life and includes both acceptance of the self and acceptance by the society in which one lives. The rapid changes which occur in the body during adolescence, sexual urges, social pressures, mean that young people take into consideration and act out different roles in this period of their life. But since an adolescent is not yet able to integrate their identifications and their roles, there is a 'diffusion of identity' and the personality seems fragmented.

Present theories of sexology within the biological, psychological and sociological spheres, consider sexual identity to be a multi-dimensional construct made up of four distinct components:

- biological sex: belonging biologically to the female or male sex, as determined by sex chromosomes,
- gender identity: the primary identification of an individual as permanently female or permanently male, usually determined in early childhood,
- gender role: the set of expectations and roles with respect to how women and men should behave and appear in a given culture in a given historical period,
- sexual orientation: erotic and sentimental attraction to members of the opposite biological sex, the same biological sex or both: heterosexual, homosexual, bisexual.

Der Identitätskonflikt bei Leistungsangst (Zusammenfassung)

Das Mysterium Sexualität war von Anbeginn der menschlichen Gesellschaft eine Quelle von Faszination und von Versuchen, es zu verstehen und wurde sowohl Gegenstand von Kulturen als auch von Tabus.

Alfred KINSEY (1948), William MASTERS und Virginia E. JOHNSON (1966), Helen KAPLAN (1977, 1995) zeigen die Bemühungen von Gelehrten und Forschern, sexuelle Gesundheit als ein Zusammenspiel von somatischen, intellektuellen, motivatorischen und sozialen Elementen zu sehen, die zu einer Bereicherung sowohl für die Persönlichkeit als auch für die Fähigkeit, mit anderen zu kommunizieren führt.

Frauen und Männer reagieren auf sexuelle Stimulation in mancher Hinsicht ähnlich, in einigen Punkten aber auch sehr unterschiedlich und dies muss bedacht werden, wenn wir Sexualität nicht auf die bloßen genitalen Impulse reduzieren wollen, ohne jegliche Evaluation der zahlreichen psychologischen Komponenten, die der sexuelle Akt beinhaltet.

In der frühen Kindheit haben die Eltern und die Umwelt einen ausschlaggebenden Einfluss, bis zu dem Punkt in der Adoleszenz, an dem das Selbstbild des eigenen Körpers und seine Akzeptanz oder Ablehnung eine fundamentale Bedeutung in der gesamten Formung des erwachsenen Individuums annehmen.

Die Suche nach Identität ist das zentrale Thema des Lebens und bein-

haltet sowohl Selbstakzeptanz als auch die Akzeptanz durch die Gesellschaft, in der jemand lebt. Die rapiden Veränderungen des Körpers in der Adoleszenz, sexuelles Verlangen, sozialer Druck, bedeuten, dass junge Menschen in dieser Phase ihres Lebens verschiedene Rollen in Betracht ziehen und ausleben. Aber dadurch, dass ein Jugendlicher noch nicht in der Lage ist, seine Identifikationen und Rollen einzuordnen, entsteht eine 'Diffusion der Identität' und die Persönlichkeit erscheint bruchstückhaft.

Aktuelle Theorien der Sexualforschung innerhalb der biologischen, psychologischen und soziologischen Sphäre, betrachten sexuelle Identität als ein multi-dimensionales Konstrukt aus vier unterscheidbaren Komponenten:

- biologisches Geschlecht: biologisch zu dem weiblichen oder männlichen Geschlecht zuzugehören, bestimmt durch die Geschlechtschromosomen,
- Gender Identität: die primäre Identifikation eines Individuums als dauerhaft weiblich oder dauerhaft männlich, üblicherweise in der frühen Kindheit festgelegt,
- Gender Rolle: die Zusammenstellung von Erwartungen und Rollen in Bezug darauf, wie Frauen und Männer sich in einer bestimmten Kultur in einer bestimmten historischen Zeit verhalten sollten,
- Sexuelle Orientierung: erotische und emotionale Anziehung zum anderen Geschlecht, zum gleichen biologischen Geschlecht oder beides: heterosexuell, homosexuell, bisexuell.

(Übersetzung Vanessa Rathert)

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The Astonishment of Being Oneself: The Body as Phenomenological Place of the Relation Between Implicit and Repressed Unconscious

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Our intent in this reflection is to demonstrate how the link between implicit and repressed unconscious can in-form the body, leaving in it recognisable signs capable of informing the self-identity. Starting from the recent neuroscientific studies and of the implicit unconscious, we examined the ways of expression of this unconscious and of the dynamic repressed unconscious. Our hypothesis is that they will move the body with different intents and means, qualifying different organizational levels of identity. We can think that both converge into the in-formation of the identity. In our job of psychologists-psychotherapists we tried to observe how in the identity's formation, these unconscious can really be linked until reveal, with the body, 'the astonishment of being oneself'.

Keywords: implicit unconscious, neuroscience, identity, body, dance therapy.

Each of us, before the perception of thirst, has the experience of having drunk a 'glass of water' and in drinking it, could have felt a sense of acquiescence to thirst.

But who of us has really drunk a 'glass of water'?

That object that, in actual and shared reality does not exist, because it is not substantiated, is anyway present in the sensible experience of everyone. How is it possible? 'The glass of water', in fact can be paraphrased as a physical-experiential-emotional continuum proceeding from a perception, thirst, and through a structured sequence of gestures, the in-form-action, that is action giving the form, comes to a single form, thanks to the decay of the limits between the glass and the water until the formation of a synolon. With the word synolon we refer to the greek word used by ARISTOTELE. That is the result of their creative incorporation delineating co-extended body and experience, that is 'to drink a glass of water'.

We also think that the identity could be defined as synolon exactly expressing this sense of physical-experiential-emotional continuum. The synolon, generated by the extension of the limits between body-mind-emotion and a transformative and creative incorporation, is ela-

tive of consciousness in an expressive movement opening to the 'astonishment of being oneself' setting in the space and defining the time of oneself's expression.

The occurrence of the construction of the individual identity is probably one of the most crucial ones in concerning that conceptual building we call 'reality'. William JAMES, American philosopher and psychologist of pragmatistic current, has already talked about this necessity and how identity and reality are two positions interconnected between them.

Nearby the freudian theorization on the intrapsychic, in other parts of the world, the attention on the sphere related to the identity grows then since the beginning.

C. H. COOLEY (1964), American sociologist, in 1902 suggests the looking glass-self, in other words, the oneself emerging from a reflected evaluation of the others' opinion. G. H. MEAD (1967), one of the founders of social psychology, in 1934, talks about the generalized other that is the oneself as reflected entity from the opinion of the others. Erich FROMM (1955), sociologist and psychoanalyst, in the middle of the 20th century stresses the role that the environment can play inside the development of the individual psychical disease, defining how a sick society could, actually condition and engender disease in individuals born healthy. Erich FROMM directs a meeting between the social and the psychological describing the interactions who are basic for the identity's development. And in the social dimension we can read and understand the drives that he defines as belonging to the human being: transcendence, rootedness, identity, direction, and relation.

During the seventies, Henri LABORIT, French biologist, philosopher, ethologist, and father of the psycho-neuro-immunoendocrinology, elaborates the idea of the influence of the environment on the individual's development and, through his behavioural biology studies, brings a re-orientation in the foundations of the medicine and of the psychology. The novelty is that he directs the speech of man's development and of his psychology including not only the identity as the idea the individual has of himself, but also as individual-system in psycho-physical interaction with the geo-climatic, cultural and relational environment. LABORIT, in 1979, talks about "feeling good in oneself's skin" as basic attitude to maintain a good state of health and expression of oneself. Then he states that "the only reason of being of a living being is to be, so to

act, to maintain its being. The only use of a nervous system is to act.” (1981, p. 5) The author conceives the human-being as an autopoietic system, open towards the exchange with the environment, closed in his structural organization. Intrinsically correlated and linked with the environment, the man is in co-evolution and co-construction with it. Then the concepts of mind, body, relations begin to transform into their borders in order to emerge in a new look on the reality allowing to perceive not only local functions and manifestations of parts, but also global functionings of a whole system in its organizational levels. The environment, whether gratifying or frustrating, will activate a different behaviour of the individual going from a state of relax to a state of alert.

The sensations given by the environment and perceived by the human body retroact on the nervous system, activate either the fulfillment’s system, or the alert’s one, who would trigger disregulations of the system. Those sensations are particularly present in the newborn baby who, to survive and since his psycho-physical immaturity, depends essentially on the environment and on the psycho-physical cares of the mother. Possible disregulations do not immediately develop a pathology, because it’s necessary an adequate mneistic system that is not yet present in the newborn baby. It follows that, at the basis of the process of formation of the identity, there will be the storage of non-conscious sensations, but not even removed, resulting from the relation with the physical and relational environment and that, placed in the body and out of conscience, they will activate during the adult age either behaviours of calm or the alarm system. LABORIT’s suggestion finds correlation with the theorization of MATTE BLANCO (1998), Chilean psychologist, who talks, in 1975, about ‘structural unconscious’. The author conceives the unrepressed unconscious as structure of the psyche. If MATTE BLANCO rises among the theorists of his time as only voice, today we can notice that this concept of structural unconscious refers to the more recent of ‘implicit unconscious’ underlining the structural action in the formation of the identity.

Franco BORGOGNO, Italian psychologist and psychotherapist, in the last decade, showing his theory on the trauma, talks about how the environment receiving the baby marks and informs, in a principal and fundamental way, the psychological birth of the individual.

The flourishing research on the implicit memory towards the 21st century, has then led to a wide change in the conception of the mental functioning and debated for example fundamental axioms of the freudian belief such as the concept of 'children's amnesia'. It would no longer be connected to the precocious sexuality of the child, but to the fact that the explicit, narrative memory, would tend to emerge after the second year of life.

This issue on the memory deeply touches our work as psychologists and psychotherapists and, inevitably, let us make some reflexions concerning the psychotherapeutic technique. That memory, in fact, referred to the procedural memory, seems that contains information structuring and giving significance to the identity's formation, since the first years of life of a baby.

We wonder, where, in the adult age, we can trace these mneistic marks and how the structures developed can be useful to the psychotherapeutic process. To find an answer to this question it is of help the concept of unrepressed unconscious studied by Mauro MANCIA (2003), Italian neurophysiologist and psychoanalyst. According to this theory, we should consider a speechless and not representable memory without memories, but capable of influencing constantly our psychical life.

The preverbal and presymbolic memory recorded the first impressions, perceptions, sensations, emotions, and all this heritage of performing actions will not be accessible through words or through the memory, but having invested the baby's body, we believe that, in some way, it is founding in the structuring of the identity and newly playing within the psychotherapeutic process.

The implicit unconscious, theorized by the neurosciences, would be speechless, unsymbolic, unconscious, but not repressed and removed just like the dynamic freudian one. D. N. STERN (1985, 2004), supported by his researches, talks about the existence of a relational and implicit knowledge possessing the same characteristics.

These discoveries should let us admit, that in our minds unconscious structures and functions exist, whose constituent elements are not knowable, but enable the emotional life. So the identity would be put-in-form, during the first years of life, from the heritage inside the implicit unconscious, that is in part genetic, that means structured in evolutive sense, but also, and not less important, is relational.

According to the intersubjectivist model of STOLOROW and ATWOOD (1992) too, many of the information on our relational experiences are stored in implicit and procedural form.

Glen GABBARD, exponent of the psychodynamic psychiatry, wrote in 2000, that the precocious relations of attachment are codified and interiorized thanks to the implicit, procedural memory, operating out of the conscience.

During the last years, moreover, it has been demonstrated that the psychotherapy, with its therapeutic action, modifies the neurobiological substrate. Eric KANDEL, in 1998, stated that that system of cure, as well as the pharmacotherapy, can stimulate the brain producing new synaptic connections and changes in the genic expression. It looks like the learning on oneself and the personal backgrounds could enable structural changes in the brain. The genetic potential is an active force belonging to the present and possessing a gift of present genesis. The life that creates life.

These neurophysiological studies, together with the acceptance of the presence of the implicit unconscious, showed us the necessity to operate modifications in our typical psychotherapeutic technique. But how can we contact the implicit unconscious? What changes do, at a neural level, occur if we consider, within the psychotherapeutic process, these first not conscious and not repressed moments of the life of the person?

In the implicit memories of work, procedural memories find place and these ones are difficult to modify, they are learned scripts, that, as time goes by, become automatic and resistant: they are not extinguished. We can give ourselves the objective to let them play again through a system opening to the gratification and to the effective action, decreasing the influence on the alarm system expressed by LABORIT (1981, p. 5), that is responsible of the rigidity.

The attenuation of the rigidity determines an improvement of the perceptive quality because the need for flight, for struggle or inhibition decreases according to LABORIT (1981). The subject has more possibilities of presence in the relationship with the environment and of perceptive interacting listening.

We could then assume an improvement of what EDELMAN defines qualia, that is the expression of the quality of conscience and of the

subjective experiences, not expressable by means of words: the essence of the implicit knowledge.

To act on the implicit does not mean to avoid the defences and to disclose repressed contents, but to work on the quality of perception and on the feel/re-feel and act that follows, where the acting is the vector describing the meeting between the external reality's perception and the re-feeling fixed in the meanders of our ancient memory.

Considering that, how can, nowadays, the psychotherapy ignore the body in the process of cure? The answer oblige us to change our therapeutic technique that, always maintaining as objective the cure towards the pathological situation and the necessity to give structure to the identity, can no longer be pleased with the intrapsychic or interpersonal analysis, but has to, at a certain level, consider the body to accomplish the process of creative incorporation opening to the identity-synolon and to its expressive abilities. If the patient were a body without psyche he would be a corpse, if he were a psyche without body he would be a ghost, if he were only the integration of the two everything would get back as before: the psychologist deals with the psyche and the ghosts and the doctor deals with the body, and in the end, during the autopsy, with the corpse. But if we enter the synolon's point of view, we can really see the 'single form', a 'dynamic unity of the person' that as psychotherapists, we believe we have to provoke.

With the term identity we mean that mass which, in its specificity of single form, through different levels of organization, does not mix with the other ones and expresses in its characteristics.

The psychological identity, then is one of the levels of organization of the identity and expresses through the body, considered as genic and physical heritage of the person, but the body itself determines it too, it is its foundation and contains it. We can therefore assume that between identity and body there is a co-extension and co-significance regarding all the levels of organization of the physicalness and of the emotional and perceptive sphere of the individual, in a process starting at the basis of life. That process, according to our opinion, leads to the generation of that single form that can be well described with the synolon's idea. It is because of this firm belief that we, in our work, go on looking for the manifestations of the implicit unconscious, perfectly knowing that they

will remain unknown, but anyway convinced of their significance in the construction of the synolon. If we will be able to reach them, displace them, and play them again, then we will be able to activate a process of cure that will bring to the individual a change in the basic structure, as stated by KANDEL, accomplishing real reparations in the structuring of the identity.

That is why we chose to introduce, in our setting, some experiences of dance therapy and directed our attention towards the 'expression primitive', theorized, during the seventies by H. DUPLAN, Haitian dancer, and by France SCHOTT-BILLMANN (1988), French psychoanalyst and dance therapist.

The 'expression primitive' focuses on the idea of the primitivism. It is intended as, on one hand, the chronological primitivism of one's life, and, on the other hand, as primordial and universal character of the human being, who, in prehistoric times, was picker and hunter and lived in harmony with nature, experienced and acknowledged himself in a universal structure. According to France SCHOTT-BILLMANN, the term primitive must be set in its genetic meaning: primary psychic structures organizing the development of the baby. The concept of the primitivism, in the 'expression primitive', lies in the essential search for expressive simplicity that, through an awaredly creative gesture, far from the instinctive and unconscious gesture of the savage, is more and more near to the essential, in a permanent, aesthetical, precise and determined search.

The 'expression primitive' therefore constituted on biological rhythms of the pulsation and of the breathing, on the repetition of the physical and vocal gesture, focuses on the simplicity, on the aesthetic, on the essentiality of the primitive gesture. The essentiality opens to the structure, to the discovery of the aesthetic as being able to reorder and repair the disregulations. This process can insist on the implicit structure of the personality.

The suggested simplicity, result of recovered essentiality and aesthetics, is generated by a moulding action from which a structural dynamism springs translating those rigid scripts, stated before, into more flexible, dynamic, and relational behaviours with the environment.

Another fundamental element in the 'expression primitive' is the object-symbol that is step by step danced. It is considered not for the signi-

ficances it represents, but for the structure characterizing it, and, dancing it allows the fundamental process of abstraction of the same. The symbol has its own mass and structure and, described by the physical and vocal gesture, strikes and refines the sensory perception, reveals its structure till inducing an aesthetic shock. This enables the dancing subject to participate and realize a relational moment seeing his body and that experience/setting in co-extension. That experience becomes therefore information-structure and participates to the implicit structure of the subject and, without being identified with the danced mass, it becomes one of those micro-moments of the chronological primitivism informing the implicit unconscious.

In the danced action, then, the *qualia* seem to have a meaningful role. As D. J. SIEGEL (1999) states, during the first phases of our lives, interpersonal relationships are the primary source of experience formulating the genic expression at a cerebral level. The brain's development is then an 'experience-dependent' process, that, in the 'expression primitive', seems to reactivate to be replayed and to repair. We talk about neither the abreaction of the trauma, nor of the catharsis. We don't talk about letting the traumatic event get into the consciousness as well. We want to re-put in play the implicit structure of the chronological and ontological primitivism, of each patient, to organize a different substrate and open to new constructions of oneself.

It is in the body and with the body that we can replay the implicit unconscious, generating an aesthetical shock, that will open to the astonishment of being oneself.

To obtain that we go looking for the primitivism of the person in that age in which the implicit unconscious structured, where the body was the preferred channel of communication, only centre of sensible experience, not symbolic, without space and time, without narrative memory of the life and of the relationships.

This astonishment is the substratum of a renewed sense of presence and possibility of relation with the environment and it is free from those attitudes of flight, struggle or immobility that LABORIT describes and that are the result of an alarm system indicating disregulation and anguish.

The body, sensible interface, mediation's element between interior and outside, through its perceptive channels, in the feeling of the presence, will now be able to feel and in its interior reorganize the 'resentment'

thanks to specific stimulus, until coming to act a restructured, creative and expressive dimension of oneself.

The body, then, as centre of the aesthetic experience, is the phenomenological place and in the same time the substance of the implicit unconscious. In that very place and in that substance lives the repressed unconscious as well, and being able to place in a more informed structure, less uncertain, more organized and therefore less entropic, it has more possibilities to be known and expressed and less ones to colonize and block the vital spaces of the identity-synolon.

Combining in the setting the activity of the dance therapy, in the model of the 'expression primitive', it seems to us, therefore, a way to co-extend mass and structure in a processuality seeing the body, space-time dimension of the identity, devoted as phenomenological space as well and vector of significance of the relation between implicit and repressed unconscious.

Then, briefly, to consider the implicit unconscious can be a stimulus to go beyond the current knowledge and to reach more effectively the preverbal places of our patients, their primitive structure, repairing it where it has remained uncertain and entropic.

We also think that, focusing the attention on the implicit, opens some ways not only for the cure of specific pathologies but also, from a not less important viewpoint, of health promotion.

Summary

Our intent, in this reflection, is to demonstrate how the link between implicit and repressed unconscious can in-form the body, leaving in it recognisable signs capable of informing the self-identity.

Starting from the recent studies of neuroscience and of the implicit unconscious (KANDEL 1998, MANCIA 2004, SIEGEL 1999; EDELMAN 1992; MATTE BLANCO 1998), we examined the ways of expression of this unconscious and of the traditional dynamic repressed unconscious.

These discoveries should let us admit, that in our minds unconscious structures and functions exist: the identity would be put-in-form, during the first years of life, from the heritage inside the implicit unconscious, that is in part genetic, but it is also relational.

During the seventies, Henri LABORIT elaborates the idea of the influ-

ence of the environment on the individual's development describing the identity as individual-system in psycho-physical interaction with the geo-climatic, cultural and relational environment. The sensations given by the environment and perceived by the human body retroact on the nervous system, activating either the fulfillment's system, or the alert's one, who would trigger disregulations of the system.

LABORIT's suggestion finds correlation with the theorization of MATTE BLANCO (1998), Chilean psychologist, who, in 1975, talks about 'structural unconscious'.

The flourishing research on the implicit memory towards the 21st century, has then led to a wide change in the conception of the mental functioning. That memory, in fact, referred to the procedural memory, seems that contains information structuring and giving significance to the identity's formation, since the first years of life of a baby. We wonder, where, in the adult age, we can trace these mnemonic marks and how the developed structures can be useful to the psychotherapeutic process.

The concept of unrepressed unconscious, studied by Mauro MANCIA (2003), Italian neurophysiologist and psychoanalyst, can be useful to find an answer to this question. According to this theory, we should consider a speechless and not representable memory without memories, but capable of influencing constantly our psychical life.

The implicit unconscious, theorized by the neurosciences, would be speechless, unsymbolic, unconscious, but not repressed and removed just like the dynamic freudian one. It can be described as the summa of all those structuring micromoments of meeting the other and oneself, which happened in a preverbal age.

How can we contact the implicit unconscious?

Acting on the implicit means working on the quality of perception and on the body, sensible interface, mediation's element between inside and outside, through its perceptive channels.

That is why we chose to introduce, in our setting, some experiences of dance therapy and we directed our attention towards the expression primitive, theorized, during the seventies, by H. DUPLAN and by France SCHOTT-BILLMANN.

The 'expression primitive' focuses on the idea of the chronological and ontological primitivism, in the essential search for expressive simplicity that, through an awaredly creative gesture, far from the instinctive and un-

conscious gesture of the savage, is more and more near to the essential, in a permanent, aesthetical, precise, and determined search.

Another fundamental element in the 'expression primitive' is the object-symbol, described by the physical and vocal gesture, that reveals its structure till inducing an aesthetic shock in the dancing subject.

In the danced action, we could then assume an improvement of what EDELMAN defines qualia, that is the expression of the quality of conscience and of the subjective experiences, not expressable by means of words: the essence of the implicit knowledge.

At the base of all of this, we think that the identity could be defined as synolon expressing this sense of physical-experiential-emotional continuum. The synolon, aristotelic concept, generated by the extension of the limits between body-mind-emotion and a transformative and creative incorporation, is relative of consciousness in an expressive movement placing the subject in space and time.

It is in the body and with the body that we can replay the implicit unconscious, generating an aesthetical shock, that will open to the astonishment of being oneself.

Die Verwunderung über das Man-selbst-sein: der Körper als phänomenologischer Ort der Beziehung zwischen implizitem und verdrängtem Unbewussten (Zusammenfassung)

Die Intention der Autoren in dieser Betrachtung ist es, zu demonstrieren, wie die Verbindung zwischen implizitem und verdrängtem Unbewussten den Körper prägen kann, indem sie erkennbare Zeichen hinterlässt, die in der Lage sind, die Selbstidentität zu prägen.

Angefangen mit den aktuellen Studien auf dem Gebiet der Neurowissenschaften und des impliziten Unbewussten (KANDEL 1998; MANCIA 2004; SIEGEL 1999; EDELMAN 1992; MATTE BLANCO 1992), untersuchten die Autoren die Ausdrucksformen dieses Unbewussten und die des traditionellen dynamischen, verdrängten Unbewussten. Diese Entdeckungen sollten es ermöglichen, die Existenz unbewusster Strukturen und Funktionen in unserem Geist anzuerkennen: die Identität würde während der ersten Lebensjahre aus dem Erbe des impliziten Unbewussten geformt, welches zum Teil genetisch, aber auch relational ist.

