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Migration & Exile

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Issue 3

'Migration and Exile'

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This issue is organised into clinical, institutional and study-day sections. The contents below list contributors and article titles in the order in which they appear.

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Uncanny Inheritance: A Study of Transgenerational Trauma

EDITORIAL

The EFPP e-journal seeks to serve as a forum for the diverse psychoanalytic psychotherapy cultures represented across the EFPP Sections, supporting the further development of original ideas. Its structure reflects the EFPP's ongoing clinical and institutional activity, characterised by dialogue. Publication in various languages allows the journal to represent more accurately the nuances of communication and cultural variation in the communities where the work took place and the ideas emerged.

This third issue of the EFPP e-journal, devoted to 'Migration and Exile', brings together a wide range of thought-provoking contributions that explore the theme from clinical, institutional, and cultural perspectives.

In the **Clinical Section,** Blandine Bruyere and Lila Mitsoposlou-Sont contribute to the thematic sub-section on 'Migration and Exile' with a paper exploring the unconscious drivers of migratory processes and the role of violence in "*the history of individuals, as one of the factors, though not the only one, that drives people onto the paths of adventure, migration and expatriation."* The authors understand violence in relation to "*how the individual subject can be formed or come into being when part of the original group dynamics operates through the registers of violence, control and undifferentiation, in reference to primary narcissistic processes…"* For them, migration may actualise "*an experience of exclusion resulting from a repeated sense of alienation felt by the individual within the primary group but also within the social group…"* In this formulation, the migrant may leave a country of origin that was never fully experienced as their own. The authors examine various forms of migration to develop and test this hypothesis.

In the sub-section on **'Other Clinical Themes'**, Katarzyna Jarosz (EFPP Adult Section, Poland) presents *'Podróż'*, a paper that examines the psychotherapy of a complex case of psychosis through philosophical reflections on psychotherapy and the psychoanalytic understanding of patients. The contribution broadens the Clinical Section by bringing detailed clinical work into dialogue with wider questions about how psychoanalytic psychotherapy conceptualises severe disturbance and therapeutic encounter.

The **Institutional Section** is organised into three sub-sections: Online Delegates Meeting, National Networks, and Regulations. The **Online Delegates Meeting** sub-section features presentations by Taras Levin and Robi Friedman (EFPP Groups Section, Israel), both of whom consider how professional identity and psychoanalytic institutions can be sustained in the most extreme circumstances. Asking whether psychotherapy remains possible when the lives of both therapist and patient are at risk, Taras Levin reflects on the practice of psychoanalytic group psychotherapy in the context of the Ukrainian war, emphasising the role of institutional belonging and of psychoanalytic institutions as *"reflective spaces that preserve the capacity to think, relate, and sustain professional subjectivity under extreme pressure"*. Robi Friedman develops a complementary argument,

proposing that a sense of belonging to a group is essential for individuals and institutions to remain functional and for psychoanalytic work to continue.

The **National Networks** sub-section includes *'Conversaciones sobre Psicoterapia Psicoanalítica'* ('Conversations on Psychoanalytic Psychotherapy'), organised by the Federación Española de Psicoterapia Psicoanalítica (Spanish Federation of Psychoanalytic Psychotherapy). Ricardo Roveta (EFPP Adult Section, Spain), Antonio de la Plata (EFPP Adult Section, Spain), and Luisa Marugan (EFPP Child and Adolescent Section, Spain) approach the question of what psychoanalytic psychotherapy is from different perspectives. Antonio de la Plata defines psychotherapy as a profoundly human experience of relationship that gives meaning to emotional life. From a child and adolescent psychotherapy perspective, Luisa Marugan considers intergenerational issues, emphasising that the voices of the parents are always present in the voice of the child. Child and adolescent psychotherapy is presented as a therapy that works with the discourse of the parents within the discourse of the child, facilitating the development of the child's own voice. Ricardo Roveta advances the idea that *"there is no psychoanalytic clinic without ethics"*, grounding this claim in Freud's 1911 advice to doctors on the analyst's stance, free association, transference, and the work of the unconscious. Ricardo Roveta uses the case of Emmy von N. to exemplify his argument, showing both what psychoanalysis moved away from, namely hypnosis, and what later came to define it: shifts in the therapist's position in relation to the patient and treatment, through which work on the unconscious became possible.

The **National Networks** sub-section also includes a contribution from the Italian Network. Gianfranco Buonfiglio (EFPP Groups Section, Italy) reflects on the work of the Large Group as a space in which hope can be generated or restored through the mirroring of society at large and the direct emergence of political and power dynamics within the group. His contribution connects with the reflections of Taras Levin and Robi Friedman by emphasising the importance of group belonging as a resource for survival and continuity in adverse contexts.

The sub-section on **Regulations** offers accounts of the history and current state of psychotherapy regulation in four national contexts: Sweden, by Pia Litzell Berg (EFPP Adult Section, Sweden); Bulgaria, by Gergana Dalova (EFPP Adult Section, Bulgaria) and Stefka Chincheva; the United Kingdom, by Hansjorg Messner (EFPP Group Section, UK); and Italy, by Anna Molli (EFPP Adult Section, Italy).

The **EFPP Study Days Section** presents work from the Group Section Study Day held on 29th March 2026. Uri Levin's paper, *'Beyond the Couch: On the Transformative Potential of Group Psychotherapy'*, explores the exponential effect of group psychotherapy in contrast to individual psychotherapy. Tove Mathiesen's discussion focuses on models of processes of change in group analysis, while emphasising that an understanding of how groups work requires the experience of participating in group analysis. In his discussion of Uri Levin's paper, Eugenijus Laurinaitis refers to the concept of the 'anti-group' as the antithesis of the group's powerful therapeutic impact.

This section also includes presentations from the Adult Section Study Day held on 8th May 2026. Roni Alfandary's paper, *'Finding Hope and Creativity during the Uncanny Times of War and Trauma', explores* the impact of war trauma and the intergenerational transmission of Holocaust memory on Israeli society. The paper affirms the role of psychotherapy in mourning, witnessing, and, to some extent, transforming extreme and complex trauma. Alix Vann-Nicollier's discussion begins from the idea that, when trauma cannot be represented, the individual searches for someone who can hear, contain, and transform it. She proposes that a good internal object can fulfil this function, and considers projective identification, resilience, and intergenerational transmission as key concepts for understanding trauma. In her discussion of Roni Alfandary's paper, Effie Lignos uses the concepts of projective identification and Bion's hyperbole to understand trauma. She refers to the communicative function of projective identification and to what happens when this function becomes dysfunctional, leading to miscommunication and misattribution between what is projected and the therapist as recipient. She also draws on Bion's concept of hyperbole to consider how mentally overwhelming emotion and its evacuation are intertwined.

Migrants / Expatriates: a dialogue on perspectives that are not so different after all

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Introduction

Today, as in other periods of history, men and women, young and old, from different social backgrounds, seek elsewhere what they cannot find where they were born. For a variety of reasons, they move, rejecting the fate that awaits them, or seeking better living conditions. Political, economic, social, family or even cultural violence in their place of origin drives people onto the roads of exile. They are then labelled refugees, migrants, illegal immigrants or expatriates, depending on the legal category into which the host or transit states classify them. They thus attempt to resolve all manner of problems associated with the reasons for their departure, and face the many obstacles encountered by those who, one day, decide to leave the places where they were born.

Migration theory seeks to explain why migrants and their families, whether consciously or not, enter into a mutually beneficial contractual arrangement that excludes one party (the migrant), and identifies the conditions under which the contract applies. Migration entails both a financial cost and a psychological cost. The organisation and arrangements for departure highlight these dimensions. And just as we often speak of the financial benefits of migration, it is also possible to discuss the psychological benefits of this process. So, let us explore 'what drives people to leave'. We agree that not everyone within the same family or the same region migrates, even if we can agree that the departure of one person may lead and facilitate others to follow the same path; this reason does not seem to us to be sufficient to understand migratory processes and, above all, the pre-migration intrapsychic and intersubjective, individual and group dynamics.

Demographic, sociological, economic, and anthropological studies provide us with extensive insight into the mechanics of migration and its effects on these social spaces. But what of a psychological interpretation? In this globalised world, where migrants from the North are expatriates and those from the South are migrants, how might we conceptualise the inherent aspect for each: the need to move to survive, and the need to relocate to develop?

This reflection aims to shed light on certain unconscious aspects of migratory processes, linked more to their archaic dimensions, particularly regarding the place of violence in the history of individuals, as one of the factors, though not the only one, that drives people onto the paths of adventure, migration and expatriation. The focus here is not on violence suffered during the journey or upon arrival, but rather on examining how the individual subject can be formed or come into being when part of the original group dynamics operates through the registers of violence, control and undifferentiation, in reference to primary narcissistic processes. Might migration not only be a means of acting out an experience of exclusion resulting from a repeated sense of alienation felt by the individual within the primary group but also within the social group?

From collective violence to the internal instinctual drives that compel one to leave, the recurrence of a conjunction of dynamics (intra-familial, intersubjective and intrapsychic) and their outcome in migration are very important. Whether the violence is of a political-social or psychological nature, it takes the form of a tyrannical, murderous superego, perhaps even an archaic, all-powerful imago. A deadly, murderous dependency, impossible to resolve other than through a rupture, with the illusion of access to sufficient differentiation that would put an end to the repetition.

We can note that this recurrence centred on the lack of attunement between mother and child, a manifestation of unmetaphorised violence. The child is placed in a situation of danger, exposed. Fantasies of murder circulate and even underpin the relationship. Traumatic distress in the child could thus be at the root of the migratory experience. And this sense of 'distress' would, mirroring the original distress, be the primary reaction to the traumatic experience of migration, a sign of the failure of the subject's capacity for containment. Thus, from the grip of control and its destinies to the workings of differences within primary groups, the aim is to put this analysis into practice by comparing it with other forms of migration. Identifying differences and similarities with other types of migration, from a psychological perspective, allows us to gain a more comprehensive understanding. By observing this migration that dare not speak its name — expatriation — I am attempting to shed further light on the psychological dynamics at work in what drives people to leave.