In den Siebzigern arbeitet Henri LABORIT die Idee vom Einfluss der

Umwelt auf die Entwicklung des Individuums aus, wobei die Identität als ein individuelles System in psycho-physikalischer Interaktion mit der geo-klimatischen, kulturellen und relationalen Umwelt beschrieben wird. Die vom menschlichen Körper wahr genommenen Eindrücke aus der Umwelt wirken auf das Nervensystem zurück und aktivieren entweder das Erfüllungssystem oder das Alarmsystem, welches eine Deregulierung des Systems bewirken würde.

LABORITS Vorschlag hat gewisse Übereinstimmungen mit der Theorie von MATTE BLANCO (1998), einem chilenischen Psychologen, der 1975 über das strukturelle Unbewusste spricht. Die florierende Forschung zum impliziten Gedächtnis um den Beginn des 21. Jahrhunderts hat zu einer weitreichenden Veränderung der Vorstellung über die Funktionsweise der Psyche geführt. Dieses Gedächtnis, welches auch als prozedurales Gedächtnis bezeichnet wird, scheint Informationen zu enthalten, welche von den ersten Lebensjahren eines Babys an die Entstehung der Identität strukturieren und ihr Bedeutung verleihen. Die Autoren fragen sich, wo diese mnestischen Marker im Erwachsenenalter gefunden werden können und wie die entwickelten Strukturen im psychotherapeutischen Prozess genutzt werden können.

Hierbei ist das Konzept des nicht verdrängten Unbewussten hilfreich, welches von MAURO MANCIA (2003), einem italienischen Neurophysiologen und Psychoanalytiker, untersucht wird. Nach dieser Theorie sollten wir ein sprachfreies und nicht repräsentierbares Gedächtnis ohne Erinnerungen erwägen, welches dennoch in der Lage ist, unser psychisches Leben stetig zu beeinflussen.

Das implizite Unbewusste, welches in den Neurowissenschaften theoretisiert wurde, wäre sprachfrei, nicht-symbolisch, unbewusst aber nicht verdrängt und beseitigt wie das Unbewusste bei FREUD. Es kann als eine Summe aller strukturierender 'Mikromomente' beschrieben werden, in denen man andere und sich selber trifft, was im präverbalen Alter geschieht.

Wie können wir mit diesem impliziten Unbewussten in Verbindung treten? Auf das Implizite einwirken, bedeutet an der Qualität der Wahrnehmung und am Körper zu arbeiten, an sensiblen Schnittstellen, Mediationselementen zwischen dem Inneren und dem Äußeren, durch die Kanäle der Wahrnehmung. Aus diesen Gründen integrierten die Autoren

einige Erfahrungen aus der Tanztherapie in ihr Setting und sie richteten ihre Aufmerksamkeit auf 'Expression Primitive', welches in den 1970ern von H. DUPLAN und France SCHOTT BILLMANN theoretisiert wurde.

'Expression Primitive' fokussiert auf die Idee des chronologischen und ontologischen Primitivismus, bei der grundlegenden Suche nach expressiver Einfachheit, die durch eine bewusst kreative Geste, weit weg von instinktiven und unbewussten Gesten des Wilden, näher und näher an das Wesentliche kommt, in einer permanenten, ästhetischen, präzisen und entschlossenen Suche.

Ein weiteres fundamentales Element von 'Expression Primitive' ist das Objektsymbol, welches durch physische und stimmliche Gesten beschrieben wird und welches seine Struktur preisgibt, bis es beim tanzen- den Subjekt einen ästhetischen Schock auslöst.

In der Tanzbewegung kann dann eine Verbesserung der von EDELMAN definierten 'Qualia' vermutet werden. Dabei handelt es sich um den Ausdruck der Bewusstseinsqualität und der Beschaffenheit der subjektiven Erfahrungen, welche nicht durch Worte, dem Kern des impliziten Wissens, ausgedrückt werden können.

Als Basis all dessen denken die Autoren, dass Identität als Synolon definiert werden kann, welches die Bedeutung eines physischen, erfahrungsbezogen, emotionalen Kontinuums ausdrückt. Das aristotelische Konzept des Synolon, generiert durch die Erweiterung der Grenzen zwischen Körper, Geist und Emotionen und einer transformativen und kreativen Vereinigung, ist der Elativ des Bewusstseins in einer expressiven Bewegung, welche das Subjekt in Raum und Zeit einordnet.

Im Körper und mit dem Körper können wir das implizite Unbewusste abspielen und so einen ästhetischen Schock generieren, der eine Öffnung zur 'Verwunderung über das Man-selbst-sein' bewirkt.

(Übersetzung Vanessa Rathert)

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The Theatre of Identities: From a Reading of 'A Memoir of the Future' and other writings in the American Period of Wilfred R. Bion (1969-79)

Vittorio Biotti (Florence, Italy)

The paper examines some passages from 'A memoir of the future' of Wilfred R. BION, which have seemed useful on the theme of 'identity' in the post-modern universe. Trying to detect the forming processes, the evolutive passages of identity in that uncertain fluidity of our time. It's possible to reflect upon the muting role of the various characters, and try to give a sense to the character of the psychoanalyst who describes the conflict between necessities of analytical comprehension, of donation of sense to the various parts of the personal identity, and the 'attraction' towards the unknown and the eternal mutability of the world and of the psychic reality.

Keywords: identity, psychoanalysis, character, trilogy, psychoanalyst, post modern

1. The courses of identity

Great and rapid changes are in front of our eyes. The scenario in which the subject, social groups and general public react and live in, has deeply changed with respect to 'modernity' in a dramatic sense of disorientation, of a widespread identity crises, of space-time discontinuity. Disciplines, such as sociology, cultural anthropology, philosophy, social psychology have described that post-modernity which draws a strongly precarious and indefinable present. As F. RIOLO writes: "responsibility, orientation and sense escape us, and there seems to be no place to hide in" (2008, p. 901). We live visionary realities, artificial or hyper real, in the middle of assembled objects and parts of personality. We live in the middle of identity prothesis, in the evident and progressive loss of what in the past offered guarantees of stability and continuity.

Tradition had conveyed, as F. PETRELLA writes, a subjectivity "to be considered and constructed for its own sake, paying attention to ... a subject's internal world which we assume as potentially autonomous, able to stay alone ... to face existence." (2005, p. 36) The present time demonstrates great changes within the field of sexuality, new styles of

personal relationships where the need for security rather than pleasure seems to prevail. "Oedipus is aborted instead of resurrecting, becoming obsolete and fading into oblivion". (2005, p. 39) There do not seem to be any more "separating triangulations, nuclei of solid identities" (2005, p. 40); but fleeting subjects, lost in the webs which cross it, not delimited. "New and indefinite identities appear, liquid or shapeless, devoid of an autonomous barycentre, minimized, disfigured" (2005, p. 41). The accent has moved "from the clinic of the emancipation tale... towards the themes of thought disorder, as the only real legitimate focus of therapy". (2005, pp. 42) The Sphinx seems to have overwhelmed Oedipus, and the post modern subject "shows composite identity forms, often monstrous and technologically seducing" (2005, p. 43).

As F. RIOLO yet again writes, the post modern is hypertrophic in the collective production of imagination; what he calls, taking up again Francesco CORRAO's fascinating descriptions (1992), 'eidolopoiesis' has substituted 'symbolopoiesis', "responsible for the processes of significance and the identity processes" (RIOLO 2005, p. 147). In a collective 'hallucinosi' which "brings about the evacuation of the meaning of self ... an expulsion of the symbolic universe" (p. 147), as though the psychic structures were now more represented "by Dionysus's myth" instead of Oedipus's: Dionysus as a non-individual or familiar experience but 'collective, tribal'. No punishment or blame but ease, lack of prescriptive criteria, exaltation, excitement, cruelty. Appearances without prohibitions" (RIOLO 2005, pp. 148). Post modernity sees the decline of handed-down experience, and substantialize itself with individual, fragile, fleeting experiences. Z. BAUMANN speaks of 'liquid' modernity which does not keep the same shape in time, and which seems to unite to a potentially infinite freedom an infinite and growing interior insecurity, and a deep feeling of anxiety.

Identity is like a job which has not been done yet, never made, a puzzle where pieces are always missing, something which has to be invented rather than discovered. ... [In post-modernity] every thought is disqualified, at least every thought with a will ... transitoriness has dethroned and degraded the duration of a hierarchy of prudent attention and respectable occupations ... there is no possible objectivity but if ever, readings which are always changeable, temporary, open to all that happens which cannot be foreseen ahead, determined by the options and languages of the speaker. (BAUMANN 2006, p. 138, 144).

The identity constructions, as Anna FERRUTA writes, look for stability and continuity in which to evolve and grow, and need “metasocial and metapsychic guarantors”, as indicated by René KÀES 2005, and relationships and unconscious narcissistic contracts with the group of appartenance and with its history, fundamental conditions for intersubjective plots and integration. To realize a becoming and not an immobile and deceptive idea of eternity, and time which gets lost in a void of future, in a void of Self (FERRUTA 2008, pp. 911-912). A world of images is imposed by devices devoid of any control, artificial, fictitious and do not allow elaboration. Memory and history, and the places of possible relations and traditions, are lost in those ‘non-places’, anonymous, leading to a helpless solitude. In the same years in which Christopher LASCH described, from a sociological point of view, the rapid expansion of narcissistic attitudes, his most famous essay dates 1979, psychoanalysts such as Heinz KOHUT, André GREEN, Bela GRUNBERGER, Herbert ROSENFELD, Eugenio GADDINI tried to describe, from a psychoanalytic point of view, narcissism as the demonstration of a widespread social and personal unease, and of scarce cohesion and interior consistence of the mind, nearly a void and a desert of the soul, in the lack of planning ability and hope of identity.

In clinical work, as Fernando RIOLO yet again writes, the most serious and invasive pathologies have taken the place of neurosis, which had at their centre, from a psychoanalytical point of view, “prohibition, passion, guilt, the conflict of psychic requests.” (2008, p. 902) The new pathologies: sociopathies, toxicomanias, eating disorders, narcissistic and borderline disorders, show self diffusion and self loss of the patient, serious difficulties in managing emotions and sensoriality, in sharing a symbolic ground with words, in constructing metaphors, in thinking thoughts, in giving a sense to the void and silence. As though every space was filled with things, with false representations, with identity fetishes, aiming at the ‘normal’ use of hallucinatory productions. The new pathologies are also pathologies of interpersonal bonds, of trans-generational transmissions.

The psychoanalytical thought is subject and object at the same time, of these temporal and conceptual vortexes. And just as the ‘Angelus Novus’ by Paul KLEE, ‘angel of history’, which Walter BENJAMIN talks of, sees

catastrophes and fragments in the past, it can only be pushed by the strong wind of paradise which is trapped in its wings and which forces it to the future (1997, pp. 35-37). In search of a 'new psychoanalysis', of a 'psychoanalysis of contemporary worlds', in comparison, and in the desirable 'contaminations' with other spheres of knowledge, in spite of its confused plurality of languages. Maybe it is the very subject of the 'identity' of contemporary man, in his interiority, and in his interpersonal, group and social relations, which meets one of the most problematic objects of investigation. Because we live in times in which there is a widespread illusion of a free self-creation of one's own identity, of a total 'invention' of self, which does not grasp the limits and not even the real potentialities, of one's own personal aptitudes.

One should write a story of how psychoanalysis, from FREUD onwards, in the singular complex evolution which was learnt in Europe and in the United States, faced the subject of 'identity', which the philosophical thought, already at the end of the 17th century, with the birth of the modern idea of subject, of its recognizability, and the founding role of conscience, had investigated.

With his 'An essay concerning human understanding' John LOCKE (1690) opens a complex reflection, within a philosophical field, upon the concept of personal identity, "established," as Lucio RUSSO writes, "by sensations which exist in a determined place and time", with aspects of invariance and aspects of mutations in time and space, founded upon memory, reason and reflection (2009, p. 11). The ego, with John LOCKE, is "a conscious, intellectual subject with an autonomous will", as R. BODEI (2002, p. 37) writes, and here is the start of the differentiation, the enrichment, the problems of individuality, in a kind of "identity polytheism", a multiplicity of ways to conceptualize identity. Identity is not a simple and static formula but "singular and unrepeatable synthesis" of numerous factors (2002, pp. 11-12).

Arduous therefore to think again the identitary question, from psychoanalytical vertices. In extreme synthesis, keeping within the conceptual area to which I want to refer, I can say that Sigmund FREUD, after some very important studies by Erik ERIKSON, at the end of the sixties, and others like Jacques LACAN and Marion NILNER, and some systematic thesis by Donald W. WINNICOTT, there was an animated and more care-

ful glance upon the themes of identity, in its aspects of continuity and discontinuity, in its transformations, a glance not without lexical and content ambiguities, of differences, even marked. A glance in which classic basic theoretical options compare themselves.

On one hand, we find the 'drive and mechanistic paradigm', and the search in man of 'entity' or unitary 'structures', nearly 'founding essences and the consequent analytic ideal finalities to give the patient freedom and autonomy stated in his inevitable 'solitude'. In this paradigm, which has its fixed points in the concept of psychic requests, energies, tensions, defensive mechanisms, drives, psychic determinism, we meet major difficulties in re-thinking the relations between invariant and continuative aspects of identity, and the nature of changes, between conservation and continuity.

Other theoretic options try to grasp the identity, above all, in the turbulence of becoming, in its temporality, in its interpersonal and social bond, using models for which the subject, his identity, his feeling of being, and his 'psychic actions' find insight and significance in the multiplicity of external relations and of the 'subjects which everyone has within themselves. Donald WINNICOTT tells of a 'child-being' who only if reflected by the mother, in her gaze which is function of her mind, can he be able to live the Self existence. In this 'acceptance psychoanalysis', the maternal object is not the object which the child is in search of for the regulating and the 'release' of its psychic energy drive, but it is object-environment responsive, which gives the child adequate answers, which determines a very first mother-child co-identity, in a kind of archaic, matrilineal transmission, and it is then the 'transitional object' which is in the intermediate area between the subject and external reality.

Some important reflections by L. RUSSO, again,

it is not possible to stop the flowing of the river of identity. It is an continuing work of formation, construction, reconstruction, with fecund hybridizations between primary and secondary unconscious processes, between imaginary levels and symbolic levels ... The mother-mirror is the bed of the identity river. (2009, p. 16)

Social and cultural bond guarantee some remedy to the incompleteness and precariousness of human being, whose identity is not a 'fixed totality' but it opens 'to the becoming', to the 'passage of time' in a happy possible generative matching. "Identity," he writes, "forms and trans-

forms itself in time, taking along with it the familiar and the foreigner, himself and alterity.” (RUSSO 2009, p. 17) Perhaps it is possible to talk about ‘mutant identities’. We have to remind all the emotional turbulences which the subject lives in every hidden identity, in the becoming and the changes, of the others, of the self, in mourning, in important decisions. The identity appears, even more in our times of anthropological mutations, perhaps an endless process, enigmatic like the flowing of a river or the shape of a cloud, a continuous construction and reconstruction, with fertile graftings between the present, the archaic and the trans-generational, ourselves and the Alterity of the unconscious, the individual and the group.

Thus, it is problematic to conjugate, in a kind of ‘identity polytheism’, the whirlpool of change, the disorientation of the being, with the necessity and the need, as F. RIOLO writes, of “finding the road back to one’s home” (2008, p. 903). Even if we do not know anymore which and what intrapsychic and external objects live there. Psychoanalysis must investigate the relationships between identity invariants and processes of change; it must be able to ‘narrate’, in its own language, those ‘mutant identities’ that have been described by artists such as Marcel PROUST, James JOYCE, Samuel BECKETT. The web of intrapsychic and interpsychic relations which support the formations and evolution process of identity is very complex and arduous to investigate; maybe the identity can imagine itself as a condensed whole, an overlapping of elements which an analytical work can sometimes try to dismantle and observe.

2. Wilfred R. Bion in the ‘American period’

In some works during Wilfred R. BION’s American period (1969-79) and, especially, in the three volumes ‘A memoir of the future’ (1975-79), I think there are important contents regarding our topics: the formation of identity, its unstable and ‘fluid’ transformations, its ‘tale’, in the post-modern times. BION moved to the United States, to California, in January 1969 at the age of 72.

During his ‘classic’ period (1948-1969) he wrote fundamental works for the psychoanalytical thought, and he reached the peak of the British psychoanalytical institution.⁽¹⁾ In the U.S.A., as Francesca BION writes, he freed himself from the bonds of English traditionalism, where he felt

'hedged in', and tried to find new spaces of freedom where to cultivate his 'wild thoughts'. The New World "offered BION the possibility of freedom to work in his own unorthodox way, a freedom he felt he did not have within the KLEIN group". (1995, p. 5) There he wrote three-fifths of his works, even if 'irregularly', in form and contents, and with alternate fortune. And I would like to mention at least the seminars, the important theoretical writings such as 'The grid and caesura' (1977), the notes, for the seventies, of 'Cogitations' (1992), to the autobiographical writings later edited between 1982 and 1997, as well as 'A memoir' which is made in three parts: 'The dream', 'The past presented', 'The dawn of oblivion' for the years 1975-79.

BION often used languages from other disciplines, considered more precise and accurate than psychoanalysis, those logical-mathematical ones, of geometry, philosophy. In the poverty of words, he had felt the 'immense waste' between thoughts and lived emotions, and their communication to the reader or the patient. In 'A memoir' he relies upon an unexpected form, literary-theatrical, recalling SOCRATES' dialogues at times: he is driven to look for shelter in the narrative, to avoid the 'diabolic' specialist language, the analytical 'jargon'. In the narrative invention sometimes the truth could come out. It was necessary to avoid obstacles, exits, alterations with respect to this truth. With a frequent use of oxymorons, of temporal and verbal paradoxes, it is similar to a musical composition, with voices and emotions, pauses and changes in rhythm, and less importance for the words.

'A memoir of the future' is an extraordinary symphony, a journey in man's mind which may never end. It recalls great literary and poetic works: from HOMER to HORATIO, to VIRGIL, from MILTON to SHAKESPEARE, from RABELAIS to MONTAIGNE, and even the minor works of English literature and theatre, moral works, songs and poems about peace and war. If it is impossible to abridge the contents of the three volumes of the trilogy, at least it is possible to note some of the most important nuclei. The first volume 'The dream' is noticeably crossed by themes of violence, military invasions, conflicts between peoples and nations, power conflicts between men and women, between 'servants' and 'masters', by confused and sudden overturning of fronts. We find, as P. A. LUSSANA writes, "confusion of identities, of truth and untruth, of

visual and auditory, of the animate and the inanimate" (1994, p. 27), between what can be seen and what exists, between the imaginary and reality. The second volume 'The past presented' deals with the problem of language, of its serious limits, it is a language which 'is swallowed up', and with the relationship between man's thought and emotions, and with psychoanalysis. Mental states excluded from their origin appear, and the serious obstacles which every knowledge, which is not 'jargon', finds in its formation. There are frequent situations of delirium and violence.

With this central text, [writes A. BARUZZI,] we get to the heart of the epic full of piety for the 20th century 'man', unseated from his certainties, who has trouble in giving up his own cognitive hubris, the empire of the mind. (1998, p. 11).

The third volume 'The dawn of oblivion' finds a more levelled dialectic between the parts, the characters, the expressed thoughts. In the nearly constant presence of the psychoanalyst on the scene, there is the effort to overcome the caesurae which keep aspects of man's personality and identity divided, and to create a dialogue there where rivalry, non-communication generally reigns. "To make the best of a bad job": this is what can be possibly done, with humility, in front of the boundless and unknown abysses of man's own mind, just as the physical-astronomical Universe we are part of.

On the scene, which is a stage with various dimensions, real and imaginary, mythological and literary characters move, strange figures like the 'somites' in the uterus, 'pre-mature' parts, with a hurried and inadequate maturity, and 'em-mature' parts, which try to come into the world but are afraid of the unknown, prehistoric and fantastic animals, body and mind, the various ages of life. And BION appears, with various names and in various roles: BION, 'Myself', 'Psychoanalyst', 'P. A.', who is nearly always on the scene, and men and women, often in stormy relationships appear: Alice, Rosemary, Roland, Robin, Tom, Uomo, and the ghosts of war companions, and God and the devil, 'Arf Arfer': 'our father', the Priest, Sherlock Holmes, and Moriarty. Their dialogues are often bizarre, and they all want and have the front line on the scene.

Here are some examples of a confrontation between Roland, Alice, and Rosemary,

Alice had no interest in Roland's futilities; her lips were pursed and bloodless, her eyes angry. Oh come on, what have I done? ... Alice moved away. Rosemary, appealed to directly, responded as if to continue the hostile banter in which she had been interrupted. ... Desires to humiliate his wife with her maid gave Roland's features a fleeting vivacity, but could not withstand the reality. (I, p. 3, 17)

That night Rosemary got into bed with Roland and, laughing, pushed Alice out to fend for herself. Proud and humiliated, she went upstairs to Rosemary's bed; she could not bear to share the room with 'those two'. (I, p. 3, 18)

The night of Rosemary's sexual triumph was busily spent in luxuriating in her mistress's bed, her husband and her husband's downfall; she was conscious of the pleasure she felt at his weakness in succumbing to her seductions. (I, p. 4, 19)

Both Alice and Roland were jumpy in a way to which they were not accustomed ... they were master and wife, joined in a drab, conventional, comfortably-off fidelity. It slithered into an equally drab, conventional infidelity. (I, p. 5, 23)

Maybe BION, as P. C. SANDLER writes, is represented by all the book's characters, nearly his 'partial internal objects',

just as in an artistic or scientific work, the author's experience is a vehicle of universal invariants regarding the psychic reality. This is especially seen in the third volume which not only reflects a maturing Bion. ... but every human being who carries out this maturing itinerary. (SANDLER 2008, p. 51)

In 'A memoir' time is fragmented and often circular, the style sometimes phantasmagorical, sometimes dry and unaffective, like the theatre of Eugene IONESCO or Samuel BECKETT: 'theatre of absurd'. Multiple places and geometries invent and confront each other, and often Bion is sarcastic towards the 'theocratic' world of euclidean space, so human and limited. The text is stratified in images, nightmares, dreams.

Alice and Rosemary often have strange and mutilated dreams

lacking a dimension like a solid body that casts no shadow in light. The world of reality, facts, was no longer distinguishable from dreams, unconsciousness, night. Thoughts with and thoughts without a thinker replaced a universe where discrimination ruled. ... The thinker had no thoughts, the thoughts were without thinkers. (I, p. 8, 33).

The 'Trilogy' is also a terminal point of a revision, which never ended in his life, of BION's thought, a summary of his ideas, a dynamic storytelling. Differently from FREUD and others, he is not in search of 'definitions' of man's mind, of static 'structures', but he tries to grasp the 'working', the mind's 'movement'. On the scene there are the great

bionian themes: the clash between thought and action, the terror of 'catastrophic change', the hostilities for ideas which have an innovative and 'messianic' content, the clash-relationship between 'the mystic' and the group. The future for BION, in fact, is much more important than the past and maybe the present. And of this future we are the memory. The future will remember us, and we will have to explain this to an unknown judge, for all the truth that we did not allow to exist, and for the languages we have not found, subjected to the tyranny of the already known. Only the ideas yet to come create man's future.

With the 'Trilogy', which is also a self-analysis, we find in a world which is our contemporary, and which BION tries to describe with his 'passion', in new expressive, strange and unusual paths. We see the labyrinths of contemporary man's identity, or at least some directions of the itinerary.

The becoming of life, of mind, is an uncertain and complex road, a Daedalus's labyrinth, with strange passages. Some characters on the scene alternate narration with solid identity references, and confused stories, in which truth and untruth, animate and inanimate, have lost their clear distinction.