Violence in the place of origin

Considering the meta-elements mentioned earlier, we might formulate the hypothesis that migration, whether forced or voluntary, is nonetheless an expression of a form of unresolved (or unresolvable?) violence in the place of origin. Several avenues can then be explored. The first one is to examine in greater depth would allow us to view contextual violence as manifestations or repetitions of the difficulties in integrating or processing fundamental violence, in the sense used by Bergeret, within the family group. The difficulty in integrating fundamental violence would lie at the heart of the unconscious motivations for setting out on adventures and for migration. This failure in integration would have a singular effect on the processes of differentiation, which could only be conceived in terms of the fantasy of the primal murder. Thus, migration would represent a possible way out, through enactment, a recourse to action, which could enable elaboration through the crossing of real and symbolic boundaries. This crossing would lead to a form of self-generation which would spare the subject—and above all their primary group—the elaboration of fundamental violence, but also the processes of separation and differentiation.

The work of Bergeret regarding fundamental violence proposes extremely interesting ways to think. Fundamental violence centres on an effort to construct a primary narcissistic identity, the principal 'object' of which remains the subject itself, the 'external' object being still only in the process of individualisation; the status and fate of the external object are of only secondary importance in the primitive violent process. Fundamental violence is concerned above all with the subject, with its preservation and survival. The fate consequently reserved for the object is of little concern to the subject; no emotional ambivalence is perceived in fundamental violence. Bergeret draws on an interpretation of the Oedipus myth, focusing, in particular, on maternal imagos.

As a reminder, the Oracle of Delphi foretells to Jocasta and Laius that their unborn child will kill them. In response to the oracle, the young parents decide to dispose of the child. Oedipus, whom Jocasta wished dead, is ultimately placed in a basket and set out for the wild beasts, by decision of Laius, who does not inform Jocasta of this. We then learn that Oedipus is taken in and saved.

It is therefore forced exile that saves Oedipus from certain death, from a situation where his parents could find no other way out of the foretold murder.

Later, the young Oedipus, setting out on the road after learning of the oracle's prophecy and wishing to prevent its fulfilment against those who are his adoptive parents, encounters the Sphinx, who poses the riddle that allows him to return to the place of his origins, where, at a bend in the road, he kills the man whose name he does not know—his father.

We note that in many cultures, demonic, frightening mythical figures are female. And we know that theories of the soul, and its dysfunctions, are based on myths, and that the invocation of symbols allows a return to balance.

In the Oedipal myth, it is Jocasta herself who initiates this violent exclusion of the child for the sake of self-preservation. Thus, Oedipus's parents believe they have escaped their own child's murderous impulses and are certain they have forestalled his intentions to kill them. Once eliminated, the child is no longer a threat.

We now draw on the work of Vacheret to argue that social or relational violence has its origins in the violence experienced by children at the hands of adults who are unable to transform it into play. What cannot be expressed through play and cannot be achieved through the bond, and the imagination eventually finds expression in reality, through action and acting out. From the parent-child relationship that my migrant or expatriate patients all describe, arises the idea that the parent is neglectful or abusive. The relationship to this form of violence manifests in each individual as an ambivalence between clinging to and remaining within the prevailing lack of differentiation or being rejected and excluded from the primary group. For each individual, the first encounter with the group is the moment of birth, the first exile, and the moment of arrival into a group that is already there. The internal dynamics of this group will support the formation of the psychic apparatus, through the interplay of investments and identifications. Every newborn enters the world simultaneously into the realm of the psyche, into society, and into the succession of generations. They are born into a group and are destined to become a member of it, bearing a mission that entails several obligations. The primary one is to contribute to the continuity of the group and successive generations, in the manner assigned to them, under the terms of a contract governed by the narcissistic economy. The contract defines the newborn's psychological status as that of a member of the group.

Kaës discusses the psychological trauma induced by being placed within a group. Indeed, the group situation places each individual before a multitude of unknown, unidentified objects; the crisis arises from the 'violent encounter' between an excess of foreign objects and the ego. If the child inflicts violence upon the parents by virtue of its very existence (the couple becomes a group), through its presence and its demands for survival; its dependence and presence compel the actualisation of differentiation processes. The child is the intruder who threatens the balance—sometimes precarious—of the couple, of the group that welcomes it.

The intrafamilial relationship, marked by survival mechanisms, does not allow for the play necessary to work through the fundamental violence. Exclusion signals murder: of the parents by the child, of the child by the parents.

Such is the case in the Oedipal myth, which begins with the sacrifice of the child, which Oedipus survives, and which leads him, over time and on his travels, to a form of return to an alienating origin. Exile appears in the Oedipal myth as a response to fundamental violence. What sometimes resembles a movement of self-exclusion follows repeated experiences of rejection and violence.

Migration signifies the impossibility of any outcome other than the enactment of exclusion, and sometimes of murder, at least in its fantasised dimension. Faced with this impossibility to bring into conflict or symbolise, avoidance and distancing become a necessary defence.

In this type of family dynamic, we witness an attempt at unification and the reduction of conflicts through splitting and the projection of the bad object. The mechanisms of control serve to maintain, through undifferentiation, the unity of the group. Differentiation is called into question by default. Violence, even murder, points to a mode of separation/exclusion that seems inherent to migratory processes. Migration, as an attempt to resolve inter- and trans-subjective conflicts, signals a fragility of the psychic structures. Let us not forget, as our clinical practice often demonstrates, that voluntary isolation and distancing oneself from others constitute the most immediate protective measure against the suffering arising from human contact, even the most archaic forms. Migration thus signifies an attempt at elaboration through the enactment of processes of differentiation.

Observations

Expatriate communities here or elsewhere share certain similarities with other migrant communities: in situations of migration, groups form and alliances are forged through identification with one another among strangers. These communities are further divided into professional circles (humanitarian workers, civil servants) and according to regions of origin or languages (Europe, Africa, the Middle East – French-speaking, English-speaking, etc.). Rather defensive behaviours can be observed in expatriate professional circles: some cling very pragmatically to their work, carefully avoiding engagement with the host country. Such behaviours serve to contain the paradoxical movements of distress and aggression. Being an expatriate in contexts of crisis or war also means being exposed to extreme experiences, to widespread suffering, to destruction, and to the manifold losses of a society that 'welcomes' these foreigners, who have 'sacrificed their personal lives to come and save them'.

There is a strong temptation for these groups to define themselves – and to be defined – in terms that exclude any other form of belonging to other groups. Among these foreigners (migrants, expatriates, students, etc.), the relationship with the host society, but also with the homeland, takes various forms, and their discourse on the matter is often tinged with great ambivalence regarding what it means to 'be there', beyond and beneath the social discourse.

It sometimes happens, then, that the encounter between foreigners and the host country takes place only through the violence of a difference that is too insurmountable, of an otherness that is too radical. Whether the destination is chosen or not, this violence compels us to examine the ways in which the major differences that structure psychic life are integrated. If cultural difference is the third structuring difference of psychic life, it then appears to resonate with the first: the Self/non-Self difference.

We are witnessing a return to patterns of endogamous alliances by default, or, conversely, a form of counterinvestment taking the guise of adherence to the codes of the host culture, in a false self which may, moreover, lead to exogamous alliances.

Migration / expatriation: a quest for self amidst the pain of repetition

During and after the move to a new country, during and after this transition, the individual finds themselves caught between two social and psychological spaces. Processes of disengagement and re-engagement will take place in the realm of the organisation of identifications, ideals, body image and defence mechanisms. Anxiety, depression, and the possible emergence of psychopathological, somatic and relational symptoms are inevitable when the individual fails to encounter new groups

that enable them to find a new support system. As Le Roy (2001) points out, the sense of having an identity requires the development and existence of an internal psychological structure within the individual. Arrival in a new culture, the loss of reference systems and representations, as well as the process of learning a new language, can also be a source of suffering. *"The individual will have to undergo a transcultural transition that will be perceived as both a loss and an opportunity to reconfigure their identity"* (ibid.). In the clinical context of exile, the migrant is confronted with the question of the possibility of transforming themselves whilst maintaining a sense of continuity to represent, reflect upon and subjectivise themselves. As Afnaïm et al. (2018) put it, *"How can they transform themselves within a new culture without abandoning their original representations, so as to be themselves elsewhere?"*

Benslama (2009) suggests viewing the term 'exile' as the word which, in the French language, allows us to account for what it entails as an experience of displacement with subjective and identity-related implications. It is an experience of being 'outside a place'; the author indeed refers to the etymology of the term 'exile': ex: outside, il: place. For Segers (2009), exile is always a departure that signifies a refusal; it is *"a migration of rupture: a refusal of poverty, a refusal of violence, of a political regime, an escape from a family situation. Exile is always defined by the loss of a place of residence; it is a break with that which has left no trace."* The time of exile is a suspended time, subject to the administrative realities of the host country. Pestre and Benslama (2011) describe this time of exile as a "state of territorial and psychological non-place", a period of limbo, of waiting for a place to settle and anchor oneself, which allows one to forge bonds within oneself and with the outside world. This disconnect between the subject's inner world and external reality, compounded by the effects of trauma, leads to a state of significant psychological vulnerability for the subject in exile, sometimes resulting in a loss of geographical, temporal and cultural bearings. Nassikas (2011), for his part, suggests examining the dual process at play for the subject (he) in any migratory experience by referring to what the subject leaves behind (geographically but also in terms of their cultural identity) in order to move towards a new 'he'. There would be a 'new self' and an 'ex-self'. This new 'self' is constructed 'in the stammering of the cultural language of the new country'.

For Nassikas, *"what matters is the emigrant's ability to navigate between translations (…), what matters is the internal continuity between the 'old self', which may continue to be present through its transformations, and the new 'self' that the adopted culture and language gradually shape"*. According to him, exile is not merely the act of moving from one country to another, of being far from home and suffering as a result, *"but exile is that experience through which a man or woman, by moving, upends their relationship with the world as an existing being to the point of losing the connection to the 'there' of their being—there—and of passing on that loss to the next generation."* The exiled individual faces multiple losses: their family, their social and professional status, their economic resources, their culture and, often, their language. It is also, as Nathan (1988) puts it, the loss of an environment, of the *"envelope of places, sounds, smells, sensations… which constitute the first imprints upon which the coding of psychic functioning was established"*. It is an entire sensory and emotional world—that of childhood—which the individual leaves behind and from which they cannot escape. All these separations and ruptures, which affect the individual's symbolic world, can in some cases lead to what Sturm (2022) calls 'a subjective drama'.

For psychoanalysts such as Janin or Lebigot (2011), drawing on Freudian theories, trauma is the subject's confrontation with the emergence in external reality of an event that threatens their physical and/or psychological integrity. For the subject, this involves an overflow of the defence mechanism and a psychological breach; this overflow disrupts the subject's psychological capacity to psychologically integrate the experienced event, sometimes leading them to dissociate in an attempt at psychological survival.

Charaoui (2023), drawing on Bessolles, discusses situations where the subject is confronted with extreme trauma, citing in particular violence suffered on the grounds of ethnic, cultural or religious

affiliation, attacks on social bonds, collective violence, political violence, torture... and specifies that what is destroyed or attacked goes beyond the individual subject and also lies on the symbolic level in a form of destruction of 'sociocultural containers'. Such violence excludes the subject, dehumanises them, and places them 'outside of time and the world'. Maldiney wrote (1991): *"A man who loses his footing in a world he no longer recognises as a world because he no longer recognises himself in it—threatened as he is by the presence of another, a stranger, in his own home. He has simultaneously ceased to be in the world and to be himself."*

Let us recall, with Aulagnier, that the primary mission of the psychic life is to provide an interpretation of what happens to it, such that it maintains its future as investable and desirable. Curiosity towards the other, towards other cultures, thus supports this mission of the psychic life, giving it meaning. The epistemophilic drive, as a more secondary extension of the scopic drive and the drive for control, is, like its predecessors, a manifestation of the need to know, to understand (see Id), to master the surrounding world. The intellect writes Ferenczi, arises from suffering: not just any suffering, but traumatic suffering. It constitutes itself as a secondary phenomenon and an attempt to compensate for complete psychic paralysis.

Freud developed the concept of the death drive from a specific clinical case, that of the compulsion to repeat. Each subject finds themselves caught up in a multifaceted form of repetition. In the turmoil that drives them to leave the sites of suffering to escape its grip, they find themselves re-enacting the traumatic scenes elsewhere, in an attempt at symbolisation.

Dérivois (2006) refers to the 'traumatic drive' as a set of forces that compel one to revisit the psychological sites of the crime, to place oneself once again in danger, in a vulnerable position, in order to reclaim the process for oneself, to act out what one has endured, and to relocate the traumatic zone of the psyche in various guises. Topical displacement allows for repetition that sustains an illusion of difference.

Leave or die: what the anarchist drive reveals

Zaltzman's anarchist drive sheds some light on these often disorganised movements in the face of destructiveness and death. It thus shows how, in a context of deprivation and paralysing domination, the subject's vital protest – sometimes at the cost of risky behaviour – constitutes the only recourse for preserving a minimum of psychological continuity.

Zaltzman shows that a collective confrontation with the prospect of death can, in certain circumstances (insurrections, uprisings, resistance), produce an emancipatory force: subjects 'braving the danger of death' set themselves in motion and turn the death drive against itself. The anarchist drive emerges precisely in situations of 'acute precariousness' or 'extreme experiences' where the subject's guarantees of unity and survival are shattered (extreme deprivation, totalitarian control, direct threat of death). Although Zaltsman draws on collective experiences, I hypothesise that more intimate experiences often produce similar effects.

In these situations, a current of the death drive paradoxically serves life, by mobilising a libertarian impulse that enables resistance, a break with that which destroys, and the invention of another subjective position. The anarchist drive, as the driving force behind humanitarian workers' decision to go into exile, bears witness both to a vital force and to something unthinkable.

To sacrifice oneself / to be sacrificed

The Oedipal myth begins with the sacrifice of the child for the parents' survival; the journey into life begins with an imaginary murder, an exclusion, an exile, which leads the individual, on the road, to a form of return to an alienating origin. Towards the end of his life, self-sacrifice seems,

for Oedipus, to be the means of regaining a state of repose. The sacrificial stance, beyond the masochistic element it implies points to the existence of a relationship with otherness. One sacrifices oneself only for another, for others; one is sacrificed by others.

Rosolato (2002) defines sacrifice as *"an act by which a subject, a group or an institution renounces a part of itself, of another or of an object, with the aim of preserving or restoring a threatened balance, often linked to an anxiety of loss or death"*. Here we hear the echo between the scapegoat function within groups and the experience of embodying a persecutory difference for the primary group, as described by migrants and expatriates. As the repository of the group's dark aspects, through the interplay of a persecutory difference within the group, this 'bad object' function must be excluded from the group to enable the group to maintain its cohesion.

"Sacrifices support sublimations, utilise guilt, and channel drives." Sacrifice appears as an attempt to master the anxiety of loss and death by offering something (or someone) to avert a psychological catastrophe. This sacrificial logic can be individual or collective.

Rosolato associates sacrifice with an archaic defence mechanism that allows internal violence to be externalised; by sacrificing (symbolically or concretely) a part of oneself or an external object, the subject avoids confronting their own destructiveness. But it also helps to restore a narcissistic balance: sacrifice creates the illusion of control over death and loss.

Thus, sacrifice implies a relationship of control: the sacrificer exercises power over the sacrificed object yet is also dependent on that object to maintain their psychological equilibrium. It therefore contains a paradox in that sacrifice is simultaneously an act of domination and submission. Finally, sacrifice is linked to a fantasy of reparation. One must atone for a fault and attempt to repair an object damaged by violent psychic forces.

Rosolato takes up the Freudian idea that sacrifice is a sublimation of primitive violence. The function of sacrifice is then to divert this violence, or threat to the group, onto a victim, a scapegoat who channels it. It is in this sense that violence is foundational.

Violence (or the death drive) is diverted towards an external object rather than turning against oneself or another. If violence is not symbolised, sacrifice can become a scene in which trauma is re-enacted. Through sacrifice, the subject re-enacts a dynamic in which they are either the one making the sacrifice or the victim. The tendencies towards self-exclusion that we can identify in our migrant/expatriate patients seem to me to bear witness to a sacrificial process circulating at the point of origin, within primary groups. Rosolato extends his analysis to institutions, which often use sacrifice to maintain their cohesion: NGOs, like religions or states, ask their members to 'sacrifice' part of themselves (freedom, personal desires) for the common good. Within the institutional dynamics of NGOs, the identification of a scapegoat and their exclusion are recurring patterns, sustaining the illusion of maintaining group-team cohesion in the face of what struggles to establish itself as a common framework, in contexts of fragile meta-frameworks and attacks on social organisers.

One story among many

Akila was working as an expatriate in an international organisation when I met her. She is being mistreated by her superior, who demands ever more of her. She cannot set boundaries with him. She feels exhausted. Speaking to him risks being perceived as underperforming and being dismissed, at a time when the organisation is going through an unprecedented financial crisis and staff cuts are under discussion. Akila is in her forties and comes from a country with strong patriarchal traditions that has endured a long ethnic and religious war. As a child, she wanted to join the special forces, 'to kill all those who threatened the peace'.

Coming from a modest family, she went abroad to study at university on a scholarship, to a country that could not be further removed from her own in every respect. Her older sister also lives abroad; only her mother has remained in the country. Family ties are formal and polite, but whenever they are mentioned, Akila struggles to contain her aggression. Her parents divorced when she was a pre-teen. After the divorce, life remained complicated: the men in her mother's family run everything. The war will end whilst Akila is already abroad. She has never felt she belonged in her country of origin; she has always felt different.

She speaks of her time studying abroad as an ideal place and time, where she found another family. She doesn't drink, doesn't smoke, doesn't socialise, and adheres to her country's traditional values. Yet, at the end of her studies, some fifteen years ago now, during a student party, she gave in to the temptation to drink, smoke and flirt. She woke up the next day next to a boy, with no memory of what might have happened. Since then, this episode has left a gap in her story.

Her associations lead her to recall family life before the divorce. She recounts that her father would sometimes 'force' her mother. She was terrified of this father, describing scenes of extreme control over the family that lead me to imagine a man who was highly paranoid, violent and intrusive. Her mother never left the children alone with him. Akila would not speak of it again afterwards. This period of study was, however, very difficult (depression, suicidal thoughts…) but Akila also says it was the best time of her life. Her friends from that time all came from the same part of the world as her. Just as today in her new country of exile. Akila seems to have been born in the country where she studied, in a process of self-creation: "Everything over there feels so much more like her!" Her true place of birth then becomes the place where, for the first time, she looked at herself as a stranger. Of her professional life as an expatriate, she recounts a succession of humanitarian missions and organisations. With each new mission, precariousness and danger (whether to her safety or health) were constant. This does not seem to leave a mark on her; she repeats the risk-taking, pushing beyond her limits without realising it, until she physically collapses. Nor do these breakdowns seem to present an opportunity to reflect, or to do things differently.