Hitherto the term 'mind' has proved serviceable. I propose to use it myself, but not for the purpose of writing philosophical, psychological, religious, artistic or other records. I propose to use it as a meaningless term, useful for talking or writing about what I don't know—to mark the 'place where' a meaning might be. I assume that there is a realization that approximates to the term 'mind'. I assume that the mass of theories, case histories, psychoanalytic formulations, are products of the 'mind'. (I, 30, p. 141)

To recapitulate. The mind, presumed to be real, is likewise presumed to have a structure. This word 'structure', is borrowed from the vocabulary forged for the domain of sensuous experience. The 'mind', and now its 'structure', are terms which are not appropriate for use as referents to domains we hypothecate for this study. The 'mind', unlike the brain, has no circonvolutions. (I, 30, p. 142)

Analogous objects, therefore, have to be created from the domain of the brain and its convolutions. (I, 30, p. 142)

But who are the characters on the scene?

Sherlock: Are not your characters limited by being 'patients'? Myself: No. They seem to be limited by being human, but if, as some of us think, they are personalities or minds, each one is unique and their 'limits' are not clearly marked. I do not even know what the limits of my personality and mind are or even if there is such a thing as 'my personality' which approximates to the words I have just used. (I, 42, pp. 202-203).

The 'Trilogy' is also an attempt at making aspects of personality and identity, which do not know each other and mutually reject each other, separated and 'isolated' by caesurae and diaphragms apparently non negotiable.

The 'embryonic mind' is a metaphor used by BION to describe the destiny of an evolution. The past is for BION the possible surfacing of the new, of virtual dispositions which risk, at each transforming passage, becoming suppressed upon birth. Like fetal ideas, the 'somitical' or 'sub-thalamus' voices can 'kill each other' or be killed by multiple censorships, obstacles and threats, so that at each step in life, until the end, living, fertile parts, 'pregnant with future', with great innovative potential, of man's mind can remain unexpressed or unheard, suffocated by repetitive jargons and by anguishing and terrifying aspects that those ideas bring along, in the fear of 'catastrophic' changes from which it is not possible to capture the innovative and creative vitality. We see BION's extraordinary attention towards what goes unheeded in people's lives, or in what has a short life, or what declines and dies without receiving neither a burial nor tears, is not surprising.

BION is totally convinced about the continuity between foetal life and post-natal life, of which the same FREUD talked about, over and above the 'impressive caesura' which he usually refers to, and writes about his 'hypo-theory',

I am supposing that the gifted child has tried, even when a foetus, to be without 'feelings' or 'sensations'. It cannot get rid of its inborn, inherent genealogical inheritance; it can possibly get rid of what used to be called 'acquired characteristics', what I have called phenomenes-phenomena as contrasted with genotypes. So it remains the gifted, inherently gifted, person. Since this is so, it is able to learn what is expected of it, how to be what Mother or Father, or both, want... All this however is split off from its fundament, its base, its real self. (III, 12, pp. 563-564)

The war between prenatal and postnatal parts, psyche and soma, is a leit-motiv of the 'Trilogy', which, many times stages the drama of 'Em-mature', an embryonic idea evolving in its originality, in search of semantics it does not possess, which is hindered and threatened by the specialist jargon, by 'Pre-mature' who, as M. HARRIS WILLIAMS writes, is "the false adult who arrogates the right to maturity" a kind of self-reference and self-acknowledgment of the subject, "glorious and obliging" (1987, p. 388), a 'shell' of apparent maturity and reasonableness. 'Em-

mature' must use an already-existing language, even if inadequate, and he is aware that his survival, his innovative potentiality, is tied to the arduous possibility of creating a new language. Here is how BION stages these topics,

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. You got us into this air. Luckily I brought some liquid with me. What are you doing? (III, 1, p. 433)

Robin: If we could come together we could still preserve our identity. Like the hills on a map in which all the same levels could be joined by a contour ...

Doctor: Poor old body; poor old mind. It is hardly surprising that they do not get well together and look down on each other, especially if we remember that one is derived from the other, In fact they may derive from a biological atomic plutonium breeder. (III, 5, p. 470).

P. A.: Amongst the many and frequent dangers of psychoanalysis none is more dangerous than the experience of the coming together of the pre-natal and the post-natal personalities. It can be easily appreciated that the danger is associated with anything whatsoever- psychoanalysis, music, painting, mathematics—which could remind those two personalities of their continued and continuing 'contact' with each other in the same body and mind.

Roland: You make it sound most dramatic.

P. A.: It would require a drama of Shakespearian quality to portray the reality.

Roland: Shakespeare must be responsible for many murders and suicides. (III, 10, p. 551)

Here is the 'future' for BION. Man's identity seems to him mobile, mysterious and sometimes contradictory, and often unable to tell of itself. But he grants man a hope. Because it is only man who can decide, 'to be or not to be'.

It is possible to create a 'dialogue' between what one reveals and what is isolated and divided, to overcome the caesura finding a language which goes beyond reciprocal barriers and incomprehensions. It is possible to believe in the 'courage' of thought, in the ability of a mind's work which does not live in the tyranny of the habitual, of jargon, of uncontrolled proliferation, of induced images.

Man's mind can give voice, attaining from one's own emotions and deep sensations, to new and intimate ideas and thoughts, sometimes 'wild', as in 'Finnegan's wake' by JOYCE, writes BION, without being excluded or domesticated too early.

Identity appears to be a continuous construction, a journey towards the unknown where there is fear, frustration, towards everything that can really generate change. But its destiny, which is revealed from the very beginning of life, in the first articulations of container-contained relationships, one also plays with the ability to face obstacles placed by common sense, rationality, to which one can 'grasp' to avoid the 'catastrophe' of a true experience of the Self. Which is always strongly obstructed by the group, and by the 'mass identifications' of the individual, as GABURRI, AMBROSIANO (2003) write.

'A memoir' also tells of an analysis room in which many parts of the Self have a voice, in which many multiple, fluctuating identities present themselves. Here the confines of the analyst's mind and the patients can get lost. There are confused languages, strange measures of identity. BION stages man's ability to show and not to show himself, his interior sufferance, always bordering between truth and lies.

Unsolvable paradoxes, disorientations, non integrable extreme feelings are on scene, and sometimes they evolve into the sense of truth, into the possibility of a synthesis which is also the undertaking of responsibility.

Our life and our mind need, if we want to try and describe them, an 'over-simplification', which, in any case, is very complex. BION writes,

P. A.: Life fundamentally is really 'low life'-cock roaches, and 'bloody cunt' and swimming in a sea of amniotic fluid and meconium, and now psychoanalysis. Even the foetus is involved with non foetus ... That is an over-simplification which, as Robin says, is complex enough to make any further description redundant. However, I do not see why the universe in which we live should oblige us by being comprehensible to us mere human beings. This is true of our own bodies and minds we have to live in. Even if we don't trouble with the 'universe', the not-us, we find that merely trying to know who I am involves an intolerable amount of discovery of what we have never been able to tolerate and which, as likely as not, we are right not to tolerate. (III, 6, pp. 490-491)

In the 'Trilogy' BION appears in various ages and activities of his life. Sometimes, he is rather less authentic, sometimes he is a war hero, but not of authentic fame, according to him, more often he has the identity

he recognizes the most, that of the 'Psychoanalyst'. At the end, in the third volume, he has the serenity of an analytical role, and speak about methods and objectives of his work. He does it with infinite patience and ready to talk, with the Priest for example, on the great themes of religion, and with all the other actors on stage, childish or mature, unlearned or learned, able to think or tending towards action.

The psychoanalyst BION is cautious and doubtful, patiently awaiting a growth which is not only that of the other. He looks for his interior discipline regarding 'memory' and 'desire', 'no memory, no desire', which can obstacle the listening of the patient's psychic reality. He is on the scene longer than any other character, and has great 'casting' abilities, giving form to thoughts, stories, even unexpected ones which seek a narrability, a short story, there where they were non expressible, non-symbolizable at first.

The analyst must not adapt what appears during the consultations to known analytic theories. His purpose is to build or put once again into good use, the apparatus to think thoughts, try to extend the potentialities. He is on scene staking even his most primitive aspects, even they in search of a possible evolution. His main function is to capture, transform, as much as he possibly can, what from the patient's mind is given and transmitted to him, the most unformed and primitive aspects, the 'beta', the 'proto-thoughts', the archaic residuals, everything that is in search of containment, of a donation of sense, of what is thinkable. As E. GABURRI and A. GRANIERI write, "the analyst embodies and personifies the patient's emotional events, not possible to be expressed in words, thus allowing a psychic collocation of them and the possibility of giving them a 'dis-embodied meaning'" (2008, p. 112). And as L. CALDERONI writes, he goes in search of what was first impossible to listen to in the 'soundproofing fog'; the patient tries to recognize his own thoughts and to be able to say "all the words which, little by little, are no longer 'things'", modifying the exclusions between "beta elements confined within the field of action and ... the thoughts which are confined within the field of thought" and "cannot be influenced by the Beta elements" (2008, p. 104). There is like a challenge which moves from the patient's mind to that of the analyst's, to what in it is inadequate, like a skeleton shell, to capture and elaborate the unthought that is given to it.

Without the ability to sustain the frustration and to put order in one's own things it is impossible to create concepts and thoughts which have a transforming value. But there is, in BION, a great humility in underlining the limits that psychoanalysis can have, its falls and insufficiencies,

P. A.: ... The 'real psychonalysis' to which we aspire is at best only a reaching out towards that 'real psychoanalysis'. But it is 'real' enough to make people aware that there is 'something' beyond the feeble efforts of psychoanalyst and analysand. (III, 8, p. 510)

There is in BION, I think, a contradiction, and an oscillation of sense, which cannot be solved. He shows us the 'unknown' and the infinite roads possible to follow, and thus new thoughts, characters, who go in search of their 'Author' in a continuous production of sense, and new things which are not written anywhere are presented. He writes, in a stimulating dialogue between 'Myself' and BION,

Myself: If so, these Oedipus situations, impulses, instincts and characters could be made opaque in the way in which patterns in X-rays are revealed by the use of sensitizing plates. The personality or mind, as portrayed psychoanalytically in detail, is a recent photogram of some long-existent reality, of significance only as an archaic physical anatomy might be ... [The psyche] needs to be investigated through the medium of mental patterns; that which is indicated is not a symptom; that is not a cause of the symptom; that is not a disease or anything subordinate. Psychoanalysis itself is just a stripe on the coat of the tiger. Ultimately it may meet the Tiger—The Thing Itself—O. (I, 24, p. 112)

BION does not seem to be interested in defining drive or energetic parameters, a nearly certain basis, to which the mind and man's thoughts can go back to. He seems to be interested in different itineraries, of which the end is unknown and unknown are the roads which will be taken. The mind, in its infinite possibilities, seems to be leading the game, there where it is permitted to do so. BION writes that the mental field cannot be contained within the format of psychoanalytical theory. And he speaks of 'truth', of 'respect', of 'reverential fear', and of how much these words, over and above a religious context, can be object of reflection. Reflections of the great mysteries of the human soul and of nature, of the finality of their existence,

P. A. — We advocate knowledge of what we are really like- in so far as we can. But we do not thereby close the options. On the contrary; the options that are there, whether we like them or not, remain open. ... We do not even know what our nature—bodily, mental, spiritual—is capable of doing. We can hardly, therefore, regard ourselves as responsible in any true sense. (III, 13, p. 574)

Edmund – The centre of our galaxy is hidden from us, and though we suspect that it lies near Sagittarius we cannot see, as we can when we examine M31, the bright centre.

P. A. – ... At present I cannot entertain, at the same instant, ‘les espaces infinis’ of space and the infinite space of human thought. What my work impresses on me is the depth of the riches and wisdom and knowledge of the human mind, and the even vaster and greater depth of human ignorance. (II, 1, pp. 232-233)

But at the same time, BION tells us of aspects of identity which have historic depth, of more generations, of more subjects and which are determined by the groups one belongs to, by family events, by social relationships; and he tells of the respect of limits, and times, and differences. It is the great dignity of the human being, his strength and his fragility, the courage which the time and history have given him, the tradition of his creative thought, the memory of his tragedies and the solitude of his convictions. There is, maybe, also a distinction, which BION does not go deeply into, between ‘structure’ and ‘character’; therefore

the actions of the just – the generous man – stay just; the mean man stays mean. Whatever the dress in which we clothe our ‘selves’ the structure lives longer than the character we hang upon it. (II, 19, p. 424)

In the ‘Trilogy’, there is often reference to the ‘uncontainable’, to a kind of extreme threshold of the impossibility of thought. Nearly ‘proto-mental’ fragments which have an unlimited projection into the infinite space, without the possibility of becoming symbol, or shape, or a dream image. The senselessness and horror of war returns several times and episodes and images enter the scene which do not even seem to be memories and which are not possible to be elaborated by BION’s mind who had lived those episodes. As Parthenope BION writes, in her ‘Aftermath’ which had accompanied the English edition of ‘War memoirs 1917-1919’, the experience lived had determined his idea of man’s mind as though it were a ‘palimpsest’, which has a continuous and nearly sudden potentiality of regression, with a continuous “flow of unprocessed pre-mental sensory data” (1997, p. 310). Episodes of war directly lived by BION appear several times, without them being given an elaboration; nearly as if they were news reports without time which show up again mute and motionless, persecutory. And the ghosts of his fallen companions appear on scene. Like KEEN’s ghost,

you were glad to be going out of the salient. They had to amputate my legs. At first they thought they would save my arms, but they couldn’t. So I can

march without fatigue and don't have to carry a rifle. Luckily that last arm did for me – I died. (II, 6, p. 289)

don't run over me Tanks! Don't run over me! ... Sir! Sir! Why won't my arms and legs crawl? ... Shut up damn you! You're upsetting my sleep! (II, 6, p. 290)

But, as Georges DIDI-HUBERMAN writes, it is important to “tear away an image, in spite of everything, from the horror”, even if it were lacking any insight of thought. (2005, p. 15) It is what BION manages to do, recalling Ypres and Amiens, the tanks, the fellow soldiers, dead in an absurd day of glory. But war, as BION writes, is activated right from the dawning of psychic life, between somites and postnatal, between soma and psyche, between conscious and unconscious. With insurmountable barriers and caesurae.

3. Conclusions

'A memoir of the future' is one of BION's last works. Some certain and complex biographical data is missing in order to fully understand the reasons of his long 'journey' in America. But maybe, on one hand, he wanted to have a closer look and first hand knowledge of the New World and its certainly more dynamic and 'excessive' implications, reasons, developments, roots of those deep changes which were drawing and defining post modernity. Even if some testimonies remember him rather distant from the debate which was present in American psychoanalysis, and even more from the social and political movements of those years. The clinical work seems to have been his main occupation, his central interest if not exclusive; very few were his relationships with his colleagues, while, on the other hand, his seminar activities were very intense, like a 'nomad supervisor', especially in Latin America.

Maybe things seemed more suffused and opaque to him in old England. On the other hand, perhaps he felt that he could interpret and understand that post modernity, as a man and as a psychoanalyst, in the distant echoes and in the naturalness of his own personal origins, in the language and culture, in the complex ancient wisdom of the Indian myth-thought, in its multiple significance. Perhaps his 'imprinting', more equipped to understand a time of deep oscillations, undetermined and disoriented. And that sometimes sarcastically, as someone believes, he

seems to reveal no aim, and to turn his attention to nothing. As L. ANCONA writes,

[in India] the fundamental belief is the transcendental unreality of a phenomenal world. If for us, the senses seem witnesses and irrefutable guarantors, in India they are the origin of error and cosmic illusion ... Conscious is believed in as well as intuition, and not in the ego's deceit. (2008, pp. 157-158)

There is much contemporary drama in this 'later' BION. 'A memoir' is not an aesthetic or literary study. There are no abstract and reassuring theories, nor concluding descriptions, in his coherent research in the language of emotions, of sensations, of thought, and in his attempt at talking to us about the themes of identity. There is no script to refer to. If ever, it is the ductile presence of the analyst, and therefore of the analytical function of the mind, to give us some possible orienting guidelines. But it is a discreet presence, fragile at times, often doubtful, which seems to nearly share the uncertainties of a journey, largely unknown and unfamiliar.

It is an unexpected literary-theatre device with which to confront oneself. The great complexity of the themes, even those tied to identity, to its dynamics and formation, it has to look for instruments of suitable and necessary narration. Identity is not a 'substance' but a very complex story, and it is not isolated, but it only gives itself in the relations with the Other. The post modern world sees the melting of the universal and metaphysical 'substances' and declines in disjointedness, in the sum of the many 'whats', in a set of secondary identities, disjointed even between themselves, mobile, not unitary. Maybe BION had really started, with much courage, to 'disturb the universe', even that of psychoanalysis, inventing new languages, in the introductions for a new start, for a psychoanalysis of modern times.⁽²⁾

We read in the epilogue of 'A memoir',

All my life I have been imprisoned, frustrated, dogged by common-sense, reason, memories, desiders, and—greatest bug-bear of all—understanding and being understood. This is an attempt to express my rebellion, to say 'Good bye' to all that. It is my wish, I now realize doomed to failure, to write a book unspoiled by any tincture of common-sense, reason, etc. ... So although I would write, 'Abandon Hope all ye who expect to find any facts—scientific, aesthetic or religious—in this book' I cannot claim to have succeeded. All these will, I fear, be seen to have left their traces, vestiges, ghosts. (III, p. 578)

BION is fully coherent with his time. He has searched for answers patiently and sometimes humbly, so as not to suffocate the extraordinary potentiality of his questions. He has looked for them in the great works of the 'classic' period, and during the American years, also marked by his intense seminar activities in Europe, the USA, and mostly in Latin America. Like language, even man's identity seems to be 'swallowed up', in an indeterminate post modern era, which sometimes seems to have sarcastic and evasive smiles, and in which every interpretative rule does not seem proposable any more. The 'journey' is endless and its passages are 'unknown'; only conventionality and fear can interrupt it or not even make it start. Someone talked about BION's Platonism and neo-Kantism. There seems to be in him an extraordinary 'nostalgia' for the final values, for 'the thing in itself' which man never reaches. But he also regrets for things unburied or never born, or born dead, suffocated by interior wars, and then by the Institutions and social organizations, regret for the potentiality of man's mind which is not able to become experience, basic and visible identity heritage. His is an intensely dynamic vision of identity, and, therefore, doubtful and open to what is not predictable, but this is where man's authentic freedom lies. The 'stories' and the 'texts' never seem fully definable, in an infinite coming on the scene of the 'characters in search of an author'. The psychoanalyst is not the keeper of a truth beyond all time and his and his patient's history; he has his own experience, and an 'apparatus to think thoughts' which he defends in his integrity, in his functions, in his development. The analyst's mind is the only, sometimes uncertain, guarantee of analytic work and research of its finalities.

BION is our great 'contemporary'. And we want to share what F. DI PAOLA writes (1995),

The vertigo of anticipation and posterity, the having to remember a future is therefore what happens to us, in front of a text from which, with some effort, an unthinkable idea of mind and of the science of the mind, germinates. (p. 213)

[And again] ... the anticipation of (his) times in which Bion turned his shoulders on dogmas which seemed untouchable because sanctified by the authorities of 'science' is striking ... it is surprising to feel now, belatedly, a contemporaneity with the widening of the horizons in every field (epistemological, meta-psychological, ethical ...) where one feels the unfulfilled, but strong Bionian conviction that, what is needed, is a new beginning, a new birth. (p. 211)

Summary

The paper examines, in its first part, the great and dramatic transformations and the new sceneries of our 'post modern' times, compared to the 'modernity'. Today we are in front of a dramatic sense of disorientation, of a widespread identity crises, of space-time discontinuity. We live visionary realities, artificial or hyper real, in the middle of assembled objects and parts of personality without anymore guarantee of stability and progress.

In clinical work, the most serious and invasive pathologies have taken the place of neurosis, which had at their centre, from a psychoanalytical point of view, prohibition, guilt, the conflict of psychic requests. The new pathologies: sociopathies, toxicomanias, eating disorders, narcissistic disorders, show self diffusion and self loss of the patient, serious difficulties in managing emotions and sensoriality, in sharing a symbolic ground with words, in constructing metaphors, in giving a sense to the void and silence.

The psychoanalytical thought is subject and object at the same time, of these temporal and conceptual vortexes. Maybe it is the very subject of the 'identity' of contemporary man one of the most problematic objects of investigation. Because we live in times in which there is a widespread illusion of a free self-creation of one's own identity, of a total 'invention' of Self, which does not grasp the limits and not even the real potentialities, of one's own personal aptitudes.

One should write a story of how psychoanalysis, from FREUD onwards, in the singular complex evolution faced the subject of identity. In extreme synthesis we can say that after the initial researches by E. ERIKSON, end of the sixties, and the most systematic thesis by D. W. WINNICOTT, there was an animated and more careful glance upon the themes of identity, in its aspects of continuity and discontinuity, in its transformations. It seems that we compare, still with determination and difficult communication, classic basic theoretical options. On one hand, the drive and mechanistic paradigm, and the search in man of 'entity' or unitary 'structures'. On the other hand, a theoretic option, which tries to grasp the identity in the turbulence of becoming, in its temporality, in its interpersonal and social bond, in the multiplicity of external relations. This psychoanalysis model speaks of an identity search debtor of the incom-

pleteness of the being and of the becoming of time, which deconstructs the deceptive unitariness of the being.

The identity appears in our times of 'anthropological mutations', perhaps an endless process, 'without thesis', enigmatic like the flowing of a river or the shape of a cloud, a continuous construction and reconstruction, with fertile graftings between the imaginary and symbolic, between the present, the archaic and the trans-generational, between ourselves and the 'alterity' of the unconscious, between the individual and the group. Thus, it is problematic to conjugate, in a kind of 'identity polytheism', the whirlpool of change, the disorientation of the being, with the necessity and the need of 'finding the road back to one's home'. Psychoanalysis must investigate the relationships between identity invariants and processes of change; it must be able to 'narrate', in its own language, those 'mutant identities' that have been described by artists such as PROUST, JOYCE, BECKETT. The web of intrapsychic and interpsychic relations which support the formations and evolution process of identity is very complex and arduous to investigate; maybe the identity can imagine itself as a condensed whole, an overlapping of elements which an analytical work can sometimes try to dismantle and observe.

In some works during Wilfred R. BION's American period (1969-79) and, especially, in the three volumes 'A memoir of the future' (1975-79), we think there are important contents regarding our topics: the formation of identity, its unstable and 'fluid' transformations, its 'tale', in the post-modern times. Wilfred R. BION moved to the United States, to California, in January 1969 at the age of 72, freeing himself from the bonds of English traditionalism, where he felt 'hedged in', he found new spaces of freedom where to cultivate his 'wild thoughts'. BION often used languages from other disciplines, considered more precise and accurate than psychoanalysis, those logical-mathematical ones, of geometry, philosophy. In the poverty of words, he felt the 'immense waste' between thoughts and emotions lived, and their communication to the reader or the patient.

In 'A memoir' he relies upon an unexpected form, literary-theatrical,

"I was driven", he writes, "to look for shelter in the narrative to avoid the diabolic specialist language, the analytical jargon ... Disguised as narrative invention sometimes the truth came out". (II, 8, p. 302) It was

necessary, he said, to avoid obstacles, the exits, the alterations with respect to the truth. With a frequent use of oxymoron, of temporal and verbal paradoxes, the work is similar to a musical composition, in which voice and emotion, pauses and changes in rhythm, are more important than words.

'A memoir of the future' is a polyphony, a journey in man's mind which may never end. On the scene, which is a stage with various dimensions, real and imaginary, mythological and literary characters, strange figures move: the 'somites' in the uterus, 'pre-mature' parts, with a hurried and inadequate maturity, and 'em-mature' parts, which try to come into the world but are afraid of the unknown, prehistoric and fantastic animals, body and mind, the various ages of life. And BION appears, with various names and in various roles: BION, Myself, Psychoanalyst, P. A., which is nearly always on the scene. And men and women appear in stormy relationships: Alice, Rosemary, Roland, Robin, Tom, and also the ghosts of war companions, God and the Devil, the Priest, and so on. Their dialogues are often bizarre, their monologues never-ending, and they all want the front line on the scene. Maybe BION is represented by all the book's characters, nearly his 'partial internal objects'.