She spent more than three months on two separate occasions in hospital for various serious infections, but the feeling of unease persists even though the treatment has finished. She associates this unease with that episode of blackout at university and develops a fantasy of contagion (infection and other forms of internal damage) centred on the fragments of images and memories she still struggles to piece together. She spoke of this episode, only in veiled terms, to her 'adoptive father' from the country where she studied. The shame associated with that moment was too great to reveal anything, but above all: 'What could I say? I don't remember a thing!' She simply had her hymen checked; it was still intact. But she is still not reassured. During our meetings, what strikes me as a rift within Akila often gives me the impression that I cannot quite reach her. She is wary. I encounter her adult, intellectual and professional self, but her psychological and emotional life seems inaccessible, so much so that theDuring our sessions, what strikes me as a rift within Akila often leaves me feeling as though I cannot quite connect with her. She is wary. I encounter her adult, intellectual and professional self, but her inner and emotional life seems inaccessible, so much so that her social and cultural superego acts as a barrier. I catch snippets of her story here and there; I am the repository of the gaps, of the absence that I associate with the void in her history; I try to piece together the elements at hand… All sorts of hypotheses cross my mind, centred on her physical appearance – she has a physique we might describe as anorexic – the snippets of her story she shares timidly, and her position at work. Akila makes me experience the enigmatic. Yet she wishes to continue; something is happening for her, even though I ultimately have little idea of the role(s) I might play in this encounter.

Akila's childhood story, the way she navigates her migrations, bears witness to psychological mechanisms and elements that already resonate very closely with the stories gathered a few years ago from other migrants. Akila grew up in a country at war, in a family where the father is seen as tyrannical and the mother as an 'object' for the men of the family, whilst never feeling she had a place or belonged in that environment. For Akila, her studies were meant to enable her to 'serve' her country and countries like her own. Going on missions with various organisations, confronting war and mass suffering, is associated with the idea of leaving to save others, to heal and to repair.

Akila's story illustrates the dimension of repetition that allows us to examine the topical displacement, through migration/expatriation, of a quest for a place elsewhere, free from her own history of trauma, yet one that involves confronting the traumas of others. The sacrificial dimension is evident both in her choice of missions and in her stance towards her superior, as well as in her distant relationship with her family. The putting oneself in danger is repeated, in an endless quest, but does not seem to produce or introduce a sufficient difference for any resolution to follow.

In her movements of distancing and displacement, Akila seeks to fill the gaps, the absences of meaning in her history; she wants to know what happened to her, without succeeding (at least during the period in which I am seeing her). Along the way, she exposes herself, again and again, repeats, excludes herself, as a perpetual attempt to be in life by passing through death.

Similarities and differences: migrants / expatriates

Leaving, moving towards, would be an attempt at psychological survival through repetition, a necessity to create distance whilst simultaneously making a topical shift beyond the previously known boundaries of the self, in the hope of a reorganisation allowing access to more third-party forms of connection. Whether or not migration opens possibilities for elaboration, it is first and foremost a space for the repetition of the position of the intruder, the stranger. It is the manifestation of that which sets things in motion from the unconscious perspective, of that which transforms, but also of the channels through which these processes pass and the instinctual drive that sustains them.

From the death drive to the anarchic drive, from topical displacement to differentiation, these are all destinies signifying the painful work of historicization necessary for life so that the 'I' may come into being. This crossing of borders, often a pendulum swing for expatriates, could function as a space of transition. Migration/expatriation, as a crisis-inducing event, compels the subject, having lost their points of support, to reorganise. Consequently, the outcome of this period of crisis will undoubtedly depend both on the quality of the new points of support the subject experiences, and on their ability to link the different stages and movements of their journey. For migrants and expatriates, departure signifies dissatisfaction of the ego's drives regarding their narcissistic goal, but satisfaction regarding their goal of self-preservation.

Métraux (2011) suggests that we view migration as a metaphor for processes of symbolisation. Thus, the stages of migration represent the stages of maturation, and the journeys—which are also psychological for each individual—are both similar and different. I agree with him in part, for it seems to me that by considering the trajectories and journeys of certain migrants/expatriates, we can indeed identify the functions of these movements and the crossing of borders, much like elaborative functions; what unfolds in this scene of travel is something that cannot unfold in an intrapsychic manner. By linking the conscious and unconscious reasons for departure, as vectors

of these movements, we can then approach the analysis of what becomes fixed in the psyche for this group in a different way.

I shall supplement this proposal by noting that the enactment of geographical migration, it seems to me, precisely highlights a deficiency in the processes of symbolisation. Migration enacts the fantasy of self-generation and thereby signals the difficulties of the 'I' emerging within a group operating under the primacy of control and tyranny. The violence of bonds and affects shatters the subject, who must react to survive. Whether the violence that shatters the subject is intra-familial or has taken an institutional form, through the sense of injustice it provokes, it rekindles in the subject the infantile distress resulting from the experience of rejection and a lack of attunement. Indeed, the group-level, and sometimes social, dismantling of the psyche—which characterises the subjective state of a subject in a situation of social precariousness or migration—reactivates the states of psychological distress that accompany the infant's biological state of distress.

The subject feels endangered. Something strange in itself, unable to find a connection and plunging the subject into an insoluble conflict, becomes resolvable in the position of the stranger. The conflict subsides; external reality gives meaning and a place to this strange and foreign part, through this projection into reality and outside the group.

In current representations, the migrant (or expatriate) holds an identity assigned to difference. The migratory experience, as a long-term process, is not, on the level of being, a trivial or neutral undertaking from which one emerges unchanged; it profoundly alters the sense of identity; in other words, 'one does not migrate with impunity'. Exile is accompanied by the experience of being assigned the position of a strange object to the other. Actual, geographical displacement has come to replace the work of psychological displacement.

Thinking of what drives one to leave as a new birth, a fresh start, inevitably leads to positing the fantasy of self-generation as a possible resolution to conflicts that cannot be resolved through intrapsychic elaboration alone. It would seem that one must face the risks of death along the way (or in the countries of exile), survive in a hostile environment and tirelessly endure the position of being a stranger to hope to 'make it'.

Sometimes commuting migrants, often wanderers, 'expatriates' do not see themselves as migrants. They consider themselves 'legitimate and often indispensable' in their position as foreigners. Institutional discourse and the legal frameworks of expatriation speak of the sacrifice they are called upon to make, and the compensation offered is mainly financial – much like economic migration – but it introduces a sufficient distinction from the frameworks of migration for the individuals themselves to feel legitimised by this difference, and to carefully avoid, and sometimes even split off, the unconscious drives that prompted their departure.

In short

Whether the violence in the place of origin is of a political-social, intra-familial or psychological nature, it takes the form of a tyrannical superego authority, represented by an archaic, all-powerful imago, which exacerbates the lack of attunement, thereby causing vital distress. This experience of deadly, murderous dependence—impossible to resolve other than through rupture and sacrifice (murder, rejection or exclusion / self-exclusion)—drives the desire to distance oneself, with the illusion of an 'elsewhere' offering access to sufficient differentiation to put an end to the repetition.

Migration thus appears as an attempt or a means of satisfying the epistemophilic drive, in the face of the absence of a response. To leave is therefore to survive and to act in reality, something that cannot be achieved symbolically. Leaving bears witness to what is at stake in the threat to physical and/or psychological integrity, and to the resulting drive-driven agitation.

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Potentially personally identifiable information presented in this contribution that relates directly or indirectly to an individual or individuals, has been changed to disguise and safeguard the confidentiality, privacy and data protection right of those concerned, in accordance with the journal's anonymisation policy.

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„Z miastami jest jak ze snami: wszystko, co wyobrażalne, może się przyśnić,
ale nawet najbardziej zaskakujący sen jest rebusem,
który kryje w sobie pragnienie lub jego rewers - lęk.
Miasta, jak sny, są zbudowane z pragnień i lęków,
nawet jeśli wątek ich mowy jest utajony, zasady - absurdalne,
perspektywy - złudne, a każda rzecz kryje w sobie inną”[1].
Italo
Calvino

*Widzenie dwuoczne

Rozpoczynając rozmowę z drugą osobą w gabinecie psychoanalitycznym decyduję się na wspólną wyprawę, fascynującą podróż w ciekawe, odległe, nowe, ale czasami przerażające miejsca. Obszar, w którym się znajdziemy będzie jak odległy kraj z obcą kulturą, tradycją, religią, własną wyjątkową atmosferą, osobistym mikroklimatem. Zarazem przenosimy się w miejsca, gdzie czas nie biegnie linearnie, ale synchronicznie. Podobnie jak podczas zwykłych wypraw, dzięki dostępnym mediom zbierane wcześniej wiadomości są niezwykle obfite, już w trakcie podróży okazują się ubogie, zawierają jedynie schemat, mało dokładną mapę. Pacjent opowiada swoją historię, orientujemy się w materiale, rozpoznajemy wątki z literatury, teorii, jednak nadal błądzimy. W nowym kraju, gdy chcemy poznać jego atmosferę, musimy się w nim zgubić, zagubić i odnaleźć na nowo. Media i konsulaty uprzedzają, gdzie grożą nam niebezpieczeństwa różnego rodzaju, co rzadko ma miejsce podczas konsultacji z pacjentem. Wiedza uzyskana z mediów nie jest nasączona smakami i zapachami miejsc. Informacje z drugiej ręki nigdy nie przekazują tego, co zawiera powietrze, które wciągane nozdrzami przemieszcza się przez płuca, wypełnia przeponę, zasila organizm wprawiając w ruch mięśnie. Azot, tlen, dwutlenek węgla oraz inne składniki mają zapewne coś wspólnego z tym, jakie odbieramy wrażenia podczas oddychania w danym miejscu. Wpływa ono na to, jakich doznajemy wrażeń zmysłowych. Czujemy specyficzny zapach powietrza, gdy wysiadamy z pociągu lub samolotu w obcym kraju, otwierając okna w aucie na serpentynach miedzy wzgórzami, spacerując po górskich szlakach, czy też wzdłuż morskiego wybrzeża. Inny czujemy na skórze powiew wiatru, a także inną wilgotność. Różne doznania szumów tła sprawiają, że różnie słyszymy odmienne miejsca na ziemi. Nie tylko ludzki język, który słyszymy od przechodniów, ale dźwięki tła niosą znaczenia. Przywykliśmy nie widzieć powietrza, stało się oczywiste dla naszej ziemskiej codzienności. Dopiero jego brak dostarcza wyjątkowo przerażającego uczucia duszenia. Subtelna zmiana zapachu może nas zaskoczyć, a brak odczucia zapachu, dźwięku, wilgotności w powietrzu czy tekstury przedmiotów jest trudny do wyobrażenia. Wydaje się, że szybko zapełniamy braki, za pomocą wyobraźni, własnymi doświadczonymi wrażeniami ze wspomnień, które zwykle wkradają się niepostrzeżenie i nie sposób ich odróżnić od

1 Italo Calvino, *Niewidzialne miasta*, PIW 2023, s. 56

fantazji. Czas przeszły miesza się z teraźniejszym, ponieważ wrażenia zmysłowe zapisane w ciele są aktualne. Pustka w powietrzu, bez szumu tła, zbyt gładki obraz, brak ruchu w powietrzu nie jest czymś, czego byśmy chcieli doświadczać w codziennym życiu. Lubimy, żeby w tle był chociaż lekki wiaterek, śpiew ptaków, kształt budynków lub drzew w oddali. Człowiek nie przepada za pustką, lubi pewne dopasowanie; człowiek nie lubi się czuć zagubiony, lubi mieć kontrolę, orientację, wiedzę i rozpoznanie. Kiedy sztuczna inteligencja, postać komputerowa lub robot jest bardzo podobny do człowieka, spodziewamy się by również zachowywał się jak człowiek. Wydaje się, że zjawisko Doliny Niesamowitości[2] unaocznia jak potrzebne są te mikro ruchy, szumy, specyficzne ludzkie grymasy, które powodują, że coś jest odczuwalne jako ludzkie. Kiedy ich brakuje człowiek je wytworzy, dopełni, uzupełni. Nie lubimy niektórych zapachów, na przykład odpadków, jednak w obcym kraju dodają poczucia, że jesteśmy nadal na ziemi, a nie w kosmosie. Komary Tygrysie nadal są komarami, a ich ukąszenia czujemy znajomo i choć ich nie lubimy, choć są bolesne, to dodają poczucia, że to nadal ziemia, że to znajomy świat, ludzki, nie wirtualny, ani nie są to zaświaty. Gdy wybieramy się w podróż z pacjentem decydujemy się poznać odmienne doznania tła. Wchodzimy na ścieżkę w dżungli pełnej nieznanych zapachów, kształtów, faktur, dźwięków i smaków, ścieżka się rozwidla, czasem przestrzeń wygląda bardzo znajomo, a czasem zaskakuje nas swą odmiennością. Przeważnie spodziewamy się spotkać znajome elementy, jak w zwiedzanych nowych miastach: kościół, rynek, ratusz, apteka, sklepy, fryzjer i w okół domy mieszkańców. Niekiedy jednak po przejściu przedmieść wpadamy w wyrwę w chodniku i nagle znajdujemy się w kanałach, czasem wchodzimy tam powoli otwierając właz razem z pacjentem. Czasem już przy znaku z nazwą miasta spodziewamy się zgliszczy, widoków przypominających zdjęcia z Buczy, które poraziły oczy widzów. Wyobraźmy sobie, że jesteśmy turystami zaciekawionymi egzotyką nowego miejsca, jednak nie spodziewamy się lądowania na terenach, gdzie pozostały do zwiedzania już tylko zgliszcza. Miały być kwiaty i muzyka w nowym miejscu, a spotykamy biedę i brud; spodziewane przyjęcie przez tubylców odrzuca wrogimi spojrzeniami. Zaskoczenie, lęk, pragnienie, żeby cofnąć czas, wycofać się, wrócić na stary ląd, to uczucia, które zajmują wtedy miejsce ciekawości i ekscytacji. Łatwo wyobrazić sobie wtedy zwątpienie co do zgody danej pacjentowi by używał nas do woli. Intencją udostępnienia własnego terenu była integracja elementów, synteza percepcyjna, połączenie rozszczepionego. Nie cofamy się mimo lęku, dzięki przyjemnemu odczuciu płodności. Integracja nie jest jedynie prostym powiązaniem wrażeń, ale aktem twórczym. Wrażenia wszelkiego rodzaju wymagają integracji na zasadzie twórczej, jak pisze Maurice Merleau-Ponty:

„Dwa obrazy występujące w widzeniu podwójnym nie łączą się w jeden obraz przy widzeniu dwuocznym, bo jedność przedmiotu jest wszak **intencjonalna**. Ale (…) nie jest tym samym jednością pojęciową. Od widzenia podwójnego do jednego przedmiotu przechodzi się nie dzięki wglądowi umysłu, ale kiedy dwoje oczu przestaje funkcjonować każde na swój rachunek i kiedy są używane jako jeden narząd przez jedno spojrzenie”[3].

Kiedy dochodzi do integracji różnych narządów jest możliwy rozwój, płodność i twórczość, a także odczucie satysfakcji i przyjemności z nich. Intencjonalna, związana z pragnieniem i aktem

2 Pojęcie „Doliny niesamowitości” opisuje zjawisko wyraźnie zachodzącej zmiany postrzegania obiektu przez człowieka. Masahiro Mori, konstruktor robotów, w 1970 roku zaobserwował, że pozytywna reakcja ludzi na obiekty graficzne (animacje, rysunki) oraz roboty nagle zmienia się w uczucie nieprzyjemne, a nawet odrazę. Podoba się ludziom postać z kreskówki podobna do człowieka, jednak nie podoba się, kiedy jest zbyt podobna. Profesor Ayse Pinar Saygin wyjaśnił zjawisko oczekiwaniami, by robot podobny do człowieka wykonywał działania również podobne do ludzkich; brak spełnienia tych oczekiwań wywoływał dyskomfort. - źródło: Wikipedia

3 Maurice Merleau-Ponty Fenomenologia percepcji, s.253-254.

twórczym działalność tworzy jedność obiektu. Bez tej intencji, bez kierunku, a więc relacji pomiędzy dwojgiem, ich obecności nie ma twórczej integracji. Czasem jednak nie jest możliwe takie doświadczenie dwojga, ponieważ łączenie przeżywane bywa jako rozpad stanu poprzedniego, wtedy rozwój widzenia, odczuwania i myślenia zatrzymuje się na poziomie rejestru podwójnego obrazu, a cała posiadana energia musi być kierowana na utrzymanie tego rozszczepienia. Tworzona jest wyraźna i sztywna linia podziału między miastem naziemnym i miastem podziemnym. Opowieść o nim może być piękna, ale pod spodem tworzone są kanały o naturze wojennej, zagrożone napaścią, które zaminowane czekają na detonację. To tak, jak kraj mlekiem i miodem płynący zaminowany na granicach; albo kraj obiecujący bezpieczeństwo pod warunkiem, że jest się tubylcem; albo kraj, w którym nie ma ani jednego komara, zarazka, czy brudu, sterylny kraj, który wszystkie swoje odpadki ukrywa w podziemnych kanałach. Jest to taki kraj, który napada odmiennych mieszkańców, zwykłych ludzi, twierdząc, że są zagrożeniem na przykład z samego tylko powodu wyznawania innej religii. W takim świecie nikt nie chce zbliżać się do tej krawędzi, do granic, ponieważ nie ma żadnych pojemników, kontenerów, które pomagają by zachodzący rozkład brudu został przetworzony dla nowego życia. Tam nie ma recyklingu. Odpadki i wszelkie toksyny czekają na granicy by zaatakować przybysza. Tam nie ma „zielonej granicy", pasa, pola, albo przestrzeni dla cudzoziemców, uchodźców, by mieli okazję poznać nowe ziemie. Tam uchodźcy są od razu unicestwiani albo wypychani z powrotem za płot. W świecie podwójnym, gdzie trzeba zamknąć jedno oko otwierając drugie by zobaczyć jedną część i odwrotnie, nie działa funkcja alfa, a wtedy jest konieczne by oddzielić świat odpadków od świata sterylnie czystego. Pragnienia i potrzeby przetrwania są realizowane na zasadzie walki, rozszczepienia, ewakuacji, ponieważ nie ma miejsca na pojemnik, żeby doszło do recyklingu. Dopóki nie znajdzie się żywy organizm zdolny do widzenia dwuocznego, pozwalającego widzieć jeden zintegrowany obraz, „widzieć", to znaczy z ciekawością kierować wzrok na istniejący żywy obiekt, tak długo każdy nawet zapach pochodzący z podziemi, odczuwany jest jako zagrażający rozpadem i unicestwieniem. Ponieważ bez funkcji alfa nie ma przetworzenie elementów beta, to nie ma również ich zrozumienia. Nie jest wtedy możliwe rozpoznanie źródła wrażeń zmysłowych (tj. fenomenów), czyli orientacja w tym, która to rzecz może być ich źródłem (tj. noumenem). Utrzymywanie pracy umysłu na poziomie widzenia podwójnego tak, by móc zasłaniać ciągle jedno oko jest konieczne, ponieważ tylko tak można wszelki smród i brud umieścić poza własnym umysłem niezdolnym do przetworzenia go, czy choćby uznania konieczności jego znoszenia. Kiedy jest możliwy spacer po mieście, które odsłania swoje brudne zakamarki, ukryte skarby, archeologiczne znaleziska, wtedy poznajemy jego duszę, wspomnienia obecnych tam obrazów i sensów; to nas wzbogaca, możemy zataczać orbity kolejnych doświadczeń. Gdy jednak oglądamy miasto jedynie zza muru vipowskiego kurortu, nie widzimy obszarów zaniedbania, wtedy nie zataczamy orbit, nie uczymy się, a nasze trwanie jest jałowe. Widzenie podwójne to widzenie idealnych świętych, boskich mocy w odróżnieniu od grzesznych i brudnych ziemian; widzenie podwójne to również uprzedzenie wobec ludzi innych kultur, religii, ras czy orientacji płciowych; widzenie podwójne to również przypisywanie wszechwiedzy autorytetom, hipnotyzerom, czy superwizorom; ostatecznie też widzenie podwójne może skutkować widzeniem „obiektów dziwacznych", które Bion opisuje jako „*element beta plus ślady ego i superego*[4]". Widzenie podwójne to również poczucie pewności, że psychoterapeuta nigdy nie może ulec dekompensacji, w odróżnieniu od pacjenta. Tak skompensowany psychoterapeuta prawdopodobnie nie może ulec dekompensacji, ale również nie może widzieć dwuocznie i przesuwać się, przechylać, balansować integrując w swoim umyśle różnorodne doznania (być *border-on-line*[5]).