Time is fragmented and often circular, and the style is sometimes florid and phantasmagorical, dry and ineffectual at times, like a theatre of the absurd, like IONESCO or BECKETT. Multiple and paradoxical places and geometries invent and confront each other. The text, which is impossible to synthesize or summarize, is stratified in images, nightmares, dreams.

The trilogy is also a terminal point of the revision, inexhausted, of BION's thought, nearly a summary of his ideas, their dynamic storytelling. Differently from Freud, he is not in search of 'definitions' of man's mind, of static 'structures' but he tries to grasp the 'working', the 'movement'. The future for BION, in fact, is much more important than the past and maybe the present. And of this future we are the memory. The future will remember us, writes BION, and we will have to explain this 'to an unknown judge', for all the truth that we did not allow to exist, and for the languages we have not found, subjected to the tyranny of the already known. Only the 'ideas yet to come' create man's future. On the scene there are the great Bionian themes of the clash between

thought and action, of the terror of 'catastrophic change', of the hostilities for ideas which have an innovative and 'messianic' content, of the clash-relationship between the 'mystic' and the group. However, there is no alternative between wisdom, and destruction and oblivion.

With the 'Trilogy' we seem to find ourselves in a world which is our contemporary. He guides us through the labyrinths of contemporary man's identity, or at least he gives us directions of the itinerary. The becoming of life, of mind, is a complex and uncertain road, Daedalus's labyrinth, with completely unexpected passages. Some characters on the scene alternate narration with ordinary and solid identity references, with confused stories, in which true and false, animated and inanimate, have lost their clear distinction. The 'Trilogy' is also an attempt at making aspects of personality and identity, which do not know each other and mutually reject each other, separated and isolated by caesuras and diaphragms apparently nonnegotiable, communicate with each other.

The 'embryonic mind' is a metaphor used by BION to describe the destiny of an evolution. Like fetal ideas, the 'somitical' or 'sub-thalamus' voices can 'kill each other' or be killed by multiple censorships, threats and obstacles, so that at each step in life, until the end, living, fertile parts, 'pregnant with future' of man's mind can remain unexpressed or unheard. Man's identity seems to him mobile, mysterious and sometimes, contradictory, and often unable to tell of itself. But he grants man a hope. Because it is only man who can decide: 'to be or not to be'. It is possible to create a 'dialogue' between what one reveals and what is isolated and divided, to overcome the caesura which separates the prenatal and postnatal aspects of identity, the soma's psyche, the body from the mind, the individual from the group, finding a language which goes beyond reciprocal barriers and incomprehensions. It is possible to believe in the 'courage' of thought, in the inexhausted ability of a mind's work which does not live in the tyranny of the habitual, of jargon, of uncontrolled proliferation, of induced images. Man's mind can give voice, attaining from one's own emotions and deep sensations, to new and intimate ideas and thoughts, sometimes wild, as in 'Finnegan's wake' by JOYCE, writes BION, without being excluded or domesticated too early.

Identity appears to be a continuous construction, a 'journey towards the unknown' where there is fear, frustration, pain towards everything

that can really generate change. But its destiny, which is revealed from the very beginning of life, in the first articulations of container-contained relationships, one also plays with the ability to face obstacles placed by common sense, rationality, to which one can 'grasp' to avoid the 'catastrophe' of a true experience of the self. The psychoanalyst BION is cautious and doubtful, patiently awaiting a growth which is not only that of the Other. The books tell of an analysis room in which many parts of the Self have a voice, in which many multiple, fluctuating identities present themselves. Here the confines of the analyst's mind and the patients can get lost. There are confused languages, strange measures of identity, of true and false, of animated and inanimated. BION stages man's ability to show and not to show himself, his interior world, his sufferance, always bordering between truth and lies. Unsolvable paradoxes, disorientations, non integrable extreme feelings are on scene, and sometimes they evolve into the sense of truth, into the possibility of a synthesis which is also the undertaking of responsibility.

In the 'Trilogy', there is often reference to the 'uncontainable', to a kind of extreme threshold of the impossibility of thought. Nearly 'proto-mental' fragments which have an unlimited projection into the infinite space. The senselessness and horror of war returns several times and episodes and images enter the scene which do not even seem to be memories and which are not elaborable by BION's mind who had lived those episodes. The man's mind appears like a 'palimpsest', which has a continuous and nearly sudden potentiality of regression, with a continuous 'flow of unprocessed pre-mental sensory data'. BION recalls Ypres and Amiens, the tanks, the fellow soldiers, dead in an absurd day of glory. But war, writes BION, is activated right from the dawning of psychic life, between somites and postnatal, between soma and psyche, between conscious and unconscious. With insurmountable barriers and caesuras.

There is much contemporary drama in this 'later' BION. It is an unexpected literary-theatre device with which to confront oneself. The great complexity of the themes, even those tied to identity, to its formation, to its dynamics, it has to look for instruments of suitable and necessary narration. Identity is not a 'substance' but 'life stories', as Hannah ARENDT writes, and it is not isolated, monolithic, but it gives itself in the relations

šwith the other. The post modern world sees the melting of the universal and metaphysical 'substances' and declines in disjointedness, in the sum of the many 'whats', in a set of secondary identities, disjointed even between themselves, mobile, not unitary. Maybe BION had really started, with much courage, to 'disturb the universe', even that of psychoanalysis, inventing new languages, in the introductions for a new start, for a psychoanalysis of modern times.

Das Theater der Identitäten: aus der Lektüre von 'A memoir of the future' und anderen Schriften in der amerikanischen Zeit von Wilfried R. Bion (1969-1979)

Der Beitrag untersucht im ersten Teil die großen und dramatischen Veränderungen und die neuen Szenarien der Postmoderne, im Vergleich zur Moderne. Heute stehen wir einem dramatischen Gefühl der Orientierungslosigkeit, weit verbreiteten Identitätskrisen und Raum-Zeit-Diskontinuitäten gegenüber. Wir leben in einer visionären Realität, in künstlichen oder hyperrealen Welten und in der Mitte eines Ensembles von angeeigneten Objekten und Teilen einer Persönlichkeit, die keineswegs mehr als Garant für Stabilität und Fortschritt gelten kann.

In der klinischen Arbeit sind schwerste und invasive Erkrankungen an die Stelle der Neurose getreten, die aus psychoanalytischer Sicht um die Themen von Verboten, Schuld und konfliktuösen psychischen Anforderungen kreisen. Die neuen Pathologien: Soziopathien, Toxikomanien, Essstörungen und narzisstische Störungen verweisen auf Diffusion und Verlust des Selbst bei Patienten, die ernsthafte Schwierigkeiten haben bei der Regulation ihrer Emotionen und Empfindungen, im Einlassen auf eine gemeinsame symbolische Basis, auf eine gemeinsame Sprache, in der Anwendung von Metaphern und im Umgang mit Gefühlen der Leere und Stille.

Das psychoanalytische Denken ist Subjekt und Objekt zugleich in einem zeitlichen und konzeptionellen Wirbel. Vielleicht ist der Gegenstand der Identität des heutigen Menschen einer der problematischsten Untersuchungsgegenstände überhaupt: weil in Zeiten, in denen die Illusion einer freien Selbstbestimmung und der beliebigen Schaffung einer

eigenen Identität weit verbreitet ist, das nicht heißen kann, dass die Notwendigkeit nicht besteht, die Grenzen und die realen Möglichkeiten, der eigenen persönlichen Begabungen nicht erkennen zu müssen und ihnen Rechnung zu tragen.

Sinnvoll wäre es eine Geschichte zu schreiben, wie die Psychoanalyse, ausgehend von FREUD, in ihrer einzigartig komplexen Entwicklung dem Thema Identität begegnet ist. Äußerst verkürzt können wir sagen, dass nach den anfänglichen Untersuchungen von E. ERIKSON, Ende der sechziger Jahre und den im hohen Masse systematischen Thesen von D. W. WINNICOTT, eine lebhafte und vorsichtige Betrachtungsweise des Themas Identität unter Berücksichtigung der Aspekte von Kontinuität und Diskontinuität und seiner Wandlungen einsetzte. Es scheint, dass wir immer noch mit Bestimmtheit und unter schwierigen Kommunikationsbedingungen klassische grundlegende theoretische Optionen vergleichen. Auf der einen Seite das Triebmodell und mechanistische Paradigma, und der Versuch, den Menschen unter den Gesichtspunkt der Einheit und vereinheitlichenden Strukturen zu betrachten. Auf der anderen Seite eine theoretische Option, die Identität in der Turbulenz des Werdens, in ihrer Zeitlichkeit, in ihrer zwischenmenschlichen und sozialen Bindung, in der Vielzahl der externen Beziehungen zu begreifen versucht. Dieses Modell der Psychoanalyse sieht Identität der Unvollständigkeit des Seins geschuldet und dem Werden in der Zeit unterworfen, und entlarvt die trügerische Einheitlichkeit ihres Wesens.

Die Identität scheint in unseren Zeiten der 'anthropologischen Mutationen' vielleicht ein endloser Prozess, 'ohne Arbeit', rätselhaft wie das Fließen eines Flusses oder die Form einer Wolke, eine kontinuierliche Konstruktion und Rekonstruktion, mit fruchtbaren Pfropfungen zwischen dem Imaginären und dem Symbolischen, zwischen der Gegenwart, der archaischen Zeit und über Generationen hinweg, zwischen uns und der Andersartigkeit des Unbewussten, zwischen dem Individuum und der Gruppe. So ist es problematisch diese Art von 'Identitätspolytheismus', den Strudel der Veränderungen, die Desorientierung des Seins mit der Notwendigkeit der 'Suche nach dem Weg zurück in die Heimat' in Verbindung zu bringen. Die Psychoanalyse muss die Zusammenhänge zwischen Invarianten der Identität und Prozessen der Veränderung untersuchen; sie muss in der Lage sein zu 'erzählen', in ihrer eigenen Sprache,

vor allem auch unter Berücksichtigung der 'Mutantenidentitäten', die von Künstlern wie PROUST, JOYCE, BECKETT beschrieben worden sind. Das Netz der intrapsychischen und interpsychischen Beziehungen, welche die Formationen und den Prozess der Identitätsbildung unterstützen, ist sehr komplex, und es ist mühsam es zu untersuchen; vielleicht kann man sich die Identität als ein Ganzes vorstellen, als ein verdichtetes Ganzes, eine Überlappung von Elementen, die eine analytische Arbeit manchmal zu zerlegen und zu beobachten hat.

In einigen Werken, die während der amerikanischen Periode Wilfred R. BIONS (1969-1979) entstanden, vor allem in den drei Bänden 'Eine Erinnerung an die Zukunft' (1975-79), finden wir wichtige Inhalte zu unseren Themen: die Bildung von Identität, ihre instabilen und 'fließenden' Transformationen, ihre 'Erzählung' in den Zeiten der Postmoderne. BION zog in die USA, nach Kalifornien, im Januar 1969, im Alter von 72, befreite sich von den Fesseln des englischen Traditionalismus, wo er sich 'abgesichert' fühlte, aber auch eingeeengt, und er fand neue Freiräume, wo er seine 'wilden Gedanken' 'kultivieren' konnte. Er verwendete oft Sprachen, aus anderen Disziplinen, die er als genauer erachtete als die der Psychoanalyse, die logisch-mathematischen, die der Geometrie und der Philosophie. Angesichts der Armut der Worte bemerkte er die 'ungeheure Verschwendung' an Gedanken und gelebten Emotionen, die den Lesern oder den Patienten gar nicht mitgeteilt werden konnten.

In 'A memoir of the future' stützt er sich auf eine unerwartete Art der Mitteilung: eine literarisch-theatralische.

Ich war getrieben [schreibt er] zur Erzählung Zuflucht zu nehmen, um die diabolische Fachsprache, den analytischen Jargon zu vermeiden ... Getarnt als erfindungsreiche Erzählung kam manchmal die Wahrheit heraus.

Diese sei notwendig, sagte er, um Hindernisse, Ausflüchte, Veränderungen in Bezug auf die Wahrheit zu vermeiden. Mit einem häufigen Gebrauch von Oxymora, von zeitlichen und sprachlichen Paradoxien, gleicht die Arbeit eher einer musikalischen Komposition, in der Stimme und Emotion, Pausen und Veränderungen im Rhythmus wichtiger sind als Worte.

'A memoir of the future' ist eine Polyphonie, eine Reise innerhalb des menschlichen Geistes, die niemals enden will. Auf der Szene, auf der Bühne mit verschiedenen Dimensionen sind reale und imaginäre, mytho-

logische und literarische Charaktere, seltsame Gestalten unterwegs: die 'Somiten' in der Gebärmutter, 'frühreife' Teile, mit einer übereifrigen oder unzureichenden Reife und 'halbfertige' Teile, die zur Welt zu kommen versuchen, aber voller Angst vor dem Unbekannten sind, prähistorische und fantastische Tiere, Körper und Geist und verschiedene Lebensalter. Und BION erscheint mit verschiedenen Namen und in unterschiedlichen Rollen: BION tritt als Person, als Psychoanalytiker, als P.A. auf. Außerdem erscheinen Männer und Frauen verstrickt in stürmischen Beziehungen: Alice, Rosmarin, Roland, Robin, Tom und auch die Geister der Kameraden aus dem ersten Weltkrieg, Gott und Teufel, der Priester und so weiter. Ihre Dialoge sind oft bizarr, ihre Monologe wollen nicht enden, und alle versuchen sich in den Vordergrund zu drängen. Vielleicht wird BION von allen Charakteren des Buches dargestellt. Sie verkörpern gleichsam Teile seiner Persönlichkeit.

Die Zeit ist zersplittert und oft zirkulär, und der Stil ist manchmal atemberaubend und phantasmagorisch, trocken und zeitweise ohne jeden Effekt, wie ein absurdes Theater, wie bei IONESCO oder BECKETT. Die Auswahl von Plätzen und Geometrien ist einfallsreich, aber auch kontrovers. Der Text lässt sich nicht auf den Punkt bringen, noch zusammenfassen, er ist eine Übereinanderschichtung von Bildern, Albträumen, Träumen.

Die Trilogie ist auch ein Endpunkt der Revision von BIONS unerschöpflichem Denken, fast eine Zusammenfassung seiner Ideen, eingefügt in ein dynamisches Erzählen von Geschichten. Anders als FREUD ist er nicht auf der Suche nach 'Begriffsbestimmungen' des menschlichen Geistes, sozusagen statischen 'Strukturen', sondern er versucht, Ideen in ihrer 'Bewegung', gleichsam wie sie arbeiten, zu begreifen. Die Zukunft für BION ist in der Tat viel wichtiger als die Vergangenheit und vielleicht auch die Gegenwart. Und für diese Zukunft sind wir die Erinnerung. Die Zukunft wird uns erinnern, schreibt BION, und wir müssen diese 'einem unbekannten Richter' erklären, die ganze Wahrheit, der wir nicht erlaubt haben zu existieren, und die Sprachen, die wir nicht gefunden haben, wir, die wir uns der Tyrannei des bereits Bekannten unterworfen haben. Nur die 'Ideen, die noch kommen' schaffen die Zukunft des Menschen. Die großen Themen des bionischen Zusammenstoßes zwischen Denken und Handeln, des Terrors des 'katastrophalen Wandels', der Feindselig-

keiten gegenüber Ideen, die einen innovativen und messianischen Inhalt haben, des Aufeinanderprallens zwischen dem Mystischen und der Gruppe finden sich in der Trilogie wieder. Allerdings gibt es keine Alternative zwischen der Weisheit einerseits und Untergang und Vergessenheit anderseits.

Mit der Trilogie scheinen wir uns in einer Welt, die unserer zeitgenössischen gleicht, wieder zu finden. Er führt uns durch die Labyrinth der Identität des heutigen Menschen oder zumindest gibt er uns Richtungen an, wohin diese Reise führen soll. Das Werden des Lebens, des Geistes, ist ein komplexer und ungewisser Weg, das Labyrinth des Daedalus, mit völlig unerwarteten Passagen. Einige Charaktere auf der Bühne wechseln sich ab mit Erzählungen, die auf ordentliche und solide Identitätsentwicklungen Bezug nehmen, dann mit verwirrten Geschichten, in denen wahr und falsch, belebt und unbelebt nicht mehr zu unterscheiden sind. Die Trilogie ist auch ein Versuch Aspekte der Persönlichkeit und Identität, die nichts voneinander wissen und sich gegenseitig ablehnen, weil sie voneinander getrennt und durch scheinbar nicht verhandelbare Zäsuren und Membranen isoliert sind, dazu zu bringen, miteinander zu kommunizieren.

Der 'embryonale Geist' ist eine Metapher, die von BION verwendet wird, um das Schicksal einer Evolution zu beschreiben. Wie fötale Ideen, können die 'somitischen' oder 'Sub-Thalamus-Stimmen' sich gegenseitig umbringen oder durch mehrfache Zensur, Bedrohungen und Hindernisse getötet werden, so dass bei jedem Schritt im Leben bis zum Ende lebendige, fruchtbare Teile des menschlichen Geistes, 'schwanger mit Zukunft', unausgesprochen oder ungehört bleiben können. Die Identität des Menschen scheint ihm unbeständig, geheimnisvoll und manchmal, widersprüchlich zu sein. Sie erzählt sich meist nicht von sich selbst. Aber er räumt ein, dass es Hoffnung für den Menschen gibt. Denn es ist nur Mensch, der entscheiden kann: 'Sein oder Nichtsein'. Es ist möglich, einen Dialog zwischen dem, was einer verrät und was isoliert und gespalten bleiben soll, zu schaffen, um die Zäsur, welche prä- und postnatale Aspekte der Identität, das Soma und die Psyche, den Körper vom Geist, das Individuum von der Gruppe trennt, zu überwinden und eine Sprache zu finden, die gegenseitige Barrieren und Unverständnis überwindet. Es ist möglich, an den 'Mut' des Denkens, an die unversiegbliche

Fähigkeit einer geistigen Arbeit zu glauben, die nicht in der Tyrannei des Gewohnten, dem Jargon und der von Bildern induzierten, unkontrollierten Verschmutzung ausharrt. Es gilt dem Geist des Menschen eine Stimme zu verleihen, die von den eigenen Emotionen und tiefen Empfindungen erfüllt zu neuen und intimen Gedanken und Ideen, auch mal wild, wie in 'Finnegan's wake' von JOYCE, dringt, schreibt BION, ohne dass sie zu früh ausgeschlossen oder domestiziert werden.

Identität scheint ein kontinuierlicher Aufbruch, eine Reise ins Unbekannte, wo Angst, Frustration und Schmerz gegenüber allem, was wirklich Veränderungen erzeugen kann, auftreten kann. Aber ihr Schicksal, das sich von Anfang des Lebens offenbart, das in den ersten Artikulationen der Container-Beziehungen enthalten ist, hängt auch mit der Fähigkeit zusammen Hindernissen zu begegnen, die durch den gesunden Menschenverstand und die Vernunft aufgestellt werden, zu dem man greift, um die 'Katastrophe' einer echten Erfahrung des Selbst zu vermeiden. Der Psychoanalytiker BION ist vorsichtig und zweifelnd und wartet geduldig auf ein Wachstum, das nicht nur das des, großen, Anderen ist.

Die Bücher erzählen von einem analytischen Raum, in dem viele Teile des Selbst eine Stimme haben, in dem viele verschiedene, wechselnde Identitäten sich präsentieren. Hier können die geistigen Grenzen des Analytikers und des Patienten verloren gehen. Es gibt sprachliche Verwirrung, seltsame Maße von Identität, von wahr und falsch, von Animierten und Unbelebten. BION führt die Fähigkeit des Menschen vor sich selbst, seine innere Welt, seine Leidensfähigkeit zu zeigen und nicht zu zeigen, und das immer an der Grenze zwischen Wahrheit und Lüge. Unlösbarer Widersprüche, Orientierungslosigkeit, nicht integrierbare extreme Gefühle werden gezeigt, und manchmal entwickeln sie sich in Richtung Wahrheitssinn, in Richtung einer möglichen Synthese, die auch die Übernahme von Verantwortung signalisieren kann.

In der Trilogie gibt es oft Hinweise auf das Unhaltbare im Sinne des bionschen 'Containing', an der Schwelle, an der das Denken versagt. Es handelt sich um fast 'protomentale' Fragmente, die eine unbegrenzte Projektion in den unendlichen Raum zulassen. Die Sinnlosigkeit und Schrecken des Krieges kehrt mehrmals zurück und Episoden und Bildern betreten die Szene, die nicht einmal Erinnerungen zu sein scheinen und die nicht von BIONS Verstand verarbeitet werden konnten, der diese Epi-

soden erlebt hatte. Der Verstand des Menschen erscheint wie ein Palimpsest, der ein kontinuierliches und nahezu plötzliches Potenzial zur Regression hat, die begleitet wird von einem durchgehenden 'Fluss von unverarbeiteten psychischen, vorsensorischen Daten'. BION erinnert Ypern und Amiens, die Tanks, die anderen Soldaten, tot an einem absurden Tag des Ruhmes. Aber Krieg, schreibt Bion, wird bereits aktiviert bei der Dämmerung des psychischen Lebens. Die nahezu unüberwindbaren Barrieren und Zäsuren zwischen der Entstehung der Somiten, embryonale Phase, und postnataler Entwicklung, zwischen Soma und Psyche und zwischen Bewusstsein und Unbewusstsein bekommen einen Sinn. Alle Vorkehrungen werden scheinbar bereits in der Vergangenheit getroffen, um gleichsam die Zukunft erträglich zu machen

Viel zeitgenössische Dramatik taucht auf in diesem späten BION. Es ist eine unerwartete theatralische Literaturvorlage, mit der es gilt, sich selbst zu konfrontieren. Die große Komplexität der Themen, auch diejenigen der Identität, ihrer Bildung und ihrer Dynamik, erfordert Instrumente, die geeignet zu ihrer erzählerischen Darstellung sind. Identität ist kein Stoff, sondern Lebensgeschichten, wie Hannah ARENDT schreibt, und sie ist nicht isoliert, monolithisch, sondern sie ergibt sich in Beziehungen zu anderen. Die postmoderne Welt sieht das Schwinden der universellen und metaphysischen Stoffe und einen Rückfall in Zusammenhanglosigkeit, in der Summe der vielen 'Was', in einer Reihe von sekundären Identitäten, auch untereinander, mobil, nicht einheitlich unzusammenhängend. Vielleicht hatte BION wirklich begonnen mit viel Mut das 'Universum' zu verstören, auch das der Psychoanalyse und neue Sprachen zu erfinden, um einen Neubeginn einer modernen Psychoanalyse einzuleiten.

(Übersetzung: Hellmuth Cox)

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- (2) From T. S. Eliot (1934): *The love song of J. Alfred Prufrock*, in 'Collected poems', 1909-1962. New York: Harcourt Brace ["and indeed there will be time to wonder, do I dare? Do I dare? Time to turn back and descend the stair. Do I dare disturb the universe?" (p. 4)]

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Anything Goes. On the Psychoanalytic Classification of Latent Homosexuality

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The paper investigates the term of latent homosexuality from different points of view, because it was unrealistic to find a precise psychoanalytic nosological definition neither in research of the available literature nor in every day practice. Especially FREUD's term of bisexuality as a hereditary postulate and as part of sexual partner orientation is examined psychohistorically, as well as Günter AMMON's concept of androgyny. Other approaches are offered through the introduction of the pre-stages of heterosexual reproduction, the psychogenesis of manifest male and female homosexuality, early psychoanalytic interpretations (ABRAHAM, FERENCZI) and Jungian aspects about the fluent boundaries between latent homosexuality and the process of individuation. In addition ontogenetic as well as developmental aspects are described, with emphasis on their clinical patterns.