4 Bion, Uczenie się na podstawie doświadczenia, s.57

5 Pojęcie własne omówione w: „Border-on-line. Jak rozróżniać, a nie dzielić?": https://wunderblock.pl/autor/katarzyna-jarosz/

*** Dziwne rzeczy**

Na granicy kraju pana Jakuba strażnik przywitał mnie w języku chińskim. Nie byłam w stanie odróżnić słów, a odczyt liter na tablicach granicznych nie był pomocny. Zagubieniu towarzyszyła jednak ciekawość, a kolorowe znaki zapowiadały egzotyczną wyprawę w dżunglę. Ponieważ lubię naturalne i dzikie rejony, wyposażyłam się wcześniej w odpowiednie narzędzia. Byłam odważną nowicjuszką. Dotychczas zdarzało mi się jedynie zbłądzić w uliczkach europejskich miasteczek przypominających niejedno miasto w moim ojczystym kraju. Już na leśnych obrzeżach krainy pana Jakuba czułam nieprzyjemny zapach, który przypominał mi czas, kiedy pracowałam w szpitalu psychiatrycznym. Tam w murach, tu w dzikim lesie czułam się nieprzyjemnie, ale swojsko. Pamiętam, że zbliżając się do miasteczka psychiatrycznego, zbudowanego z daleka od oczu uważanych za zdrowe, czułam dreszcz niepokoju. To specyficzne uczucie pojawiało się już w drodze, nasilało przy bramach, jednak zupełnie zmieniało się w momencie przekroczenia drzwi szpitala. Po wejściu do środka miałam wrażenie przebywania za szybą, w pewnego rodzaju bańce, którą posiadali wszyscy pracownicy, każdy swoją. Podobnie, jak z panem Jakubem i tu czułam, że moja jest dość cienka, przenikalna, co umożliwiało bliższy kontakt z tłem tego miejsca, ale świadczyło jednocześnie też o mojej naiwnej odwadze. Szpital psychiatryczny zrobił na mnie wrażenie miejsca wyjałowionego z matczynego ciepła, jak druciana matka Harrego Harlow'a dla okrutnie doświadczonych przez niego rezusów. Jak sądzę, nie trzeba torturować zwierząt, żeby wiedzieć jaki wpływ na żywy organizm ma brak ciepłego kontaktu z drugim żywym organizmem. Eksperymenty Harlowa i tego podobne dobitnie udowodniły jak wiele okrucieństwa potrafi nosić w sobie człowiek. Matka zwierzęcia każdego gatunku potrafi zawierać w sobie zarówno potęgę miłości, jak i nienawiści. Tym bardziej przekonująca wydaje mi się teoria Empedoklesa, który opisał świat w ciągle trwającym procesie przemiany, łączenia i rozdzielania miłości i waśni. Zastanawiające są zatem szpitalne miejsca wyjałowione z miłości, ciepła, kontaktu, ciekawości, skoro mają za zadanie pomieścić w sobie osoby tak pozbawione tych zdolności do integracji doświadczeń. Zastanawiałam się więc, czy to miejsce samo w sobie jest wypełnione obrzydliwą, odpychającą trucizną, już przez sam brak miłości, czy to osoby tam przebywające tak je wypełniają zwaśnionym stanem rozszczepiennym?

Miasto pana Jakuba, opatrzone tabliczką z nazwą napisaną chińskimi krzaczkami, zdawało się mieć pewien specyficzny zapach, przypominający wrażenie spotkania z rozkręconą psychotycznie osobą w szpitalu psychiatrycznym, a miejsce mojego gabinetu wypełniało się podobną aurą, kiedy zaczął przychodzić. Wrażenie sztywności, dziwaczności ruchów, badawczego, podejrzliwego spojrzenia otoczone zaniedbaną cielesnością, to wrażenie pierwszego kontaktu. Ponieważ byłam niezwykle zaciekawiona egzotycznym miejscem, z ogromnym zapałem udostępniłam przestrzeń, by pan Jakub zaczął mnie oprowadzać po swoim wnętrzu. Jak przez kalkę na pustą przestrzeń wkleił swój świat. Będąc sama początkującą podróżniczką własne wrażenia uznawałam za jedynie możliwe fenomeny pana Jakuba, nie miałam zaufania do mojego rozpoznania, czy są one fenomenami jego noumenu. Obok lęku, który wypływał z wrażenia znajomego i rozpoznanego przeze mnie jako kontakt z psychotycznym rozpadem, towarzyszył mi niepokój przed pomyłką tego rozpoznania. Zastanawiałam się zatem co jest źródłem tych wrażeń. Czy te fenomeny, jako moje wrażenia, moje elementy beta, pochodzą z moich przesądów, czy też z noumenu pacjenta? Z tego powodu znalazłam kogoś, kto był znacznie bardziej doświadczony, z ogromną wiedzą i orientacją w przestrzeni miast, państw i kultur całego świata. Superwizor poprowadził mnie przez ścieżki dżungli, zbliżyliśmy się razem do centrum, gdzie ukazała się naszym oczom tubylcza miejscowość. Dopiero stojąc w samym środku, po roku odszyfrowywania znaków na trasie, uświadomiłam sobie, że przy granicy miasta, strażnik ostrzegł mnie o pewnym doświadczeniu z wczesnego dzieciństwa pana Jakuba. Nie pamiętałam o tym fakcie, jakby był zbyt trudny do pomyślenia i

pamiętania. Przypomniałam sobie w pewnym momencie superwizji, że jako bardzo małe dziecko pan Jakub walczył o życie, chorując wiele lat na białaczkę. Superwizor uznał moje zapomnienie za nieuwagę nowicjusza, upomniał mnie i opowiedział o innych przypadkach, podobnych do pana Jakuba, które zostały opisane w wielkich księgach. Przypomniał mi wiedzę i pomógł opisywać mojemu pacjentowi jego dżunglę wypełnioną smutkiem i lękiem przed śmiercią, a otoczoną zasiekami, które najprawdopodobniej zbudowała dla niego matka. Był to trafny opis jego ruin, pomieszania, wszechobecnego brudu, przerażenia i wszechogarniającej przytłaczającej niemocy. Kolejne lata wspólnej podróży z panem Jakubem pozwolił mu z większym spokojem opisać ścieżki, roślinność i szałasy, które zbudował, a także przetłumaczyć te opisy na mój rodzimy język. Zadowolenie towarzyszyło panu Jakubowi, który najwyraźniej czuł, że spacerując ze mną po swoim terenie nie był już tak jałowym miejscem. Zyskał moje spojrzenie, otwarte miejsce na jego wszystkie skojarzenia, a moja wolno płynąca uwaga poczuła się swobodniej na terenie tej zagadkowej przestrzeni. Sądziliśmy, że najtrudniejszy okres lęku przed zbliżeniem mamy za sobą i rozmawiamy teraz o depresyjnych przeżyciach pana Jakuba oraz trudnościach z przystosowaniem się do wymagań codziennego życia, by mógł czasem opuszczać swój teren i zapraszać gości do siebie. Superwizor zdawał się być również usatysfakcjonowany naszą wspólną podróżą, wraz z ciągle obecnym poczuciem trudu i ciężaru we współpracy między nami. Lęk przed pomyłką, co do rozpoznania moich własnych wrażeń podczas wycieczek z panem Jakubem, nie ustawał. Czyniłam opisy i interpretacje zgodne z zaleceniami superwizora i własnym przekonaniem ich prawdziwości, jednocześnie czując, że coś jest nie tak, że coś jest pomijane lub niedoceniane, a może nawet fałszywe. Coś mnie niepokoiło w pacjencie, miał w spojrzeniu rodzaj satysfakcji, jakby mnie zwiódł na manowce.

Pan Jakub był zafascynowany filozofią Böhmego oraz zaangażowany w tłumaczenie jego pism. Marzył o tym by zostać tłumaczem poezji i filozofii. Ponieważ był po studiach filologicznych jego marzenia zdawały się być możliwe do zrealizowania. Jednocześnie pracował na stanowiskach mało wymagających; wyrażał ogromną pogardę dla trudu związanego z codziennym życiem, a miłował się w byciu zaopiekowanym przez matkę i babcię mieszkające tuż obok. Inteligencja pozwalała mu rozpoznawać wyraźne korzyści z bycia chorym, depresyjnym i niezaradnym, o czym otwarcie opowiadał. Przywoływał również nieliczne historie dające znać o autentycznym lęku społecznym w sytuacjach kontaktów z klientami; martwił się czy utrzyma pracę. Pogarda dla przyziemnych spraw była jawna, jego uwielbienie posiłków u babci również, nienawiść do pijącego ojca zupełnie dostępnym dla opowieści terenem. Nauczył się szybko języka psychoanalizy i mojego osobistego rytmu, a ja szybko zostałam zatrudniona do karmienia go najlepszym jedzeniem jakie miałam. Jego wyjałowione środowisko musiało być ciągle zasilane, jak za pomocą kroplówki przy przeszczepie szpiku. Bardzo odpowiadały mu interpretacje tego rodzaju, cieszył się z metafory chorego dziecka, któremu potrzebny jest pokarm ode mnie. Pan Jakub nie miał *kośćca* (pojęcie A. Schellekes), nie potrafił zasilać swojego organizmu w składniki odżywcze. Choć jego krwiobieg został oczyszczony z komórek nowotworowych i krew zaczęła tętnić w jego żyłach na nowo, to jednak jego przestrzeń została wyjałowiona. Pod tym pustym terenem, w którym mieszkał, chłodnym i laboratoryjnym, w kanałach, jak w odwróconym mieście pokazanym w filmie Stranger Things, istniało równolegle miejsce pełne dziwnych rzeczy, pierwotnych elementów, nigdy dotąd niezauważonych i niezrozumiałych. Jałowe grunty, pusta, beznamiętna przestrzeń nie daje nadziei na życie, na przeżycie, dorastanie i miłość. Pustka jest niemożliwa do zniesienia, jest próżnią, musi zostać wypełniona, szczególnie, gdy wrota kanałów zostały uchylone. Wylewające się wrażenia kiedyś, na początku życia nie były odczute i nie otrzymały zrozumienia, a jedynie zostały dociążone beta elementami opiekunów. Nie rozumiał własnego zniszczenia i wyjałowienia, a wobec tego ogarniała go wściekłość i żądanie odbudowania krwinek miłości. Pan Jakub poszukiwał obiektu, który go zobaczy i będzie kochał, który go nakarmi i pomoże mu zaistnieć. Udostępniłam mu przestrzeń,