Keywords: androgyny, phylogenesis, ontogenesis, autonomy, nosology, individuation

Introduction

The term homosexuality was first used in 1868 by the Austrian writer Karl Maria KERTBENY to mean a manifest and exclusive orientation towards partners of the same sex. This must be distinguished from the term latent homosexuality (LH), which is not easy to classify nosologically.

Google, the most well-known internet search machine, gives over 16,000 entries for 'latent homosexuality' (LH). We can thus understand how U.S. analyst Stephen PHILIPS (2003) comes to speak of a conceptual confusion between manifest and latent homosexuality, bisexuality and narcissism (s. also GARBER 2000).

Another reason why it is difficult to achieve clarity on this point is that while roughly as much has been written about HITLER's LH as it has about that of Thomas MANN and Franz KAFKA, no attempt has been made to define the term. It is also true that almost equally as much has been

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written about the prevalence of LH in left-wing movements as it has about that in right-wing movements, in both the past and the present. Today, LH is linked to psychopathology (VESZY-WAGNER 1967) just about as often as it is to so-called normality.

In the discussion on the aetiopathogenesis of manifest homosexuality we see a similar picture. While on the one hand the existence of genetic factors was postulated early on (WULFF 1935), other early authors focused their hypotheses on the psychopathology of the individual (FERENCZI 1914; ABRAHAM 1921). Yet others have said that it is not clear whether LH is due more to hereditary factors or more to psychogenetic factors (ELLENBERGER 1985). The current hypothesis is that there are “deviating morphological structures in the diencephalon” (HOFFMANN et al. 2004, 284). What is certain is that homosexual men have higher levels of female hormones and homosexual women higher male hormone values (testosterone) than their heterosexually oriented consensuals (RICHTER-APPELT 2004, cited in QUINDEAU 2008, p. 176).

Conversely, one can only determine or define the concept of latent homosexuality by narrowing it down, i. e. by first clarifying similar terms, peeling them off in layers, as it were, in order to get to the core of what distinguishes latent homosexuality from other concepts that are similar, yet differ in some way. We shall see that we can only arrive at a meaningful result if we use an interdisciplinary approach.

Latent homosexuality is always a regressive phenomenon, irrespective of whether one pathologizes it or considers it a variation on the norm, irrespective of whether one is referring more to the self-image or to a transitive orientation towards partners and irrespective of whether one sees its intrapsychic location as being in the unconscious or in the pre-conscious. Aspects which would appear to merit closer scrutiny are phylogenesis and ontogenesis, psychodynamics, geographical and historical components and transcultural, sociological and forensic facets.

Freud's concept of constitutional bisexuality

One of FREUD's main theses (1905) was that the human sexual drive is independent of object choice.

One definition of the colourful concept of bisexuality derived from this thesis is that it is a constitutional disposition evidenced phylogenetically

by the long history of procreation, which was originally asexual and then became monosexual.

There are numerous overlaps and similarities between the concept of bisexuality and that of latent homosexuality, since both have both intransitive constitutional and transitive, partner-oriented components. Unfortunately, in the literature that I have reviewed the two concepts are very rarely distinguished from one another with sufficient clarity.

FREUD (1920, p. 171) based his theses on the subject on the assumption of „an original bisexuality in human beings (as in animals)”. In a comprehensive study, WEININGER (2005, p. 13; first German edition 1903) went even further, positing that “between Man and Woman [there are] innumerable gradations or ‘intermediate sexual forms’” (multisexuality, s. GARBER 2000). Drawing his conclusions from numerous examples in the animal kingdom, he emphasized that he was talking about ‘permanent bisexuality’ in human beings (p. 14), since sexual differentiation is never complete. There are still organisms that spend half of their lives in a male identity and the other half in a female identity (for example, fishes of the sparus genus are male to start with, while fish of the labrus genus are first female (s. a.: http://www.avenz.de/definition_b/bisexualitet.htm)).

On the other hand, FREUD and also authors outside of the academic sphere always define bisexuality in terms of object choice, that is, in a transitive and interindividual sense. NUNBERG (1936, p. 6) suggested a compromise, according to which FREUD is taken to mean that the object choice of a homosexual man is in fact the projection of his own bisexual constitution. The use of the term ‘ambisexuality’ to denote bisexual partner preference has not become generally accepted.

The psychogenesis of manifest male homosexuality

In 1920 FREUD wrote, “in addition to their manifest heterosexuality, a very considerable measure of latent or unconscious homosexuality can be detected in all normal people.” (p. 171) He distinguished between ‘physical sexual characters’ (SC), ‘mental sexual characters’ and ‘kind of object-choice’ (p. 170). Although this is seldom cited, he believed that the object choice of men who have a very masculine appearance can also be manifestly homosexual and conversely, that very feminine-looking

men can have an exclusively heterosexual orientation. This he explained by the fact that human beings are by nature bisexual, a fact that Wilhelm FLIESS erroneously believed he had discovered (cf. ELLENBERGER 1985, p. 757). Seventeen years later, FREUD surprisingly pathologized latent homosexuality, which he had not previously held in suspicion, when he wrote:

A man's heterosexuality will not put up with any homosexuality, and vice versa. If the former is the stronger it succeeds in keeping the latter latent [...]. On the other hand, there is no greater danger for a man's heterosexual function than its being disturbed by his latent homosexuality. (1937, p. 244)

FREUD (1911) believed that men defend against this latter danger, for example by projective displacement, which results in delusional jealousy, "It is not *I* who loves the man, *she* loves him" (p. 64), an argument that Leon WURMSER et al. (2005, p. 12) recently also adopted in reference to the aggressive aspects of homosexual possessiveness, which he described as an 'undue dependence on the love object'. These are two aspects of psychopathology linked to male homosexuality. As we shall see, this classification as pathological applies almost exclusively to the western cultural sphere. However, on a transcultural level it rapidly loses any meaning and tends to be a variation on the norm elsewhere.

FERENCZI's notes (1952/2002) on male homosexuality and ABRAHAM's (1921) contributions to the theory of female homosexuality remained close to FREUD's own considerations, possibly due to these authors' concerns about protecting their own careers. Basically, for both authors the decisive determinant of manifest homosexuality in both sexes was an early and deeply unconscious pre-oedipal identification with the parent of the opposite sex, the later choice of a homosexual partner being a reaction to this. However, preconsciously this partner orientation is narcissistic, since the search is for a love object with the person's own manifest sexual identity. At all events, the primacy of genital sexuality is missing, or at least incomplete within this paradigm.

FERENCZI (1952/2002, p. 296) described latent homosexuality, the psychological aspect of which he called homoerotism, as resulting from repression of manifest homosexual impulses, the original sexual constitution having been bisexual, in both narcissistic (subject-) homo-erotism and object-homo-erotism (FERENCZI 1952/2002, p. 300-301).

He distinguished an active, 'object homo-erotic', who has simply ex-

changed his sexual aim; this type loves the soft, effeminate boy, in the form of an ego-dystonic obsessional neurosis, which causes him suffering. He originally loved girls, but this was forbidden and fell prey to inhibition. By displacing his libido on to boys the object-homoerotic felt that he did not need to fear being penalised (s. WULFF 1941 for clinical examples).

In contrast, FERENCZI's narcissistically fixated subject-homo-erotic ego-syntonically lives out his feminine wish to be recognised and desired by a strong man. BERGLER and EIDELBERG (1933, p. 554) called this dynamic the 'man's breast complex'. Their explanation for it was that subjectively such individuals experienced themselves as in extreme danger from the 'vagina dentata'. Their solution is to remain fixated on the mother's breast while at the same time identifying this breast with the penis as the object of their desire, which is quite a common analytic picture. This aspect only becomes dangerous or pathological if it is subject to fixation and associated with possessiveness and aggressive defences against the fear of loss, as suggested in the example of delusional jealousy mentioned above. In this connection contemporary non-analytic authors (VAN DEN AARDWEG 1995) speak of a functional disorder, which they see as typically associated with maudlin self-pity.

Marion WULFF (1941) presents an atypical clinical case of a man who is married but impotent because he is consciously and ego-dystonically homosexual. One might say that here the dynamics do not follow the classical pattern because this patient originally had a consciously heterosexual orientation. However, at the time when he made his psychosexual object choice his mother had died and only his father was manifestly available to him, with whom he also shared a bed. When his father remarried, a postpubertal process of vacillation began in which he experienced phases of being overwhelmed by fulgurant ego-dystonic impulses and fantasies.

He was finally freed from this ego-dystonic, but intense homosexuality in psychoanalytic therapy by becoming conscious of and working through how much he had originally, but in vain, desired his mother as object. As a result of his mother's early death this fantasy had unconsciously taken on an intolerable necrophilic connotation against which he had had to develop defences. This was also the reason why he had, so to

speak, left his wife 'in peace' for so long. After he had worked through these connections and shortly after the end of his analysis his wife became pregnant and delivered a healthy daughter.

Here we find a very rare mixture of latent and manifest homosexuality, with reversibility of the manifest homosexuality without the development of obsessional heterosexualisation, a concept that I would like to explain in a bit more detail.

From the dynamic concept of homoerotism and the defences against it FERENCZI (1952/2002, p. 316) derived the notion that he times were witness to an 'obsessional heterosexuality'. He postulated that men's interest in women was by no means natural or self-evident, but simply follows a western cultural norm. This argument had also already been put forward by FREUD (1905, p. 146 Fn.). Incidentally, the cultural norm of heterosexuality is now once again being subjected to highly critical scrutiny (QUINDEAU 2008, p. 239).

Few attempts have been made to define latent male homosexuality psychoanalytically, and those that have been made have remained superficial. SCHOTTLÄNDER (1947/48) saw it as an "early identification with female persons in the child's environment" (p. 27), while THIES (1950/51) described latent male homosexuality as an "unconscious search for the father, the friend to whom one can give oneself completely" (p. 126).

I have been unable to find any attempts to define female LH, despite a rigorous search of the literature. This may be because in this case it is more a question of a natural lack of inhibition and of curiosity and healthy impulses, and thus there is no need for controversies, discussions or attempts at justification.

The psychogenesis of manifest female homosexuality

FREUD (1920) described the dynamic development of female homosexuality in a case example in which he saw an 18-year-old girl as being disappointed in her father and turning away from him, while at the same time unconsciously identifying with him. This led her to begin a libidinous attachment to a married woman with whose husband she thus began to compete as if she were a man. On a deeper level, FREUD also mentions an unconscious identification with the mother and penis envy, a term

which was ubiquitous in the literature at the time. What seems to me to be remarkable about this example is FREUD's therapeutic goal, which he states as being to re-establish bisexual, not heterosexual, functioning.

To these considerations Marie BONAPARTE (1937) added the phylogenetic aspects of a primordial female fear of penetration, which must always be experienced as a loss of physical integrity, "In order to procreate, individuals must renounce a part of their substance, which separates itself from them" (p. 136). She was referring to the ejaculation of male substance and the breach of female bodily integrity that penetration represents (s. BONAPARTE 1937.p. 141).

This fear can most effectively be defended against by avoiding heterosexual contact (cf. FERENCZI, 1929, 46f.). Thus, for BONAPARTE, the anticipated fears of the ensuing complications of pregnancy and of, as BONAPARTE expresses it, the tearing up of the mother's body during delivery are also dynamic determinants of female homosexuality which frequently eclipse the strength of the desire to have a child, in her view, at least. At all events, in regard to heterosexual contacts there is a strong conflict between the female sex drive and the issue of the vulnerable narcissistic integrity of the biological female ego.

However, even if the conscious wish for a baby is strong and fulfilled, this may (to cite WITTELS 1934) be an expression of a defence against tendencies towards female homosexuality, i. e. "Since I am pregnant I can't be a lesbian". For WITTELS the fact that women frequently reject their husbands after the birth of a child is also evidence of a possible homosexual tendency in women. He describes this mechanism as narcissistic female regression. One could also say that a woman has had enough of her husband as she embarks upon motherhood herself and, repudiating her husband, regresses to the pre-oedipal relationship with her own mother (s. also DEUTSCH 1933).

In the last analysis, this is a wish for a child without a father, that is, parthogenesis. I shall come back to the phylogenetic relevance of this later on. Motherliness is endorsed, while sexuality is rejected.

In this context Helene DEUTSCH introduces a case in which she presents the occupation of midwife as a typical sublimatory compromise (s. DEUTSCH 1933, pp. 484). Anna FREUD (1937, pp. 133) describes a similar development in the therapy of a patient where there was no explicit

homosexuality, in connection with a discussion of the defence mechanism of altruistic surrender:

[Anna FREUD] would have expected to find that the repression was caused by a prohibition of sexuality, extending from her exhibitionistic impulses and the desire for children to the whole of her instinctual life [...]. (A. FREUD 1937, p. 134)

They [the women under discussion] transfer their maternal feelings to objects other than their own children—to other women's children [...]. Many choose a profession or work which offers an outlet for their maternal feelings. (DEUTSCH 1933, p. 483)

Anna FREUD was of the opinion that

the surrender of one's own wishes to another person and the attempt to secure their fulfilment thus vicariously are, indeed, comparable to the interest and pleasure in watching a game in which one has no stake oneself. (1937, p. 140).

For ABRAHAM (1921), the woman's psychological path to homosexuality was an understandable consequence of the central issues of penis envy and the traumas of menstruation and defloration. FERENCZI (1936) remarked that, "the initial sexual act is still in the human species a bloody assault which the woman instinctively opposes ..." (p. 256). In this context the great diversity of pregenital sexual aims and sexual practices in manifest homosexuality is important in manifest homosexuality in both sexes.

FERENCZI believed that a bloody fantasy was behind these traumas: defloration, menstruation and penis envy. Topographically, ABRAHAM also saw this psychogenesis of female homosexuality as located in the woman's bisexual constitution and attempted to derive a complicated definition of female LH from this theory.

Starting from the assumption of women's alleged inability to accept the fact that they have no penis, ABRAHAM (1921) described the dynamics of LH in women as follows: "...the repressed wish to be male is here found in a sublimated form, i.e. masculine interests of an intellectual and professional character and other kinds are preferred and accentuated." (p. 9) In my view, ABRAHAM was pathologizing female strivings towards autonomy.

Synopsis

Following FREUD, Christa ROHDE-DACHSER (1992) summarises the gender-specific differences in manifest homosexuality as follows: "the sub-

sequently homosexual man chooses himself as sexual object, in order to love himself and later another man in the same way he was loved by his mother". (p. 68)

Quoting SOCARIDES, as cited by MCDUGALL, she says of female homosexuality that

The homosexual woman is in flight from men. The reason for her flight is rooted in childhood guilt feelings towards her mother, fears of merging with her, and fears of being disappointed and rejected by her father, should she dare turn to him for love and comfort. (1978, p. 126)

Both patterns are pregenital, but are thus seen as being of a merely regressive character, rather than being psychopathological (cf. STENSSON 1992).

After presenting some detailed case examples BÖHM puts it concisely,

homosexual men have intercourse with other men with the aid of a polygamous woman, that is, with their fathers with the aid of their mothers. [And conversely,] Homosexual women have intercourse with other women with the help of a polygamous man, that is, with their fathers with the aid of their mothers. (1920, p. 319)

ROHDE-DACHSER (1992, p. 70) relocates latent homosexuality in both sexes in the area of regressive fantasies that are strictly separate from the manifest homosexual orientation.

The phylogenesis of latent homosexuality

It is not generally known that asexual and monosexual reproduction still play a major role in the animal kingdom. Broadly speaking it can be said that the male principle, as the paradigm of heterosexual reproduction, did not come existence until about 800 million years ago and the internet is full of attempts to answer the question as to how that actually happened. The general assumption is that it was not in fact necessary for the male principle to enter into the phylogenesis of reproduction and that the male principle that is characteristic of heterosexuality confronts all living organisms with the issue of individual mortality, which did not previously exist.

Some authors thus see heterosexuality as the phylogenetic source of the development of hate, precisely because of the confrontation with one's own mortality (HINRICHS 1990).

On the other hand, the classical argument in favour of heterosexuality

is that it leads to genetic recombination by a remixing of haploid germ cells, through which, in turn, it is possible to achieve a greater diversity of offspring and to eliminate harmful mutations.

As regards the endocrinology of heterosexual reproduction, the female sex hormones are produced in the ovaries and the male sex hormones in the testes. The adrenal cortices of both sexes also secrete both male and female sex hormones.

It is an established fact (WEININGER 2005) that both sexes have the disposition for both sexes. Human males have rudimentary and functionless mammary glands in the area of the mamillae (nipples) and a functionless skin seam between the scrotum and the anus, i. e. the vestiges of a vagina, while women have primary anlagen for growing a beard and the clitoris as a rudimentary penis, which is, however, not only passively sensitive to stimuli but also has the capacity to ejaculate.

Biologically this double anlage in both sexes makes more sense than completely separate constructions. If we go back even further, we find asexual reproduction, the prototype of which is cell division and the immortality of the genes. The offspring develop from identical duplication of the genetic material. Cloning is thus not the newest, but the oldest form of generativity. A distinction is made between asexual and monosexual reproduction. Asexual reproduction takes place by means of cell division, while monosexual reproduction is characterised by the self-fertilisation of female oocytes. No genetic material is exchanged in either of these forms.

Phylogenetically, the monosexual reproductive mode lies between the early asexual form and the later heterosexual variant. In this mode, the female has a monopoly. The offspring develop out of unfertilised eggs from the mother. Interestingly, fertilisation is merely simulated hormonally and then leads to actual further cell divisions. We still find this form of reproduction in about 1500 animal species, for example insects, crabs, lizards, garter snakes and head lice. Again, no genetic recombination takes place and the offspring are clones of the mother.

Then the male principle comes into the picture, supported by the fact that men are borne by women. What does it mean for a boy, and later when he becomes a man, that his life is dependent upon female energy?

Between puberty and the menopause a girl can compensate for this

asymmetry by becoming pregnant herself and then assuming the mothering role, in which she can, so to speak, stand before her mother as an equal. She can even outstrip her mother in this respect. Boys are unable to do either. This discrepancy, which is deeply mortifying for the boy, both in childhood and later on in adulthood, must have psychological consequences.

In this context, latent male homosexuality can be conceptualised as a defence against the fear of the powerful mother whose strength can be decisive for his own life. Can a boy completely free himself from this fear-inducing dependency? I believe he cannot.

He has numerous means of defence at his disposal to save his image of himself. He can later devalue women and hold them in contempt. He can revere them without desiring them. This is also often a passive-aggressive form of contempt. Alternatively, he can feel and show empathy and caring sympathy for women, by working as a gynaecologist or psychotherapist, for example. As NIETZSCHE pointed out, it is well known that sympathy and contempt are closely related.

FERENCZI's view on this was,

Woman is a creature of finer feelings (moral) and of finer sensibility (aesthetic), and has more 'common sense'; but man created, perhaps as a measure of protection against his own greater primitiveness, the strict rules of logic, ethics and aesthetics [...]" (1936, p. 258)

FERENCZI sees these as patterns of adjustment to the drama of heterosexuality, the adjustment being organic in women and psychological in men.

Overcompensating, men can establish their potency by alternative, asexual means. Writing books, building pyramids, competing to break records, waging war—all these are forms of male over-compensation for the inferiority to maternal women which is so deeply engraved in their diencephalons, the female chromosomal gonadal principle having passed life on at a time when men did not exist at all, either genotypically or phenotypically. Men remain more or less on their own in the arenas where these substitute activities take place: battlefields, building sites, football grounds. We know that the terrorists who carried out the attack on September 11, 2001 shaved off their body hair beforehand and left written notes to the effect that no woman should touch their bodies. They had already eliminated women from their lives some time before per-

forming the attacks. However, their religious conviction was that seventy virgins were waiting for them in the afterlife, actually a threatening prospect.

The psychohistorical development and dynamics of the patriarchy

It is probably no coincidence that the above-mentioned reactive patriarchal life and defence mechanisms came into being at the time of the Neolithic revolution, that is, at around, 10,000 B.C.. At that time human beings were gradually abandoning the nomadic way of life, since they had discovered agriculture and livestock breeding and founded towns in which they settled. The first urban settlement was Jericho, which was founded in about 8,000 B.C. (s. PROBST 1991, p. 196).

Patriarchy and monotheism were sociocultural sequelae of the transition to sedentary life. Wars also developed in this era, as far as we know there had been none before that time. Monotheism and bellicism are derivatives of this reactive patriarchy, which must be seen as a defence against female superiority (c. f. in particular ASSMANN 2006, MACIEJEWSKI 2006, SCHULZ 2006).

In this context a pseudo-grandiose macho behaviour evolved as a reaction formation against the Neolithic temptation to succumb to feminine sedentariness. At the same time we find a denial of the former religious practices of worshipping a whole panoply of gods, and also, as a further reaction formation, the introduction of a prohibition against finding the image and name of the new god (SCHULZ 2006), this in contrast to the previously rich imagery of the multiplicity of gods worshipped in matri-centric cultures.

We know that one of the greatest generals of this post-neolithic era, Alexander the Great, showed at least tendencies towards homosexuality. Historians are divided as to whether they remained latent or were openly manifested.

When the men's nomadic hunting and roaming, alongside the women's gathering, had lost their importance as the exclusive way of life, sedentariness became an anxiety-producing element, for men, at least.

Apart from war, other sociocultural phenomena characteristic of patriarchy also evolved in the Neolithic era, i. e. the establishment of social classes, the invention of money and the setting up of those basic capita-

listic structures which still preoccupy us today. Those who are at the bottom want to rise, while those who are on top want to stay there. It is not far from here to FREUD's horde of brothers who were out to kill their father.

The connection with latent male homosexuality is men's realisation in the Neolithic period that they were able to defend against female superiority by creating their own, wayward social structures.

The ontogenesis of latent homosexuality

Up to the end of the third month of pregnancy (the first trimester), the future sex of the unborn child remains uncertain. All we know is that the gamete constellation of the female double X pattern is the more stable and that the male XY element is far more vulnerable. One indication of this is the fact that men have a 10% shorter life expectancy than women.

The end of the first trimester of pregnancy is also considered to be decisive for the development of teratogenic effects and is the period during which the sex of the embryo is determined.

The double X gonosome configuration is always the first pattern of the embryo following conception. If this second female X component is replaced by the X portion of the male gamete structure a girl results and if the female X gonosome joins with the Y component of the male gonosome part, the genetic XY pattern of a boy is formed.

From then on anatomy is, as it were, our destiny, and everything gets more difficult, because everything can become intermingled. If things turn out well, later we have 'mental androgeny' (AMMON 1995), with clear physical attributes and integrative convergence in the mental sphere; if things turn out badly, we have the normality of chaos, confusion, ego-dystonia and the sex war.

In this connection Ilka QUINDEAU (2008) has recently set up the sex-gender discussion again. In her view, making too clear a gender attribution too early is a 'puzzling message' (QUINDEAU 2008, p. 162) which overburdens the child. She prefers what she refers to as 'gender diversity' which we must allow or require children to have in their own self-images, so-to-speak as a "task of integrating 'male' and 'female' aspects in themselves and of linking them together in a consistent, uncontradictory identity" (QUINDEAU 2008, p. 162). However, this too may be con-

sidered to be asking too much of a child, since it doubtlessly takes a whole life of wisdom and experience to fulfil this task.

Developmental psychology

We are all familiar with what is referred to as 'polymorphous infantile sexuality'. I prefer to avoid using the term perversion in this context. It is undisputed that pregenital infantile sexuality includes homosexual components since it is not fixed in respect of either object choice or instinctual aim. Moreover, we should not forget that in humans the active heterosexual phase covers only a limited period, which begins at puberty and only occupies centre stage in the generative phase.