w której mógł pokazać swoje podziemne tereny. Na powierzchni rozciągał się widok terenu zaludnionego ideami Boga Böhmego, którymi zapragnął oświecić również mnie. Z kanałów zaczął wypływać inny świat, pełen *dziwnych rzeczy*. Pacjent cytował filozofa z coraz większym zaangażowaniem, powagą i wzniosłością. Przestawał być moim nauczycielem teologii, oprowadzającym mnie po mieście XVI-wiecznej mistyki niemieckiej, a stał się oświeconym, rozmawiającym z Bogiem szaleńcem, zapraszającym mnie do wspólnego obłędu.

Böhme napisał w „Droga do Chrystusa":

„A on rzeknie na to, mam Wolę i chciałbym czynić dobro, ale to ziemskie Wcielenie, które muszę dźwigać wciąż mnie od tego odwodzi, więc czynić tego nie mogę; wszakże na Chwałę Boga, Łaska powinna mnie ocalić. Jego Odwaga i Cierpienie daje mi ukojenie; choć brak mi własnej Odwagi to On obdarzy mnie łaską i wybaczy mi moje Grzechy. On jeden, powiadam, jest niczym Człowiek, który wie, jaki Pokarm jest dobry dla jego Zdrowia, zamiast nim żywi się Trucizną, która z pewnością da początek Chorobie i Śmierci".

Ten mistyczny filozof uważał, że zło jest częścią natury świata, wynika z buntu i nieporządku, ponieważ Bóg musi zawierać w sobie wszystko, co jest. Zło jest zepsuciem, nie odrębną siłą, musi nastąpić w losach ludzkich, więc to, co spotkało mojego pacjenta, cierpiącego wiele lat w dzieciństwie, również wynika z zawartego w naturze wypaczenia, błędu, pomyłki. Zło i cierpienie jest wynikiem różnicowania i konfliktu, a więc grzechu, natomiast zadaniem Boga wydaje się być przywrócenie harmonii, w formie wyższej od pierwotnej niewinności. Odkupienie miało wynikać z kontaktu z Bogiem, osiągniętego w wyniku poszukiwania jego łaski, jednak z własnej wolnej woli człowieka. Zawarta w tej filozofii idea posiadania przez Boga wszystkiego, co jest, również zła, wskazuje na obecność w pacjencie pragnienia integracji swoich terenów, znalezienia pojemnika przetwarzającego odpady do dalszego użytku, a w konsekwencji stworzenie przepuszczalnych granic między nim a innymi w świecie. Pan Jakub jednak chciał osiągnąć integrację na skróty, ponieważ nie posiadał pomostu, aparatu umożliwiającego łączenie, chciał połączyć się bezpośrednio z Bogiem, jak płód połączony jest pępowiną z matką.

Przyglądając się bliżej, wsłuchując się w to, co mówił mój pacjent można usłyszeć głęboką prawdę o jego podziemnym życiu w poszukiwaniu łaski boskiej, w poszukiwaniu kochającej i ciepłej matki, którą miałam się stać. Pan Jakub kochał mnie całym sobą tak, jak kochał matkę boską i pragnął wrócić do jej łona, które tym razem mogłoby być dla niego łaskawsze i odżywić jego komórki macierzyste. Nie rozumiałam wtedy jego pretensji, roszczeń i pragnień, które kierował do mnie. Mój superwizor sądził, że zna pacjenta, jednak nie był ze mną w tym świecie, w krainie pacjenta, nie słyszał, nie widział i nie czuł tego, co ja, pozostawał oddzielony emocjonalnie. Jego podpowiedzi zdawały mi się być coraz bardziej współpracujące z komórkami nowotworowymi, nie z powodu niewłaściwej treści, ale z powodu techniki, jakiej mnie uczył. Komentarze zalecane do podania pacjentowi były komunikatami zdatnymi dla zintegrowanej osoby. Ponieważ byłam zanurzona w chaotyczne przeżycie lęku pacjenta, a superwizor zdawał się być w innej strefie czasowej, geograficznej, kulturowej, nie było obecnego środowiska pomieszczającego i integrującego te dwa światy; osoby, która widziałaby dwuocznie, jednocześnie czującej, patrzącej i myślącej. Superwizor myślał, a ja czułam, nikt nie integrował. Przebywając trzy razy w tygodniu z pacjentem w jego świecie podziemnym byłam atakowana z ogromną siłą elementami beta i wciągana do jego kanałów. Razem z superwizorem rozumieliśmy, że pan Jakub nie znosi odrębności, jest niedożywionym, chorym dzieckiem, zatrutym mlekiem matki pełnym lęku. Interpretowanie tego stanu było karmieniem go kolejnym zatrutym mlekiem, było jak obrzucanie go głazami, okropnie kaleczącymi jego delikatną skórę. Mojego pacjenta dręczyło jego „ziemskie

wcielenie" i w snach słyszał boskie i diabelskie głosy, których nie potrafił rozpoznać jako własne pragnienia i lęki. Superwizor prowadził mnie po psychotycznym świecie pacjenta, jak po znanej kopalni odkrywkowej nazywając trafnie napotkane pokłady uranu. Nie bał się tak, jakby zarażony był omnipotencją mojego pacjenta i oświadczał mi, że zawód, który wybrałam jest nieodłącznie związany z chodzeniem po zaminowanych terenach powojennych. Nie byłam w stanie poradzić sobie z psychozą pacjenta, byłam w niej elementem, jak pionek na grze planszowej i bałam się, że za chwilę zostanę z niej zwyczajnie strącona w przepaść. Wchłonięta, wsiąknięta w planszę, jak zwierzątko w dżungli pragnęłam uwolnienia. Jednocześnie jednak bałam się oceny superwizora, dlatego pełna poczucia odpowiedzialności interpretowałam zgodnie z zaleceniami fantazje pacjenta na mój temat, jako odzwierciedlające jego tęsknotę do matki, nieznoszenie odrębności od niej i mnie, jako pragnienie połączenia się z kobietą-matką. Wkrótce nadszedł dzień, kiedy pan Jakub zaprosił mnie do świątyni swojego terenu, żebym stała się jego trofeum. Z ogromną powagą oświadczył, że wszystkie sny, o których mi opowiadał przez te lata nie były snami, ale słowami od Boga. Dotychczas nie miał pewności, czy to nie Diabeł go zwodzi, czy to nie Demon Zwodziciel, ale teraz już był pewien, że Bóg przemawiał wprost do niego. Wstał i położył się na kozetce. To był pierwszy moment podczas tej podróży, kiedy poczułam, że została przekroczona granica mojej wytrzymałości. Poczułam, jakby kładł się na moje kolana. Zalał mnie lęk, poczułam odrętwienie w ciele i suchość w gardle. To już nie była wycieczka po jego terenie, ale po moim. Zdawało mi się, że pacjent zajmował moją przestrzeń w gabinecie długo po wyjściu z sesji, a także na ulicach miasta, gdy byłam blisko gabinetu. Przypomniało mi to pierwsze wrażenie z konsultacji oraz skojarzenie ze szpitalem psychiatrycznym. To był moment, kiedy zdobyłam się na przeciwstawienie tej diabelskiej sile władającej moim pacjentem i mną. Powiedziałam pacjentowi, że nie zgadzam się na to, żeby położył się na kozetce, ponieważ nie jest to forma pracy, w której będę w stanie mu pomagać. Zaśmiał się i usiadł posłusznie naprzeciw mnie, wbijając we mnie wściekłe i podekscytowane spojrzenie. Jego położenie się byłoby zakuciem mnie w dyby i zamknięciem w nowotworowych kanałach pacjenta. Superwizor uważał, że ograniczyłam tym możliwości dotarcia do źródła kreatywności w pacjencie i dziwił się, że nie byłam ciekawa, co wydarzy się dalej. Zazdrościłam mu ciekawości, swobody i lekkości, o której mówił, a którą przypisywałam wieloletniemu doświadczeniu. Czułam ogromny, paraliżujący lęk, gdy tylko zbliżała się sesja z pacjentem. Superwizor zalecił mi udanie się z moim lękiem na sesję we własnej analizie, nie wiązał moich uczuć z pacjentem. Na kolejnych sesjach słyszałam od pacjenta, że Bóg powiedział, że zostanie zbawiony, kiedy tylko mnie posiądzie, odbędzie ze mną stosunek na mojej kozetce lub się ze mną ożeni. Nie byłam dłużej w stanie wysłuchiwać erotycznych opowieści pacjenta i lęku przed gwałtem. Powiedziałam pacjentowi, że jego głosy są urojeniami i jego żądania wobec mnie wykraczają poza psychoterapię, na którą jesteśmy umówieni. Powiedziałam mu, że w tych okolicznościach kontynuacja psychoterapii będzie możliwa jedynie wtedy, jeśli uda się na konsultację psychiatryczną, by leki zatrzymały jego urojenia. Dopiero wtedy będziemy mogli wspólnie zastanawiać się nad ich znaczeniem. Pacjent udał się po leki, co otworzyło przed nami szansę na próbę zrozumienia co zaszło. Superwizor stał na stanowisku, że pojęcie „urojeń" nie należy do języka psychoanalizy i słowo „fantazja" byłoby bardziej odpowiednie. Zajmowanie się tym, jakiego pojęcia lepiej użyć przypominało pracę z panem Jakubem na początku terapii, kiedy próbowałam usłyszeć jego powolnie cedzone słowa i połączyć je w pełne zdania, a także odszyfrować ich znaczenie. W przerażeniu, które doświadczałam nie byłam w stanie myśleć o nim. Superwizor wydał mi się być w swoich rozważaniach na zupełnie innej planecie niż byłam z pacjentem, zupełnie przez niego zostawiona. Przerażenie zawarte w urojeniach pacjenta przenikało mnie i paraliżowało myślenie z jednej strony. Kontakt z moim nauczycielem, który nie doceniał moich odczuć, nie pomagał ich integrować, bagatelizował je i podważał ich trafność napawał lękiem z drugiej strony. Potrzebowałam uwolnienia się z jednej strony od zalania szaleństwem psychozy, a z drugiej od sztywnej, zdystansowanej, chłodnej intelektualizacji superwizora. Czułam