As a rule in women the generative phase is limited to the roughly 30 years between puberty and the menopause, that is, between about 15 and 45 years. In puberty the gender-specificity of the choice of sexual partner is generally unstable, but frequently takes a manifestly heterosexual course under pressure from the peer group. However, in times of maturational crisis defences against anxiety may lead to the perpetuation of infantile homoerotic relationship patterns (s. AMMON 1979, p. 66). Biologically, at any rate, puberty ushers in the reproductive phase, which, as is well known, lasts much longer in men than in women, with unfortunate effects.

During and after the menopause the production of oestrogen and oestradiol gradually declines in the female organism, with a concomitant relative increase in the testosterone level, while the male endocrine system produces more female sex hormones in men of the same age. This phenomenon must necessarily have direct effects on men and women's psychological conceptualisations of their selves and their objects.

As regards the male aspects of this process, Otto WEININGER wrote,

A phenomenon analogous to juvenile sexual friendship is perhaps the appearance in older men of latent amphisexuality [he meant ambisexuality, R. H.] alongside the senile atrophy of the sexual characteristics that developed unidirectionally in their prime. (2005, p. 44)

This hypothesis is also not disproved by the fact that it is currently politically correct to portray the allegedly still actively passionate heterosexuality of the aged as chic and trendy. However, the hypothetical 69-year-old grandmother who goes to the swinger club is likely to remain an

exception, like the real 64-year-old woman who gave birth to her first child in Bavaria in the summer of 2007.

Some time later, FERENCZI summarised this lifespan issue,

In old age sex differences become effaced to some extent. Apparently in consequence of the atrophy of gonadal function the voice of woman becomes somewhat harsher and there is occasionally even a tendency towards growth of a moustache. But man, too, loses much of his masculine appearance and character; so that one may say that in both sexes their fundamental bisexuality is more transparent in childhood and old age. (1936, p. 259-260)

C. G. JUNG came to the not very attractive conclusion that old men look and behave like old women, while old women look like old men.

The problem of psychosexual identity: medical aspects and self-referentiality

We can be grateful to TYSON AND TYSON (1990, pp. 254) for having thrown light on the physiological aspect of the development of sexual identity. While it would go beyond the scope of this article to include a full description, I can mention a few central concepts.

- Core gender identity (CGI), a biological force that develops prenatally,
- gender role identity, the continuation of the CGI in the postnatal development of gender-specific interaction patterns (role-specific relational representations),
- sexual orientation (conscious manifestation in adolescence).

However, in our field we cannot bypass the medical realities of various aberrations of human nature which are not, however, of a pathological nature in the animal world. They are clustered around the concept of the hermaphrodite and all are described as manifestations of intersexuality. Like hermaphroditism, androgyny also describes the coexistence of male and female primary sex characteristics in a single person. The frequency of the manifestation of the sex organs of both sexes in newborns is estimated to be 1:60,000 (N24 2007).

We find the mental equivalents of somatic androgyny in the concepts of transvestism and trans-sexuality with their aim-inhibited sub-form of cis-identity. The term cis-identity refers to a partial convergence with the other sex/gender which is induced by medication with hormones. The person concerned does not completely identify with what is termed the 'target sex'.

The journalist Beate LAKOTTA (2007, p. 143) recently reported that in forms used at some North American universities students can also check transgender, in addition to male or female. SternTV (2007) interviewed a 15-year-old boy, Tim, who gave his name as Kim and had felt that he was completely a girl since he had been two years of age. Kim's only unfulfilled wish was to undergo an operation on his genitals. I would not consider such cases to be pathological. Most discussions on the pathoaetiology, differential diagnosis, and treatment of transsexuality (BECKER et al. 1997; RÜFFER-HESSE, HARTMANN 2004; STREIFENEDER 2007) follow the recommendations of SIGUSCH (1994), who does not commit himself and advises caution, while at the same time speaking of treatment resistance. However, he does advise against rapid surgical solutions.

A debate on intersexuality was recently initiated in the German magazine 'Spiegel' (BRANDT, SUPP 2007). It was mainly about cases of medical malpractice and legal claims of people who have the male chromosome pattern XY but unclearly differentiated primary sexual characteristics and who have developed a diffuse female psychosexual identity. In contrast to transsexuality, here the physical characteristics are ambiguous and initially there is no wish to have them changed by surgery. The majority of these 'XY women' opt for a male partner. Some research on this subject is currently being carried out in Germany in the cities of Hamburg and Berlin. The condition is due to a defect of the androgen receptors (partial: PAIS) or to their complete insensitivity to androgens (CAIS).

In the androgenital syndrome in girls the adrenal cortex produces an excess of male sexual hormones instead of cortisol. The corresponding phenotypes are classified in seven stages from zero (girl) to six (boy) according to the Prader system. The condition is due to a disturbance of androgen biosynthesis. The masculinization of the genitals is usually later corrected by 'surgical feminization' (RICHTER-APPELT 2004, cited in QUINDEAU 2008, p. 173).

KLINEFELTER's syndrome is a condition which affects boys with the XXY-chromosome-structure. These individuals have a masculine appearance but are infertile and have only very indistinct male sex characteristics.

Testicular feminisation is due to a genetic defect in individuals who originally had a male chromosome structure. Phenotypically they appear to be girls, but have neither ovaries nor a womb.

The concepts of partner choice and sexual orientation Transitive, historical and transcultural elements

Almost all of the authors known to me are in agreement that the choice of psychosexual object is determined in during puberty. As a rule it is linked to the first sexual experiences in this phase and all the associated frustrations and satisfactions in the area of partner relationships. However, we should not forget that in boys the phenomenon of mutual sexual masturbation is a very frequent and physiological transitional stage. It should not be regarded as pathological.

In criminal law and sociology, however, we now find all degrees of acceptance and rejection of homosexual practices in men. Reactions to corresponding behaviour in girls and women are far less highly charged and it is in principle more openly accepted.

Primitive peoples in which partner choice is naturally bisexual are, for example, the Siwah in Africa, the Aranda in Australia and the Keraki in New Guinea (s. WINTHUIS 1928).

Manifest homosexuality is penalised in a number of countries, including Jamaica, Zimbabwe, Namibia, Nepal, and Senegal. Homosexuals still risk the death penalty today in Yemen, Iran, Saudi-Arabia, Mauritania, and Sudan.

In Eastern Europe the norm is a latent, if not manifest collective hostility towards homophilia. This is, however, called into question by the widespread male bonding that is associated with practices involved in the abuse of vodka, in the sense that substance-related addictive behaviours are frequently manifestations of latent homosexual need satisfaction, probably in both sexes.

A more sublimatory function of the same dynamics in men is easily recognizable, albeit at a very different level, in exclusively male clubs, ranging from the elitist Lions Clubs and Rotary to skittles' clubs and business management circles, not to mention regulars' tables in bars and students' duelling fraternities (LANGE 2004). What makes the larger of

these clubs attractive are the ethically acceptable altruistic norms, which are, of course, beyond suspicion.

We can equally easily find collective ramifications of this issue if we take a closer look at group-dynamic phenomena in the military or in schools, sports, politics and ecclesiastical institutions, and there are no clear dividing lines between these and the forensic issue of paedophilia, where latency ceases to be latent. FREIBERG (2003) has written on theological aspects and AMMON (1979) gives impressive examples that focus on aggressive aspects.

On this point WEININGER writes,

Nor is there such a thing as a friendship between men that completely lacks an element of sexuality, [...] A great deal of 'popularity', protection, and nepotism among men derives from such relationships, which are often unconsciously sexual in nature. (2005, p. 44.)

To what extent feminist ideologization was partly fuelled by the sublimation of homosexual dynamics in women is not known. This would surely be a worthy subject of research; however, it probably should not be undertaken by a man.

FREUD had already put it in a nutshell in 1911,

Generally speaking, every human being oscillates all through his life between heterosexual and homosexual feelings, and any frustration or disappointment in the one direction is apt to drive him over into the other. (p. 46)

Interestingly, this form of arbitrariness is analogous to the phenomenon that opposing political and cultural factions allege that their opponents are homosexual and then proceed to pathologize this. Hitler's National Socialism is a prime example. It is well known that the Nazis persecuted and murdered homosexual men, including those in their own ranks. After 1945, numerous German studies found close links between the ideology and behaviour of the Nazis and their own repressed homosexuality. The same applies to the homosocial regime of the former German Democratic Republic, in which French kissing between men was not unusual at state visits.

Links between a person's suppression of their own homosexual tendencies and aggressive homophobia are also not unusual, although homophobia is a term that I prefer not to use because the actual phobic aspect is completely lost behind the aggressive defence.

The Frankfurt school of philosophy that grew up around ADORNO and HORKHEIMER also clearly pathologized homosexual tendencies in men and classified it diagnostically as a developmental disorder (e. g. GRUMBACH 1955); likewise Reimut REICHE.

This very same pattern of pathologizing male homosexuality is also found in the 'new right', including a former German army officer, Michael KÜHNEN, who attempted to write a complicated affirmation of male homosexuality in an open polemic paper ('The second revolution', unpublished and undated). KÜHNEN founded a number of right-wing groups, including 'SA-Sturm Hamburg' and the 'Aktionsfront nationaler Sozialisten'. He contracted AIDS and died in 1991. His model was Ernst RÖHM, the leader of the SA (Sturmabteilung) and the most well-known victim of the Nazi homosexual 'witch-hunt'.

Of course, coming from this background this sounds particularly pathological. However, the current trend in political correctness demands that we say nothing good about Nazis and nothing bad about homosexuality. This confuses the issue.

From a sociological point of view I should mention for completeness that the homosexuality that is practised openly and forcibly for lack of an alternative as, for example, in men's prisons, is not a derivative of latent homosexual impulses, but a forced phenomenon that occurs in situations where it is not possible to choose a partner of the opposite sex. Similarly, dynamically, many hustlers, male prostitutes, are also frequently not exhibiting latent homosexuality, although here no force is involved. In this case the force usually arises from being compelled to commit crimes in order to obtain illegal drugs.

In the context of the spread of AIDS in the 1980s these criminal aspects led to a marked polarisation of the debate. Here we had, on the one hand, the outings and narcissistic shamelessness and lack of distance displayed by gays in the public arena. On the other there were high-flown ideas of what was termed androgyny (AMMON 1986, BUDA 1986, ROTHSCHILD 1986), which articulated a desire for a calming of the dynamics between the sexes, while at the same time expressing it as a thesis.

Here the cosmic bases, parapsychological modes of communication and group dynamic phenomena of a culture that is quasi gender-neutral and whose main characteristics should be mature tolerance and flexibili-

ty, are over-exaggerated in an idealist fashion.

These postulates go far beyond the limits of the domain of bisexuality and are in keeping with a new holistic view of the human being. Some of these theories, which also employ the concept of the archetype (AMMON 1986, p. 140) come closer to the Jungian notion of individuation, to which I will return later. However, these huge expectations were eventually abandoned, probably because of their scale, which required a “stance that transcended male and female duality” (AMMON 1986, p. 142).

Thus this well-meaning school of thought became transposed on to a level where it acquired a salvational nature which was not, in the long term, compatible with either human nature or everyday life, nor with the residues of the primate dynamics that still live on in us.

Why most people still find their way to the other sex, despite the pervasiveness of homosexuality, is a different matter and it is open to debate how permanent such a choice remains. This episodic aspect of sexual orientation is currently (QUINDEAU 2008, p. 243) referred to as ‘sequential’ sexuality.

However, this questionable permanence, temporal fragility or periodical structure of heterosexual orientation applies equally to bisexual experiences with partners of both sexes, as demonstrated impressively, if not representatively, by KINSEY et al. (1954, 1955).

This research group drew up a scale of partner orientation from 0...6, ‘0’ denoting exclusively heterosexual and ‘6’ exclusively homosexual. Categories 1-5 contain characteristics of bisexual orientation of varying distinctness. The percentage of individuals with bisexual experiences, in the USA in the late 1940s, was reported to be roughly 20%.

I just mentioned that Ilka QUINDEAU (2008) emphasized that bisexuality is a healthy and ubiquitous phenomenon. She assumes primary bisexual omnipotence in both sexes, problematizes the subjective decision for only one gender, i. e. one’s own, as a painful renunciation and finally calls for the abandonment of the polar opposites male and female because both sexes have both phallic and receptive modes of achieving satisfaction. Again, this approach calls into question the familiar primacy of heterosexuality in our culture.

The concept of individuation: temporal elements

With the concepts of the anima and animus, the shadow and individuation C. G. JUNG and the Post-Jungians placed the psychological aspects of bisexuality and the integration of the respective opposites in the second half of life at the centre of salutogenetic demands, thus countering any pathologization of latent homosexuality (PLAUT 1979). Surprisingly, in the current discourse of the sex-gender debate the analyst Ilka QUINDEAU, herself a member of the German branch of the International Psychoanalytical Association, recently re-echoed this emphasis. She repostulated it to include 'gender diversity' also on the individual level, stressing that this is not to be understood as an 'idealist category', but in a concrete, material way which includes the body (QUINDEAU 2008, p. 161).

JUNG believed that the opposite sex is psychologically alive and active within every individual, in men as the anima and in women as the animus. If these parts of the personality are not assimilated or integrated, they form what he called the shadow, which takes effect from the depths of the psyche as an ego-dystonic part of us. It can create characterological havoc because what is unwelcome and foreign in the shadow breaks out and has a marked malignant effect on the person's life history.

Prototypes are the older character types of the nagging, shrewish woman and the cowardly, incalculable, but nonetheless calculating man.

Typically, the necessary integration of the anima or animus takes place late in life, since it is in a sense triggered in the second half of life by the hormonal changes I mentioned above. Here nature provides an area of least resistance, which can be made use of or anxiously warded off.

In the latter case we have the images of the embittered old maid or the emasculated, hen-pecked husband. Both are lacking in dignity, because these images may always contain undercurrents deriving from reaction formations and rationalizing ideologization, the most prominent characteristic of which is a marked lack of humour.

However, if the anima and animus are integrated, completeness in the sense of a holistic wisdom and equanimity is achieved. One does not have much more to lose. What is meant here is a specific form of latent homosexuality that is, in fact, no longer latent, since awareness has led to

an integrative transformation of the personality. This is wholeness, which comes more easily to women than to men, since through motherhood women are able to experience both externalization and merger, whereas here again, men must avoid and take detours, for example, by allowing themselves to succumb to the urge to conquer nature, develop pantheistic ideologies or rationalize their own involution, regression, by means of a theory (KLEMMANN 1992, p. 116).

We have no choice but to face the fact that the female principle is biologically superior. One way for men to compensate for this phenomenon is to accept latent homosexuality, which in later life undergoes a transformation from a regressive to a progressive and holistic mode of functioning, thus promoting a reconciliatory self-awareness.

Summary

This paper investigates the concept of latent homosexuality from different points of view, because I had found that it impossible to find a precise psychoanalytic nosological definition either by searching the available literature or in everyday therapeutic practice.

Freud's associated concept of bisexuality as a constitutional phenomenon and as a characteristic of sexual partner orientation is examined from a psychohistorical standpoint. Other conceptualizations, i. e. the phylogenetic precursors of heterosexual reproduction, the psychogenesis of male and female manifest homosexuality, early psychoanalytic theories (ABRAHAM, FERENCZI) and Jungian conceptions of the areas of overlap between latent homosexuality and the process of individuation, are discussed.

Aspects of the ontogenesis and psychological development of latent homosexuality are investigated as well, with emphasis on their clinical manifestations. The psychoanalytic question as to whether latent homosexuality is dynamically primarily a libidinous drive derivative or rather a psychoreactive, regressive defence mechanism is discussed in depth.

The topic is rounded off by excursions into organic medicine, hermaphroditism, and sexual psychology, transsexualism, transvestitism, trans-cultural, sociological, and historical development, and, finally, into current social patterns and degrees of acceptance of the epiphenomena of latent homosexuality.

Alles geht. Zur psychoanalytischen Begriffsbestimmung latenter Homosexualität (Zusammenfassung)

Der Vortrag untersucht den Begriff der latenten Homosexualität aus unterschiedlichen Perspektiven, da sich eine präzise psychoanalytische Nosologie des Begriffes weder durch einschlägige Recherche in der mir bekannten Literatur noch im therapeutischen Alltag als realistisch erwiesen hat.

Insbesondere der benachbarte Freud'sche Begriff der Bisexualität als konstitutionelles Postulat und als Merkmal zur Partnerorientierung wird psychohistorisch untersucht. Weitere Zugänge werden angeboten durch die Darstellung der phylogenetischen Vorstufen heterosexueller Fortpflanzung, die Psychogenese manifester männlicher und weiblicher Homosexualität, die Interpretationen der frühen psychoanalytischen Orthodoxie (ABRAHAM, FERENCZI) sowie jungianischer Aspekte der hier involvierten Grenzbereiche von latenter Homosexualität und Individuation.

Ergänzend werden ontogenetische und entwicklungspsychologische Aspekte latenter Homosexualität sowie deren klinische Erscheinungsformen beschrieben. Hierbei wird die psychoanalytische Frage vertieft, ob es sich bei der latenten Homosexualität dynamisch um ein primär libidinöses Triebderivat handelt oder eher um einen psychoreaktiven regressiven Abwehrmechanismus.

Eine Abrundung erfährt das Thema durch Exkurse zur Organmedizin: Hermaphroditismus, zur Sexualpsychologie: Transsexualität, Transvestitismus, zur transkulturellen, soziologischen und historischen Entwicklung sowie zur aktuellen gesellschaftlichen Akzeptanz der Epiphänomene latenter Homosexualität. Klinisch-therapeutische Überlegungen schließen das Thema ab.

(Übersetzung: Deirdre Winter, Berlin)

Translator's note: Where no English-language version of a work (original or translation) is given in the list of references the English translation was done by the translator of the present paper.

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A Dynamic Approach to Facilitate Intrapersonal Development and Interpersonal Relationships in Young People with Autism Spectrum Dispositions (ASD)

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It's described a boy diagnosed with Asperger syndrome and marked dyspraxia who produced human figure drawings after forming specific Object Assembly items from the WISC-R(UK) and WAIS-R(UK). Also, he was involved with the fast apprehension of small numerosities associated with dots and schematic facial features. Improvements concerning his drawings of people and arithmetic/mathematics were indicated alongside increasing artistic and social maturity. Other young participants with ASD demonstrated more integrated and realistic depictions with positive changes concerning attainments and interpersonal aspects. The analysis highlights the author's aim to enhance mental flexibility and a non-algorithmic style of functioning via facilitation of holistic person and numerical perception emphasising relevant interconnected details and to promote self-unification.

Keywords: Asperger syndrome, human figure drawing, numerosity, facial processing, bodily processing, self perception.

Methodology

Considering the complex nature of the areas under investigation as well as the participants concerned it appeared inappropriate to use one approach as this would lead to the acquisition of very limited data and consequently rather restricted discussions and conclusions. As discussed for example by BANISTER et al. (1994) and COHEN, MANION (1994) triangulation is a term that has been given to describe the use of various combinations of procedures, investigators, perspectives and so on. Triangulation is helpful specifically, when considering a more comprehensive perspective of issues within educational settings. Relying on one approach might lead to biases and distortions in the researchers view of the topic under investigation. A more recent discussion concerning triangulation has been contributed by COHEN, MANION, MORRISON (2007).

In the research discussed here by the present author, reference has been made to investigations concerning developmental and acquired disabilities involving children and adults in educational and clinical contexts

with due consideration being given to the theoretical and philosophical aspects. Also ethical considerations have influenced my way of working with the young people throughout the investigation. Using several approaches a more comprehensive understanding has been facilitated leading to a firmer basis for the remediation of the difficulties under consideration.

As indicated by SWANSON et al. (1981) when considering clinical interviews and the validity of verbal reflections, often individuals are quite capable of expressing their beliefs and thoughts. The discussion highlighted this point in relation to mathematical knowledge and hence the clinical interview was considered a useful approach for obtaining information concerning the facts and principles that people might use in their reasoning in the area of mathematics. It is acceptable to consider descriptions given by individuals of some of their cognitive processes even if they are unable to access or they have limited access to some of the sources in relation to their insights or to the necessary underlying processes for forming ideas. Also, some individuals may have a limited command of language or specific linguistic difficulties. The clinical interviewer can emphasise certain aspects concerning the topic under investigation and influence the type and level of analysis relating to the reporting of the participant. Introspective reports might be erroneous or restricted in certain respects and other types of assessments might provide appropriate and necessary additional information.

As emphasised by SWANSON et al. (1981) the diagnostic process and cognitive psychological research concern discovery, theoretical specification and the precise assessment of competence. The clinical interview comprises research and measurement components for the assistance of individual diagnosis which involves the development of theories relating to individuals. In the research described here, the clinical interview was used for diagnostic and research purposes in a detailed investigative form in relation to the nature of the discussions and the contact time. The clinical interview was used alongside other methods involving the implementation of particular tests as well as specific materials and procedures developed by the present author, observations and 'professional reports as well as information given directly from parents, staff and others associated with the children and adolescents as well as the young people themselves.

When working with these young individuals, collaboration and participation were emphasised in relation to the 'new paradigm' research concerning co-operative experiential inquiry as discussed by REASON, ROWAN (1981) and REASON (1988). Crucial to co-operative experiential inquiry is an aware and self critical movement between experience and reflection which goes through various cycles as ideas, practice and experience are refined systematically. As highlighted by REASON, ROWAN (1981), validity in research of this nature is concerned more with the personal and interpersonal aspects rather than method. It is necessary to consider the appropriateness of validity criteria in terms of more than what is right and to question what is useful and enlightening.

The children discussed here were very active participants. Through listening to them and observing their responses I was able to encourage very actively the development of their abilities. As I was involved with the young people for an extended period of time relatively deep collaborative working was possible. They were encouraged to reflect on their experiences with arithmetic/mathematics, drawings/art and social interactions in everyday contexts both during the sessions and outside of them. They made conscious and concerted efforts to understand issues arising during the sessions and hence they developed their own ideas and received encouragement for others. They were able to go through reflective cycles many times, gradually clarifying and refining their notions and maturing their ideas in a systematic way as well as very actively using their evolving knowledge.

SWANSON et al. (1981) emphasised that the use and importance of data is relative always to theories and various hypotheses and assumptions relating to specific topics. Accounting for a variety of ideas concerning conceptual development and skill acquisition in certain areas it is possible for individuals to show improvement in their abilities in a variety of spheres. Enhancement of these abilities can be encouraged through the continuing development of innovative teaching methods and the associated reciprocal exchange of information via the participants' interaction. In the work discussed here the present author has attempted to contribute to some specific aspects of development as indicated above and in the following presentation.

Background

Human body parts have been used as counting aids in the creation of some number systems in various cultures. Also, the fingers have been highlighted as being significant particularly in relation to early numerical development from a neuropsychological perspective by BUTTERWORTH (1999). Additionally, facial features are bodily aspects that have been noted in connection with number systems and in association with numerical disabilities by specific investigators. BADIAN (1983) considered that a deficiency in visual attention to precise detail as suggested in the human figure drawings of young children might offer information relating to later numerical abilities.

Hence, LAWSON (2000c, 2001a) studied first year junior aged children and assessed them on their drawings of people, a standardised arithmetic test and specific rectangular and non-rectangular addition questions used earlier by LAWSON (1986, 1989, 1990, 1995a, b, 2000a, b, 2001a) and based on findings by FRIEND (1979). The terms rectangular and non-rectangular referred to the arrangement of the digits in the addends. In relation to their attainments, the participants received different types of instruction or none if they had not demonstrated any major problems. The results suggested that directing the children's attention to specific arithmetical details and associated numerical concepts or particular omissions and poorly depicted aspects concerning their drawings led to enhanced development and performances in both areas. These particular rectangular and non-rectangular addition problems were used as items in a dyscalculia test battery assessment by LAWSON (1995b, 2000b, 2001a) and a more detailed analysis concerning the assessment implemented with specific young people was presented later by LAWSON (2002, 2008b, 2011).

In BADIAN's discussion concerning those who might be described as dyscalculic, the omission of the nose was noted and sometimes the inclusion of an incorrect number of fingers. A marked impairment of arithmetical skills as well as a lack of response to educational interventions were the criteria described for developmental dyscalculia in the children involved in a study by SHALEV, GROSS-TSUR (1993). Reference could be made to SHALEV (2007) for a fairly recent discussion of aspects concerning developmental dyscalculia in the context of definitions, assessments

and prevalence. Additionally, the discussion on developmental dyscalculia by BUTTERWORTH (2008) and the contribution concerning the genetics of learning abilities and disabilities by KOVAS, PLOMIN (2008) are of interest here. Some of the young people in my investigations did have impairments which manifested themselves in relation to specific aspects of arithmetic and their responses had been limited in relation to remedial interventions. When considering the study by LAWSON (2000c, 2001a), one boy omitted the nose on the drawings of a man, a woman and himself. After training which involved attention to numerical details all pictures included this feature.

On one hand in each drawing the number of fingers was incorrect but on re-assessment this detail was shown accurately and there was a marked overall improvement on all three drawings. Another child drew a man without a nose but after successful tuition in relation to specific addition exercises which had been difficult for him, he included this feature in two dimensions and the bridge. His performance improved overall for his drawing of a man but it remained unchanged for the woman. Initially, both boys had performed well below their chronological age levels on an arithmetic test but marked improvements were shown on re-assessment.

Consequently, LAWSON (2001b) investigated the apprehension of small numerosities in association with dots or facial features and children's human figure drawings. Generally, the results indicated that these first year junior aged pupils could apprehend the numerosities associated with various arrangements of dots and small sets of schematic facial features. The amounts ranged from 1 to 5 and the expected trend was indicated with faster and more accurate responses occurring for the smaller set sizes. Also, the children drew a picture of a man, a woman and themselves with later analysis and assessment involving the system by NAGLIERI (1988). Children who had omitted the nose and/or whose performance was relatively poor overall on the drawing task were selected for a short training session. They were encouraged to reply with speed and accuracy to cards with dots and facial features until all items had received fast and accurate responses concerning the represented numerosities and then they were involved again with the drawing task. Hence, the participants had a considerable amount of practice with the controversial process termed subitizing for sets involving 1 to 5 items.

Generally, the re-assessment results concerning the drawing tasks were indicative of a trend reflecting a marked increase usually in the number of included features concerning the face and other body parts. Also, the depictions tended to look more realistic although the training had involved only schematic faces. Overall, it was suggested that the dots and facial features tasks could be used to encourage the fast apprehension of small numerosities and to facilitate the inclusion of details in children's human figure drawings.

In a further investigation by LAWSON (2003) a case report was presented concerning a boy with a diagnosis of Asperger syndrome (AS) which is characterised by a qualitative impairment in social interaction and restricted, repetitive and stereotyped patterns of behaviour, interests and activities (American Psychiatric Association 1994, 2000). There may be a delay in motor milestones and motor clumsiness is common although not an essential diagnostic feature (WHO 1992). In fact, he had noticeable problems in relation to dyspraxia which concerns impairments in skilled movements. He was assessed on various aspects of his cognitive functioning, an arithmetic/mathematics test and human figure drawings. Then he participated in training sessions in which he formed faces, a hand and whole people using the Object Assembly items from the WISC-R(UK) and the WAIS-R(UK). After removal of the items he produced drawings of a man, a woman or himself and sometimes specific body parts. Also, he was involved with the dots and facial features tasks and responses concerning their associated numerosities. At re-assessment noticeable improvements were demonstrated on his three human figure drawings which were maintained and developed without further input. Also, his performance was enhanced quite markedly on the arithmetic/mathematics test. In later follow-up sessions it was indicated that he had been involved in a variety of activities in art at home including the creation of paintings with specific and integrated features. He continued to develop his interest and involvement in art at home, at school and elsewhere alongside increasing maturity and confidence in social situations.

Hence, it was felt that other children with a variety of disabilities and including specific difficulties concerning their drawings of people might benefit from the implementation and modification or elaboration of the

approaches described above. They might present with various mathematical abilities and the training might facilitate improvements in this sphere. In a study by LAWSON (2004) two children were presented in detail, specifically K. who was described as a boy with Asperger syndrome and L. as a boy with Asperger syndrome and dyspraxia which was relatively mild. Child L. had experienced other difficulties of a specific numerical nature so he was involved in training to address this issue and a presentation involving this work was given by LAWSON (2005b). Also, L.'s problems associated with learning the multiplication tables have been discussed in detail with other case studies in the context of assessment and remediation in relation to numerical, arithmetical and other areas of mathematical development by LAWSON (2008b, 2011).

Furthermore, the non-rectangular addition problems highlighted earlier in the current discussion and the associated remedial approach designed by the present author were discussed in the contribution by LAWSON (2008b, 2011). A recent presentation by LAWSON (2009, 2010) concerned a boy G. who experienced difficulties particularly with these non-rectangular addition problems and he responded successfully to the remedial intervention. Also, G. had been diagnosed with Asperger syndrome. The two children, K. and L. as well as G. participated in similar assessments and training sessions and in addition to the follow-up sessions when they were administered formal assessments the participants were monitored over a longer interval. They demonstrated significant positive changes in relation to their specific areas of difficulty and presented with characteristics associated with the autism spectrum which were relatively less severe in quality and/or quantity.

The children in these studies by LAWSON (2003, 2004, 2005b) were participants while they were attending primary schools or during the holiday period before the start of secondary education. The boy reported by LAWSON (2003) had been monitored informally by the present author via contact with the home since the initial follow up sessions. The children presented by LAWSON (2004, 2005b) were monitored and supported as appropriate during the following years after the re-assessment sessions. Unfortunately there may not be recognition of the difficulties associated with the autism spectrum for some individuals who are relatively able until they reach adolescence or adulthood. Hence they may

not receive appropriate interventions to help them progress in some respects. The study by LAWSON (2005a) concerned two young people, specifically a male adolescent B. and a female adolescent S., both with Asperger syndrome whose difficulties relating to the autism spectrum had not been acknowledged until after the commencement of their secondary education. They received similar assessments and interventions initially and they were monitored and supported as appropriate over the years following the re-assessment sessions. There were encouraging improvements concerning their attainments and management of situations both in and outside of the school environment.

Additionally, the presentations by LAWSON (2008a, c) concerned two more young people, a boy J. who was diagnosed with Asperger syndrome during his primary school years and an adolescent male P. who was diagnosed with Asperger syndrome during the secondary stage of his education. The outcomes for these two young people were very positive in relation to their academic achievements and increased maturity and independence socially as J. progressed into adolescence and P. developed during the college stage of his education. Overall, the current discussion relates not only to those diagnosed with Asperger syndrome as indicated above who received similar assessments, interventions and ongoing monitoring and support as appropriate with encouraging results but also to a broad range of individuals of various ages with ASD. A more detailed contribution is offered here as an extension to the presentation by LAWSON (2008c) and including information concerning G. as noted earlier and discussed by LAWSON (2009, 2010).

Method

Participants

Young people attending mainstream primary and secondary schools and some in the transition from primary to secondary education were selected as participants. Their drawings of people might be noticeably deficient in terms of omitted or poorly depicted features or they might draw only isolated objects but not people. They might depict only individuals of a very specific nature or produce characters in cartoon form. Various combinations of impairments might have been presented

by the young people some of which concerned specifically dyspraxia, attention or arithmetic. However, all of the children and adolescents discussed here were experiencing difficulties particularly concerning relationships with people and they were diagnosed as being on the autism spectrum but for some of them not until their teenage years.

Materials

- Draw A Person: a quantitative scoring system (DAP): NAGLIERI (1988); man, woman, and self,
- Wechsler Objective Numerical Dimensions (WOND): RUST (1996); Mathematical Reasoning (MR) and Numerical Operations (NO),
- British Ability Scales II (BASII): ELLIOT et al. (1996); recall of digits forward and backward,
- Wechsler Intelligence Scale for Children (3rd Ed. UK) (WISC-III UK): Wechsler (1992); picture completion,
- Wechsler Abbreviated Scale of Intelligence (WASI): Wechsler (1999); vocabulary, block design, similarities, and matrix reasoning,
- Children's Memory Scale: COHEN (1997); dot locations 1 and 2, faces 1 and 2,
- Social Skills Training with Children and Adolescents: SPENCE (1995); assessment of perception of emotion from facial expression
- Object Assembly Items: girl and face (male) WISC-R(UK): WECHSLER (1976),
- manikin, profile (female face) and hand: WAIS-R(UK): WECHSLER (1981); cards with dots or facial features: LAWSON (2001b).

Cards had been prepared with dots on them representing numerosities from 1 to 5 arranged in geometric, linear and unorganised presentations with an overall total of 15 variations. Although, for example, any two dots can be joined to make a straight line and any three dots can be connected to form a triangle, in the unorganised presentations the dots were much further apart in comparison with the geometric and linear conditions. Also, there was a pre-trial demonstration card with three dots placed in a diagonal line. The dots were in blue and contrasted clearly with the white background of the cards. Also, this was so for the schematic facial features which were in green and are described below. The plain white cards were 4x6 inches [about 10x15cm] in size.

Specifically, there were prepared cards with schematic faces which included facial features varying in number and in relation to the specific characteristics. There were three cards representing each of the numerosities from 1 to 5 and hence 15 variations for each of the presentations involving upright and inverted faces. Also, one card contained a schematic facial outline without any features and on another card all main features were represented on a schematic face. These demonstration items were used to familiarise the participants with the experimental materials and procedure before the start of the trials. Additionally, there was a post stimulus mask card with a pattern not indicative of any numerosities.

Procedure

The test, training, and re-test sessions were arranged at convenient times in relation to the young people and their parents as well as the school routine and staff. Also, the number of sessions and their duration varied in order to meet the needs of the participants.

The assessments and re-assessments occurred within a therapeutic context as opposed to a formal educational or clinical setting. Specifically when the young people were re-assessed they were given only those questions to which they had given erroneous responses or those which they had not been able to attempt. Hence, different results might have been obtained if the tests had been administered in other conditions.

Test sessions: Participants were administered the WOND, DAP, Picture Completion Subtest (WISC-III UK), Test of Perception of Emotion from Facial Expression (Social Skills Training, SPENCE (1995)), Dot Locations and Faces subtests (Children's Memory Scale) and the Recall of Digits Forward and Backward subtest (BAS II). Also, the young people were presented with all four subtests from the WASI.

Cards with dots or facial features: The participants were presented initially with the cards containing dots and the order of presentation was randomised in relation to the numerosities and types of dot arrangement. Then there was a varied presentation concerning the numerosities for the cards with schematic faces in upright followed by inverted positions. Initially each item was offered briefly and every card flashed up and down very quickly. The young people were required to give a number as soon as possible for these small sets of items and fol-

lowing an immediate and correct response they did not participate in further trials. Following the absence of an immediate reply time was allowed for the correct response after the brief presentation. After the short display of each item the mask card was shown to facilitate the inhibition of a possible post stimulus trace as highlighted by STARKEY, COOPER (1995) and to encourage the fast apprehension of small numerosities. If an individual could not reply or he/she responded incorrectly, after completion of all brief presentations the failed items were offered again and for long enough to elicit a correct answer.

Training sessions: After completing the assessments the young people participated in training sessions in which their attention was drawn to the details that they had omitted in their human figure drawings during the test session. This was achieved through questioning and prompting so that they had to produce an answer as opposed to being given the names of the omitted features. Also, issues concerning size, proportion and dimension were highlighted as well as any other aspects that would give their drawings of people a more realistic appearance. The selected object assembly items mentioned earlier were used as aids in the production of more mature drawings. The participants were asked to assemble the items and their attention was directed to the details and issues noted above in order to facilitate improvements in their depictions. Then they were covered to prevent copying and uncovered as necessary for further discussions concerning difficult aspects after they had produced drawings again of complete figures and sometimes separate features.

Also, the young people were given training on the tasks involving cards with dots and facial features. The presentations of the items within the different sets were randomised and there was a variation in the order in which the groups were offered for each session. There was an emphasis on speed and accuracy until all items had received quick and correct replies.

Re-test sessions: The participants were administered again the WOND, Picture Completion subtest (WISC-III UK), Test of Perception of Emotion from Facial Expression (Social Skills Training, Spence), Recall of Digits Forward and Backward (BAS II) and the DAP.

Results

The formal re-assessment sessions occurred about six weeks after the last training session for J., L., G., and B. and there was a five week interval for K. There was no formal re-assessment for S. and the re-assessment for P. was several months after the final training session. The children and adolescents were followed up via informal sessions or contact with the families and school staff. The pictures of a man, a woman and the self indicated that they had retained their enhanced drawing skills and further improvements were apparent in terms of proportion concerning the various body parts in relation to each other and their integration. Also, the initial depictions of people by B. and S. had been cartoon figures but gradually their drawings had become more realistic in appearance. Furthermore, although the human figure drawings of G. had continued to be of specific characters, they had become more detailed and more natural to some extent. There were marked differences at re-assessment for all of the children and adolescents. Additionally, the young people had been involved in various activities in art at home, at school and elsewhere including the production of drawings with specific and integrated features. As they were monitored during the following years it was apparent that they were demonstrating improvements in relation to their attainments and management of situations within educational environments and in a variety of other contexts.

Discussion and Conclusion

The contribution presented here has been developed in relation to the work concerning the selected young people as well as others within the context of professional involvement by the author. Specifically, aspects given consideration concern ASD, particularly Asperger syndrome and diagnostic criteria as well as associated terminology, the processing of small numerosities involving dots and facial features, the manipulation of cardboard representations of human body parts, human figure drawings, attentional/mental/cognitive flexibility, facial/bodily processing, aspects of memory, mathematical abilities and associations with various artistic spheres, intuition, self-unification, social competence and self-perception.

There has been considerable controversy relating to the diagnostic criteria for Asperger syndrome and the autism spectrum. In the comprehensive discussion by ATTWOOD (2006), diagnostic criteria are cited for AS as given by GILLBERG (1991) which include motor clumsiness. Also, consideration is given to the aspect of language delay which is a particular area of controversy. WING (2005) favours a multi-dimensional rather than a categorical approach in relation to the study of the autism spectrum. The significance of the impact of social difficulties is highlighted with an emphasis on the importance of studying particular dysfunctional aspects rather than diagnostic subgroups. Additionally, in an investigation by SKUSE et al. (2009) involving individuals, aged around eight years, the prevalence of mild deficits concerning social and communication competencies was shown to have a continuous distribution in the general schoolchild population. The categorisation of ASD in relation to specific diagnostic points was considered somewhat arbitrary and the findings were given in support of a dimensional approach concerning the autism spectrum. Generally, I am in favour of a dimensional as opposed to categorical approach in relation to the diagnostic, therapeutic, and remedial aspects of ways to facilitate development in those with ASD and the term 'disposition' rather than 'disorder'.

Attempts have been made to help facilitate the understanding of those with ASD and to create interventions with the aim of enhancing their progression throughout the lifespan. Alongside these positive moves the author would prefer the term 'disorder' to be eliminated from the classification of ASD with consideration being given to the alternative term 'disposition' as this highlights a particular style of functioning and does not centre on negative aspects. This view, in terms of overcoming difficulties and promoting positive aspects of ASD has been advocated well in the book by Daniel TAMMET (2009). He indicates that he has been described as an individual with Asperger syndrome and a 'prodigious savant' which refers to someone with exceptional abilities irrespective of any developmental issues. Furthermore, in the book by TIMIMI et al. (2011) it was noted that many individuals on the autism spectrum considered themselves as being variations within the general human population as opposed to having a pathological condition.

Specific approaches which might facilitate the promotion of abilities in some areas might be used to enhance development in other spheres. The

approach which I used involving human figure drawings, facial features, small numerosities, arithmetic and other aspects of mathematics was aimed at facilitating the perception of people and numbers within a holistic context by emphasising the significance of particular and relevant details and their interconnections. As noted by MATTHEWS (1999) the drawing process is part of the child's complex repertoire for expression and representation. Communications are involved with associated emotions and intentions relating to real and imaginable entities. Additionally, CALLAGHAN (2008) emphasises how symbols are intentionally communicative. Also, aspects that are fundamental to the development of pictorial symbols are applicable to other symbolic systems. For a recent discussion concerning the development of representational and expressive drawing and their relationship, reference could be made to JOLLEY (2010). He highlights how often, drawing is considered a solitary activity. Also, the present author notes that this is true of mathematics although there will be some interactions in both spheres at various levels and in a variety of contexts.

Additionally, linking the two activities as I have encouraged via the approach presented here and promoting these activities, sometimes quite specifically in associated contexts within and outside of an educational environment in group situations as well as individually might help to facilitate social and emotional development. RUELLE (2007) highlights the extraordinary joy associated with mathematical understanding and discovery and he notes how mathematical research is a particularly individual activity. Also, he emphasises that although the mental activity connected with the creation of mathematics is related to some extent with that concerning the creation of art, there is a considerable difference between mathematical objects and the artistic objects found in literature, music or the visual arts.

As discussed by ZEKI (1999), the function of vision may be considered as a search for constancies in order to acquire knowledge concerning the world. From this perspective, the brain has the task of extracting essential and permanent aspects in the visual world and discarding redundant and changing information. Similarly, the function of art may be considered as an active process with the artist being selective in relation to constant, essential and enduring attributes and discarding unwanted informa-

tion. Then, the specifically acquired knowledge is available for generalisation in association with various items and situations. Grasping the essence of an idea tends to evoke a positive emotional response within the individual and this has been highlighted here particularly in the context of mathematics and art.

Furthermore, in an investigation by STAVRIDOU, KAKANA (2008) involving adolescents of both sexes aged 14 years, the researchers considered a selected group of cognitive abilities that they termed 'graphic abilities' with the defining aspects concerning visualisation and three dimensional thought originating in the area of visual-spatial intelligence and associated with visual perception and an ability in spatial representation. The findings indicated a high correlation between the performances in terms of the defined graphic abilities of these young people as well as their preferences concerning mathematics and science with the correlation being relatively higher in relation to mathematics although it was still significant in connection with science. Additionally, SCHWARTZ et al. (2005) presented research involving three studies suggesting that mathematics promoted the development of physical understanding of the balance scale in children aged 9-11 years. Hence, it was considered that symbolic experiences could be created to enhance the development of physical understanding. Certainly in the approach designed by the present author, the promotion of associations between the physical, graphic and symbolic aspects was fundamental to the design with the aim of enhancing development more broadly than in the specific areas given consideration.

In a contribution by VARMA, SCHWARTZ (2008) several brain regions were highlighted as being significant in relation to mathematical reasoning. In particular they noted the intraparietal sulcus (IPS), angular gyrus (AG), Broca's area/inferior frontal gyrus and Wernicke's area/posterior superior temporal gyrus (STG) as well as the fusiform gyrus (FG), medial temporal lobe/hippocampus (MTL), middle frontal gyrus (MFG) and the anterior cingulate cortex (ACC). Also, they emphasised how regions of the brain have shown activation in response to a variety of stimuli such as the fusiform gyrus in response to faces and other categories of visual stimuli although the level of activity might not have been to the same degree.

The discussion concerned two conceptualisations of the relationship between cognition and brain function. Specifically, the ‘area focus’ considered each cognitive competency to be produced by only one brain region whereas the ‘network focus’ offered an explanation of each cognitive competency as being produced via the collaborative processes of multiple sites in the brain. Studies have indicated neural activations in a variety of brain areas in response to different stimuli and in relation to other factors such as developmental stages and levels of competence. The complex approach comprising several different aspects and designed by the present author was aimed at the promotion of specific associations across various areas of cognition.

Additionally, in an fMRI investigation by BETTS, WILSON (2010) adults looked at synthetic facial stimuli which had been formed from digital photographs of emotionally neutral individual faces taken as viewed from the front. In relation to the findings concerning their fMRI adaptation data, the researchers considered that support was given for the encoding of facial stimuli by independent neuronal populations, within face-sensitive regions of the human occipito-temporal cortex, tuned to complete faces, internal facial features and global head shape. Also, the suggested location for the integration of facial features and head outlines into whole representations of the face concerned the fusiform face area (FFA). Furthermore, in connection with these neuronal populations their support was noted in relation to tasks involving viewpoint processing, classification of emotions and identity discrimination. As indicated in the approach developed by the present author and discussed in the current contribution, various combinations of schematic facial features were presented in the usual positions within the context of the outline of a head. The aim was to facilitate flexible attention and holistic processing in relation to facial stimuli and in association with small numerosities as well as aspects of interpersonal functioning within realistic everyday situations.

As highlighted by GOLDSTONE et al. (2008), one of the most significant applications of theories associated with grounded cognition relates to science and mathematics education. Here, primarily the goal is to develop knowledge and skills that are easily transferable to novel situations. They consider knowledge as not only in the extracted verbal or

formal description but concerning the perceptual interpretations and motoric interactions involved with a concrete scenario. While embodied experiences were considered to ground learning, there still remained the possibility and power of transference across contexts. Principles might be learnt in a grounded fashion that enabled their recognition in many concrete forms. It was considered that interpretations dependent on perspectives were capable of promoting transfer, where formalised strategies had been unsuccessful, by the education of flexible similarity within the individual. In this approach, transference occurred not via the application of a rule from a domain to a new one but by allowing the embodiment of the same principle to be seen in two scenarios. This notion is fundamental to the ideas developed by myself and the ensuing applications.

In the review and associated theoretical framework concerning memory in relation to the self with reference to the autism spectrum by LIND (2010), the multifaceted nature of memory is highlighted and the non-unitary quality of the self construct. Also, a suggested bidirectional relationship is emphasised between aspects of memory and self as well as consideration noted in respect of memory binding and the autism spectrum. The facilitation of aspects of memory in the context of the developing self in an interrelated fashion was intrinsic to the ideas fundamental to the overall technique and design created by the present author and discussed in this presentation.

Furthermore, in a study by MITCHELL, O'KEEFE (2008) adults, mostly male and some females with high functioning autism (HFA)/Asperger syndrome (AS) and verbal IQs within the normal range were compared with adults from a non-clinical population. The task required them to rate the extent to which they knew about six topics concerning self knowledge as well as how much a comparison individual possessed knowledge of these aspects about them. Participants who were on the autism spectrum assigned approximately the same amount of knowledge to the comparison individual as to themselves whereas the controls assigned relatively more knowledge to themselves as opposed to the comparison individual. Additionally, in an investigation by DRITSCHEL et al. (2010) adolescents, mostly male and some females, with HFA/AS were compared with typically developing control participants matched for chronological age, gender and IQ. They were assessed on how much

they knew in contrast to a comparison person about six aspects of their inner states. When compared with the controls, the HFA/AS participants judged the comparison person as possessing relatively more knowledge about themselves than they possessed. Hence, with consideration given to the study highlighted above by MITCHELL, O'KEEFE (2008) it was suggested that for those with HFA/AS, adolescents experienced greater difficulties with this aspect of self-knowledge than adults. In relation to the supportive program concerning the young participants discussed by the present author, various topics of self-knowledge arose during the sessions and issues associated with them might be discussed, sometimes after problematic encounters elsewhere.

Certain aspects considered in the approaches used with children in earlier studies contributed to the more comprehensive approach used with the children and adolescents in the following studies and discussed here. Expressive and representational abilities might be promoted in various areas as well as the possible facilitation or enhancement of hypothetical thought, intuition and representation of mental representations. The results presented in the investigations by LAWSON (2003, 2004, 2005a, b, 2008a, c, 2009, 2010) and considered here suggest that at least to some extent, positive changes in these abilities have occurred in relation to particular young people. As emphasised by BRONK (2009) in his discussion concerning romanticism and economics, imagination as well as reason are highly valued human attributes and a close association is required in relation to their functioning.

Also, as noted by GLIMCHER (2009) in his discussion concerning neuroscience, psychology and economic behaviour, the developing field of neuroeconomics, when there is a difference between economic and psychological utility, the psychological utilities that guide choice appear to be reflected in the neural architecture.

It has been indicated here, that certain individuals on the autism spectrum may have very strong reasoning abilities within specific contexts but their tendency to lack wisdom manifests itself clearly in social situations. Hence, some of those with ASD may be the recipients of markedly positive and negative reactions from other people. In relation to my own work, an intention has been to facilitate the development and more judicious application of knowledge within an interpersonal context for those experiencing social and communication difficulties. Overall, I have

tried to develop approaches from a specific perspective involving innovative and creative ideas as highlighted in being crucial to research in order to enhance progress concerning the autism spectrum by RUTTER (2005).

Ein dynamischer Ansatz zur Förderung intrapersoneller Entwicklung und interpersoneller Beziehungen bei jungen Patienten mit Störungen des autistischen Spektrums (Zusammenfassung)

In ihrem Forschungsansatz versucht die Autorin ein multimethodales Vorgehen bei der Untersuchung junger Patienten mit Störungen aus dem autistischen Spektrum zu verwenden, der auch ethische Aspekte berücksichtigt. Die Berücksichtigung verschiedener theoretischer Ansätze und Methoden in der Untersuchung der Kinder und Jugendlichen mit entwicklungsbedingten und erworbenen Einschränkungen soll eine breite Basis für ein ganzheitlicheres Verständnis liefern. Störungen aus dem autistischen Spektrum, wie das Asperger-Syndrom werden dabei nicht kategorial als spezifische abgrenzbare Störungen aufgefasst, sondern die einzelnen Einschränkungen in den kognitiven, sozialen und z. T. motorischen Fertigkeiten auf einem Kontinuum gesehen, dass die gesamte Bevölkerung umfasst.

In qualitativen Einzelfalluntersuchung werden als Methoden das klinische Interview, spezifische Tests, spezielle Materialien, Beobachtungen sowie Berichtsverläufe über die Probanden als auch Informationen der Eltern, von Betreuern und Behandlern aber auch Eltern und der der Betroffenen selbst eingesetzt und orientiert sich am „co-operative experimental inquiry“ von REASON, ROWAN (1981). Die Autorin versteht ihre Untersuchungen deshalb auch immer als Teil der individuellen Förderung der betroffenen Kinder und Jugendlichen.

Als theoretische Grundlage der Untersuchung dient die Hypothese, dass sich numerischer Systeme in unterschiedlichen Kulturen unter zu Hilfenahme von Körperteilen, z. B. der Finger, entwickelt haben. Hierbei wird auf die neurophysiologischen Arbeiten von BUTTERWORTH (1999) verwiesen, sowie auf die Untersuchungen von BADIAN (1983), die einen

Zusammenhang herstellen zwischen der Fähigkeit kleiner Kinder beim Figurenzeichnen präzise Details darzustellen und ihren späteren rechnerischen Fähigkeiten. Hierbei scheinen insbesondere das Weglassen der Nase aber auch eine falsche Anzahl der Finger in den Zeichnungen in Zusammenhang mit Dyskalkulie zu stehen. Frühere Untersuchungen von LAWSON (2000c, 2001a) zeigen, dass sowohl das Trainieren von korrekten Menschenzeichnungen positive Auswirkungen auf die Rechenfähigkeit hat als auch umgekehrt, sowie beides eine insgesamt positive Auswirkung auf die sozialen Fähigkeiten von Kindern und Jugendlichen mit Störungen aus dem autistischen Spektrum. Es wird auch auf die Ergebnisse weiterer Studien von LAWSON (2003, 2004, 2005b, 2008a, 2008c, 2009, 2010) verwiesen.

In der hier vorliegenden Untersuchung wurden sieben Kinder und Jugendliche aus der Primary und Secondary School als Teilnehmer ausgewählt, deren Menschzeichnungen dadurch auffielen, dass sie nur wenige Einzelmerkmale enthielten oder dass nur isolierte Einzelmerkmale, aber keine vollständigen Menschen gezeichnet wurden, sowie solche, die nur spezielle Charaktere v. a. in Cartoonform darstellten. Diese Teilnehmer zeigten auch alle verschiedenen Schwierigkeiten v. a. Dyspraxien, Aufmerksamkeitsdefizite oder Probleme mit Mathematik und wurden aufgrund ihrer spezifischen sozialen Probleme dem autistischen Störungsspektrum zugeordnet. Als Test- und Trainingsmaterialien wurden verwendet:

- Draw A Person: a quantitative scoring system (DAP): NAGLIERI (1988); man, woman, and self,
- Wechsler Objective Numerical Dimensions (WOND): RUST (1996); Mathematical Reasoning (MR) and Numerical Operations (NO),
- British Ability Scales II (BASII): ELLIOT et al. (1996); recall of digits: forward and backward,
- Wechsler Intelligence Scale for Children (3rd Ed. UK) (WISC-III UK): Wechsler (1992); picture completion,
- Wechsler Abbreviated Scale of Intelligence (WASI): Wechsler (1999); vocabulary, block design, similarities, and matrix reasoning,
- Children's Memory Scale: COHEN (1997); dot locations 1 and 2, faces 1 and 2,
- Social Skills Training with Children and Adolescents: SPENCE (1995); assessment of perception of emotion from facial expression

- Object Assembly Items: girl and face(male) WISC-R(UK): WECHSLER (1976),
- manikin, profile (female face) and hand: WAIS-R(UK): WECHSLER (1981); cards with dots or facial features: LAWSON (2001b).

Auf den Karten sind 1 bis 5 Punkte in verschiedenen, insgesamt 15 Anordnungen abgebildet. Darüber hinaus gibt es Karten auf denen schematische Gesichter dargestellt sind. Aufgabe ist es, nach sehr kurzer Expositionszeit die richtige Anzahl an Punkten bzw. Gesichtsmerkmale zu benennen.

Mit jedem Teilnehmer wurden eine Test-, eine Übungs- sowie eine Nachuntersuchung durchgeführt, wobei die Trainingsphase jeweils in der Dauer und Häufigkeit an die Bedürfnisse der einzelnen Teilnehmer angepasst wurden, um eine möglichst optimale individuelle Förderung zu erzielen. Bei der Nachuntersuchung wurden den Teilnehmern nur solche Aufgaben gestellt, die sie in der Testphase nicht richtig bewältigen konnten. Die Testung fand in einem therapeutischen Rahmen statt.

Testphase

Die Teilnehmer wurden mit dem WOND, DAP, Picture Completion subtest (WISC-III UK), Test of Perception of Emotion from Facial Expression (Social Skill Training, SPENCE (1995)), Dot Locations and Faces subtest (Children's Memory Scale) und dem Recall of Digits Forward and Backward subtest (BAS II) untersucht. Darüber hinaus machten die Teilnehmer alle vier Subtests des WASI sowie die 'Cards with Dots or Facial Features'.

Trainingsphase

In der Trainingsphase wurde der Fokus auf die Details gerichtet, die die Teilnehmer im Mensch-Zeichen-Test ausgelassen hatten. Dies geschah durch gezieltes Fragen und Zeigen, so dass die Teilnehmer die fehlenden Merkmale benennen mussten. Ähnlich wurde mit Merkmalen bezüglich Proportion und Lage verfahren. Schließlich sollten die Testpersonen erneute Zeichnungen anfertigen.

Außerdem wurden die jungen Probanden mit den Dots-or-Facial-Karten trainiert. Die Präsentation wurde randomisiert. Geübt wurde Geschwindigkeit und Genauigkeit, solange bis alle Items schnell und korrekt richtig benannt werden konnten.

Nachuntersuchung

Diese fand für vier Probanden drei Wochen nach der letzten Trainingseinheit statt, nach fünf Wochen für einen weiteren Teilnehmer, ein weiterer einige Monate später. Ein Proband konnte nicht nachuntersucht werden. In der Zwischenzeit übten Lehrer und die Familien weiter mit ihnen.

In der Nachuntersuchung wurden die Teilnehmer wieder mit dem WOND, dem Picture Completion Subtest (WISC-II UK), dem Test of Perception of Emotional from Facial Expression (Social Skills Training, SPENCE), Recall of Digits Forward and Backward (BAS II) und dem DAP getestet.

Alle Teilnehmer zeigten signifikante Verbesserungen. Sie wurden zusätzlich sowohl zu Hause, als auch in der Schule mehr in künstlerische Aktivitäten eingebunden. Die Verlaufsbeobachtung in den folgenden Jahren zeigte, dass alle gute Lern- und Entwicklungsfortschritte machen konnten.

(Deutsche Zusammenfassung: Stefanie Zödl)

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A New Model of the Pathogenetic Psychotherapy: 'Analytical-Cathartic' Therapy

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Psychodynamic approach in Russian psychotherapy is presented by so called 'pathogenetic' psychotherapy, which was created on the basis of 'psychology of relationships' in the 1930ies by MIASISHCHEV as alternative to classical psychoanalysis. Another name is personality-oriented, reconstructive, psychotherapy. In many positions it approaches to ADLER, HORNEY, SULLIVAN. To improve effectiveness and shorten terms of cure the author worked out a new model of pathogenetic psychotherapy, 'analytical-cathartic', which combines causal and phenomenological approaches. The main method of pathogenetic psychotherapy 'talk-discussion' is complemented by experience 'hear and now'. In the process of psychogenetic analysis the conflict experiences of the patient are transferred from past to now with help of the technique called 'flashback'.

Keywords: psychoanalysis, pathogenetic psychotherapy, gestalt therapy, psychodrama, analytical-cathartic therapy

In 1939 Karen HORNEY published a well-known and sensational book 'New ways in psychoanalysis'. But perhaps not everyone has heard that in the same year 1939 in Russia (Soviet Union) there was created another alternative to classical psychoanalysis, the so-called pathogenetic psychotherapy. Its creator was an outstanding Russian physician and psychologist Vladimir MYASISHCHEV (1960). He developed a theory of personality, according to which the core of personality is a system of social relations of man, his/her relationship to the world, to others, to one-self. Neurosis is considered to be a psychogenic neurological and mental disorder, which appears as a result of disturbance of especially important (meaningful) personality relations. The system of relations develops in the course of the entire human life, but its foundations are laid down in childhood as a result of internalization of social relations, family relations first of all.

In accordance with this conception psychogenesis of neurosis is reduced to a number of positions.

Elements of the psychogenesis of neurosis:

1. situation and experiences specific to a particular patient, which affect especially meaningful relationships of his/her personality,
2. internal conflict arising from contradictory relationships, their incompatibility and confrontation with life's demands,
3. impossibility of a constructive solution of the conflict due to peculiarity of the personality structure,
4. affective working-through of a difficult situation and irrational, subjective way of resolving conflict, leading to disruption of the personality and neurotic disorders.

The aim of pathogenetic therapy is to recognize the internal conflict and to work it through. The ultimate goal is correction of disturbed relations, underlying the conflict.

In German literature a detailed description of the method of pathogenetic therapy is given by Wolf LAUTERBACH in his book 'Psychotherapie in der Sowjetunion' (1978). The book was republished by the English Pergamon Press in 1984.

From the psychodynamic point of view pathogenetic therapy was observed by I. ZIFERSTEIN, an American psychoanalyst who in the 1960s spent several months in the Bekhterev Institute, Leningrad, daily watching the psychotherapeutic treatment of several patients. He assessed the pathogenetic psychotherapy as a dynamic, explorative psychotherapy. The results were published in the United States in 1976 in the book 'Psychiatry and psychology in the USSR'. (ZIFERSTEIN 1976)

Indeed, the pathogenetic therapy is consistent with the basic characteristics of the psychodynamic approach, which is reflected in the recognition of the unconscious components of experience, of the patient's resistance to therapy and of the repetition of past experience in the therapist-patient relationships. Despite the incompatible theoretical foundations of psychoanalysis and pathogenetic psychotherapy, they share a common set of psychotherapeutic interventions, including emotional support, confrontation with the resistance and interpretation of neurotic behavior.

At the same time, the method of pathogenetic therapy differs from psychoanalysis in the disclosure of 'unconscious'. In terms of pathogenetic psychotherapy broadening of awareness is not based on direct analysis of the unconscious, but by means of finding in the mind of patient connections between fragmented perceptions, representations, and accurate verbalization of emotions and vague concepts.

In classical psychoanalysis when describing the method they isolate production of the material: free association, transference, resistance, dreams etc., and analysis of this material, the technique of which consists of four procedures: confrontation, clarification, interpretation, and working-through. The history of the patient does not serve as material for its direct analysis, but is revealed in its significant aspects in the process of psychotherapy indirectly through an interpretation of free association, resistance, transference etc.

In the pathogenetic psychotherapy, by contrast, the history of the patient's life serves as material for analysis, which is carried out in the form of 'conversation-discussion'. This form, practiced in the rational therapy by DUBOIS, involves the active cooperation of the patient in search for sources of his/her neurosis through reviewing one's biography from childhood.

According to the form of the method, 'conversation-discussion', pathogenetic therapy approaches to rational psychotherapy, but as concerns the contents of discussions. analysis of conflict relations. to psychodynamic psychotherapy.

Thus, the basic method of psychoanalysis is the interpretation of material directly related to the 'unconscious': free association, dreams, erroneous actions, resistance, transference. The basic method of pathogenetic therapy, confrontation and other methods of rational therapy, persuasion, Socratic dialogue, cognitive disputation, etc., is aimed at finding connections between fragmented in the patients' mind representations, verbalization of vague feelings and notions through analyzing a patient's life in the form of 'conversation-discussion'. Interpretation is used mainly as an additional method at the final stage of therapy, awareness of the conflict, if the need arises.

The model of short-term pathogenetic psychotherapy under discussion emerged as an attempt to create an integrative model of pathogenetic psychotherapy. Theoretical basing and practical work proved that the use of some technical procedures of Gestalt therapy intensifies considerably the therapeutic potentiality of pathogenetic psychotherapy. The point is, that Gestalt therapy, as well as pathogenetic psychotherapy are not aimed at the direct analysis of the unconscious, but at broadening the sphere of awareness through the verbalization of emotions and vague concepts in the situation here and now.

Gestalt therapists do not examine the past in search of memories of trauma, but only ask the patient to focus on awareness of their current experiences. PERLS believed that the fragments of past unresolved conflicts eventually make themselves felt as a part of this ongoing experience. When these unfinished situations occur, the patient experiences them anew in order to complete them and include into the present. Thus, even though Gestalt therapy is not a conflict-centered approach, however, the internal conflict is being resolved, since Gestalts, unfinished situations, derived from it are closed and destroyed.

Technique of the short-term pathogenetic psychotherapy

This technique combines two approaches: psychogenetic, causal, and phenomenological. This combination overcomes the disadvantages of both approaches. Pathogenetic analysis lacks the immediacy of experience, spontaneous expression and verbalization of feelings in the situation 'now'. Obvious preponderance of the logical-rational component over the emotionally-cathartic may be regarded as a relative shortcoming of pathogenetic therapy.

On the other hand phenomenological approach also is not perfect. PERLS is often reproached that he spent an inordinate attention to the experience at the expense of rationality. We see solution of this problem in the assimilation of some methods and techniques of Gestalt therapy in the system of pathogenetic therapy.

Which techniques are most relevant to the objectives of pathogenetic therapy? Most of the techniques of Gestalt therapy are 'exercises' designed to broadening of awareness (PERLS 1951). These exercises, or 'games', are not intended for awareness of the specific conflict relations, which the therapist, in close collaboration with the patient, reveal in the process of pathogenetic therapy. This is like a training of assertiveness, with the difference that a patient is not taught to self-confidence but ability to 'live in the present—here and now'. Using these techniques, clients learn to experience each 'now' and realize their each need, as well as how their feelings and behavior related to one area, are associated with feelings and behaviors related to other areas.

Our goal is not to teach to attention, but 'untie the tangle of contradictions', to disclose a neurotic conflict. With this purpose we apply

methods that include a variety of dramatic techniques, working with fantasy, imagination, dreams by resorting to 'empty chair'. While for PERLS "empty chair is a device for filling with characters and objects created in the imagination of the client" (1969, p. 224), we fill that chair with characters from the real life of the patient, characters involved in his/her neurotic conflict. And for us, 'Dialogues' are not playing polarities, abstracted from specific problems of the patient such as 'top-dog—underdog', but playing real conflict relations, revealed during psychogenetic analysis. Thus, no 'here and now', as in Gestalt therapy, but transfer from 'there and then' to the situation 'here and now'.

From the technical point of view realization of the principle of combination 'then' and 'now' is carried out by a method which we have called 'flashback'. Flashback is a technique used in cinematography that interrupts a narrative to repeat the event previously shown in a compressed form, e.g. childhood days of the hero. This technique refers to the unexpected re-traumatizing experience, accompanied by strong feelings.

We interrupt the patient's narrative, or rather a 'conversation-discussion', and suggest him/her to move from the past to the present complexes and conflicts that are not abreacted so that here and now in the process of direct experience to resolve them with the help of a therapist. It's still the same work to complete the unfinished situations, but in the pathogenetic therapy of those situations that are identified during psychogenetic analysis of neurosis.

Basic characteristics of the presented model of psychotherapy:

1. conflict-centered,
2. analytical-cathartic: combines the causal approach to the phenomenological,
3. predominant style, frustration-confrontational,
4. individual,
5. short-term.

As a result of assimilation of principles and certain techniques of Gestalt therapy, the method becomes more harmonious due to aligning the balance between logical-rational, and emotionally-cathartic components of psychogenetic analysis; rational awareness is complemented by emotional awareness, that leads to a significant shortening of individual therapy. This gives us grounds to consider the model under development as a

short-term model of pathogenetic therapy. To it can be applied the name of 'analytical-cathartic' psychotherapy. It does not set a task of profound restructuring of the relational system, restricting to awareness and working-through of the conflict in the process of individual therapy.

For comparison of the classical model of pathogenetic psychotherapy and the modern model presented here, we give two extracts from the clinical observation case.

1. Extract from a pathogenetic session held in the 70s by A. Ya. STRAUMIT, pupil of V. N. MYASISHCHEV.

Female patient T. diagnosis: neurasthenia with tachycardial syndrome and cardiophobia in the form of obsessional ideas. When admitted to the clinic, she denied her disease being connected with psychogeny and deemed that its principal cause was the flu that gave complications, aggravating hypertension. However, the held somatic examination did not confirm hypertension. At the same time, as a result of the psychogenetic analysis, it was established that, being a lonely elderly woman, she perceived the loneliness very gravely for many years. After the due clarification the patient agreed in general that she suffered not from hypertension, but from neurosis and that the latter could originate owing to this emotional experience. But her agreement was vague. At the same time she showed doubt: "Well, I can't grasp it: I have suffered from loneliness for a long time, but I was healthy. And I fell ill only after the flu". Then the following conversation took place.

The therapist: Two days ago you told me that at the moment of being ill with flu you were not able to call for the doctor without someone's help because of the physical weakness; you wanted to ask the neighbours to do it, but they were not at home.

The patient: Yes, it was exactly like this.

T: But neighbours, probably, were to come up soon?

P: That's just point, no. It was Sunday, and they had gone to the country. If they had had to return soon, I would not have been frightened.

T: And what were you scared of actually?

P: I was worried by my physical condition, of course. I had temperature, weakness, aching head ... Before that I had never had such heart-beat.

T: But you have just said that if the neighbours would have returned

quickly you would not have been frightened. It means, the poor physical state as such was an insufficient factor for a fright.

P: But this is comprehensible, after all. When one feels bad and has no one around and there is nobody to ask for help, one might feel double frightened.

T: I agree with you, but for many years you lived alone and got used to solitude, one might suppose?

P: I've got accustomed to it, certainly ... Though it is not very easy to get accustomed to it ... Then I recollected that the doctors found hypertension with me.

T: You recollected this at the moment of fright?

P: Yes, and this disease is progressing. Who knows what it may end in!? I not young ... Another two-three years, and I might get something like an infarction!

T: Did these thoughts come to your mind at the same moment as well?

P: Yes ... I recollect now that I imagined then myself dying, with no one, not a soul mate around ... I even started crying ...

T: It is still impossible to assume that it was this emotional experience, the extremely difficult situation of a lonely woman, not flu, that caused your disease?

P: I do not know ... Perhaps, you are right.

The distinctive features of this session, which is characteristic of the classical pathogenetic psychotherapy, is the confrontational style with appeal to logic, the analysis of concrete facts from the patient's real life, the use of elements of rational psychotherapy, in particular, of Socratic dialogue. 'Cautious interpretation' is used in the form of supposition.

2. My own observation: a fragment from work with client M., medical doctor by profession, with the use of technical devices 'now', in particular 'flashback'. Diagnosis: neurasthenia, asthenoneurotic syndrome.

The client was offered work with projections. As an object of identification, he chooses a 'tree'; when specifying, he calls himself a 'cedar'.

The client: I am a cedar. I have a branchy dense crown. The branches are interweaved, tangled. I have a strong trunk. I grow in solitude, apart from other trees. I have many precious fruits, nuts, on me. My fruits are very useful, they are needed by people, animals and birds. All of them!

The therapist: So, my fruits are extremely needed by and are useful for people!

C: Yes! But there are people who treat me in barbaric way. They are tempted by my fruits, and in order to get some cedar cones, they are ready to destroy me, to cut with saws and fall down! [speaks with indignation notes] All of them!

T.: What do you feel?

C: I am sweating ... It seems, I was speaking something important for myself. Everything that I said concerns me directly. I have not expected this.

T: Would you like to go further, to continue the monologue? Tell these people what you think about them, express your relation to them.

C: You are mean, vile types! You do not have anything sacred!

T: Look at them attentively. Can't you see a familiar face among them? Who is this?

C: [suddenly, with surprise, unexpected for himself.] This is my former boss! I was his subordinate several years ago!

T. [places a chair opposite C.] Here, opposite you, your boss is sitting. Tell him everything that has boiled in you.

C: [with a grimace of contempt, disgust on his face] You have made everything to crush me. You slandered, compromised me, tried to suppress me in every possible way. All this was because of envy to me. But you still failed. Although you pushed me aside, it proved to be formal ... People all the same went to consult me, they appreciated me as a specialist above you. All your mean tricks could not damage me ... None of them! [After a short pause] You love nobody, you bring misfortune to everyone. You made your wife unhappy. Everyone hates you. No one likes you.

T: Tell the boss what he envies.

C: You envy me. I have a family, children, and you have nothing. No one likes you. No one needs you.

T: Now take the boss's chair, reincarnate in his image and answer on his behalf.

C [Sits down imposingly, with confidence in the pose, talks with superiority notes]: I am not concerned at all what you are speaking about! I have always done will do what I want! I am not concerned about you. I always achieve what I need and I live they way I think proper. If someone hampers me I just remove him from my way.

T. Now return to your place and answer.

C [changes the seat, takes a pitiful protective pose again]: It is useless to talk with him, there's no way to change him!

T: On which chair did you feel yourself more comfortable?

C [points to the chair of the boss without hesitation]

T: Does not it seem strange to you? He envies you, but you feel more comfortable in its chair!?

C: But he is a boss, after all! [changes in face, as if he has gained some clarification]

T: What are you feeling?

C: Some confusion. It is necessary to figure it out ... I have told you a lot, something important ...

T. Try to treat responsibly what is happening inside you!

C: I envy him!

In the given example different elements of the method 'here and now' are combined: play of projections, work with imagination, dramatisation of feelings. The frustrational-confrontational style of the psychotherapist, without use of interpretations, helps to overcome the client's resistance and achieve comprehension of some aspects of the client's problems, in particular, the conflict in the sphere of achievements. The abundance of sexual symbolics with revealing of castration complex suggests sexual dysfunction, which was confirmed in the further analysis.

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