się zagrożona z jednej strony przez psychopatycznego pacjenta, który miał wypisane na twarzy przekonanie o władzy nade mną, z drugiej groźbą wyrzucenia mnie z towarzystwa, odmówienia mi rekomendacji przez superwizora, a więc zagrożona utratą pracy w zawodzie psychoterapeutki.

Brak oparcia w sobie, we własnych odczuciach, użycie intuicyjnie wybranych słów w żywym kontakcie z pacjentem, brak szacunku dla żywego doświadczenia w gabinecie oraz brak wsparcia superwizora doprowadziły do katastrofy tego procesu. Okazało się niemożliwe, by konflikty z moim superwizorem zaowocowały zmianą zarówno w pacjencie, we mnie jak i w nim. Zmiana, by była możliwa musiałaby zajść we wszystkich; zarówno we mnie, jak i w superwizorze, a wtedy być może możliwa by była i w pacjencie. Niestety przeceniona wiara w wiedzę autorytetu, moja niepewność od samego początku do własnych odczuć spowodowały, że pacjent zakopał się głębiej w kanale, a moja przestrzeń została wypełniona lękiem prześladowczym. Przez pewien czas pacjent przyjmował leki, urojenia i omamy ustały, jednak kontakt między nami miał już naturę nowotworową, doświadczoną silnym lękiem, zbyt kruchy na tym etapie, by mógł się rozwijać. Po krótkim czasie powiedział, że sądził, że biorąc leki przekona mnie do siebie, jeśli będzie posłuszny; skoro jednak nadal nie chciałam spotkać się z nim poza gabinetem, to on przestanie je brać. Wobec mojego wycofania z kontaktu natarczywość pacjenta na sesjach powróciła, z czasem się wzmogła, urojenia i omamy wróciły. Pan Jakub zaczął wydzwaniać do mnie i pisać wiadomości po godzinach sesji, również w nocy, a wkrótce zasięgnął informacji na temat mojej rodziny oraz miejsca zamieszkania. Pacjent zaczął mnie prześladować. Powiedziałam mu wtedy, że będę zmuszona przerwać terapię, jeśli nie zaprzestanie swoich działań. Pan Jakub odmówił, oświadczył, że nie zmieni nigdy zdania i stwierdził, że może jak przerwę terapię, a on przestanie być moim pacjentem, to wtedy wypełnimy wolę Boga. Nadal wydzwaniał do mnie zmieniając numery telefonów, wysyłał smsy i maile zawierające treści religijne i erotyczne. Wyznaczyłam krótki termin zakończenia terapii. To jednak nie był koniec kontaktu z panem Jakubem. Nękanie mnie się nasilało, pacjent nie zaprzestawał prób skontaktowania się ze mną, poszukiwał kontaktu z moimi znajomymi i bliskimi. Po tym, jak przyszedł zakrwawiony na ostry dyżur w szpitalu, którego personel mnie znał, zażądał zadziałania w mojej sprawie na jego rzecz, a także ujawnił kilka faktów z mojego prywatnego życia, zgłosiłam sprawę na policję. Po roku sąd umorzył sprawę, pacjent okazał w sądzie skruchę i obiecał zaprzestać nękania, o czym napisał mi w mailu obiecując, że nigdy nie przestanie mnie kochać.

***Pacjent w podróży**

Wyjałowiony teren, na którym od lat żył pacjent był w tej formie nie do zniesienia. Potrzebował odnaleźć sposób pomieszczania żywych odczuć, wrażeń, tak samo, jak zrobiłby każdy człowiek nie mogąc znieść laboratoryjnego klimatu sztucznej przestrzeni. Wszystkie przestrzenie dla żywej istoty muszą ze swej natury zawierać różnorodność. W przeciwnym wypadku można odnieść wrażenie, że jest się nie z tej ziemi, spod niej lub z ponad niej. Dookoła są ludzie przeżywający swoje ziemskie, zwyczajne konflikty, a w środku, w bańce jest organizm zupełnie niedojrzały do kontaktu z takim otoczeniem. Gdy intelekt pacjenta wyprzedził jego rozwój emocjonalny, nabyta wiedza i język wystarczyły do skopiowania teorii świata zawartej w kosmologii Böhmego. Utożsamienie się z tym filozofem pozwoliło przetrwać pacjentowi w dorosłym świecie, imitując dojrzałego mężczyznę. Był jednak bardzo małym dzieckiem zamkniętym w kapsule męskiego ciała. Już na poziomie komórkowym pojawił się problem z dojrzewaniem u pana Jakuba. Krwinki za szybko namnażały się w szpiku i trafiały niedojrzałe do

krwiobiegu, a leczenie poprzez podawaną chemię niszczyło chory szpik pacjenta, następnie przeszczepiano nowy, zdrowy szpik. Pan Jakub był przesiąknięty brakiem do szpiku kości. Tylko przetoczenie cudzego szpiku pozwalał mu na funkcjonowanie. Musiał być ciągle poddawany przetoczeniom, przez wiele lat, podpięty, podłączony do kroplówki, połączony pępowiazzaną, jak płód czekający w łonie matki aż dojrzeje do zdolności samodzielnego życia, oddychania, istnienia. Przerażona matka, z własną traumą, nie była w stanie mu pomóc w czasie choroby. Kiedy trafił do mnie, moja otwarta postawa pozwoliła by krew znowu przepływała swobodnie przez jego ciało i zasilała organy, pozwalając im przetwarzać wrażenia, jak u człowieka podłączonego do krążenia pozaustrojowego. Podłączył się do mojej przestrzeni niewidzialną pępowiną, a ja zasilałam jego szpik, początkowo pomagając tworzyć strukturę jego bytu. Wierzę, że pacjent odczuwał dużo ciepłych uczuć w kontakcie ze mną i one być może były dla niego zbyt nieznane, obce by je ująć myślą, a jego krwinki zbyt niedojrzałe, by przetworzyć te uczucia w dojrzałą miłość tolerującą odrębność. Uczucia, które przeżywał pochodziły raczej z „podstawowej matrycy", jak ją nazywa Joanna Wilheim:

„W najgłębszych zakamarkach naszego umysłu znajduje się podstawowa matryca zawierająca wrażenia odciśnięte przez pamięć komórkową całego procesu naszego biologicznego doświadczenia, od poczęcia do narodzin - to znaczy od powstania każdej z dwóch komórek rozrodczych, plemnika i komórki jajowej"[6]. {…} „Wśród wielu pamiętnych zdań Bion zwykł mawiać, że „biologiczna jednostka jest parą. Potrzeba dwóch istot ludzkich, by stworzyć jedno". Uważał, że znaczenie zawarte w słowie „at-one-ment" oznacza m.in. „stawanie się jednym z samym sobą", sugeruje formę zbliżenia „nie tylko ciała i ducha, osobowości prenatalnej i postnatalnej, ale odnosi się także do zaślubin plemnika i komórki jajowej, które są źródłem tej konkretnej jednostki"[7].

Idąc za rozumieniem Wilheim, uczennicy Biona, która rozumie doświadczenie analityczne jako „*spotkanie dwóch dusz zgodnie z biologicznym modelem poczęcia, na końcu którego jest odkrycie nieznanego*", to pragnienie pacjenta by się ze mną połączyć w miłosnym uścisku nabiera zupełnie nowego sensu. Pan Jakub poszukiwał spełnienia, którego nie mogła dać analiza, która z gruntu nie jest trwałą i dającą satysfakcję, przestrzenią przejściową. Natomiast małżeństwo, połączenie pary, może dać takie spełnienie - poczucie stworzenia, spłodzenia czegoś nowego. Pan Jakub potrzebował małżeństwa - połączenia, zaślubin własnych części swojego pochodzenia, integracji własnego aparatu poznawczego, inaczej mówiąc, odkrycia rzeczy samej w sobie, własnego idiomu za pomocą więzi z drugą osobą. Tego nie mogła dać „analiza" sprowadzająca się do „syntezy" wrażeń zmysłowych i myśli. Panu Jakubowi, jak każdemu człowiekowi, chodzi o to, żeby stać się sobą, zaistnieć, zintegrować duszę i ciało własne, być tym trzecim, a nie sumą dwóch; ale też, jak pisze Wilheim, połączenie „*plemnika i komórki jajowej, które są źródłem tej konkretnej jednostki*" - źródłem, a nie sumą lub syntezą. Wilheim pisze, że zaobserwowane trudności w płodnym połączeniu dwóch dusz mogą mieć swój początek w traumie z czasu pierwszego połączenia i odtwarza się w kontakcie z umysłem analityka. Pan Jakub mógł doświadczać tego typu przerażenia w momencie zbliżenia drugiej osoby, gdy zdawało się możliwe zapłodnienie nową myślą i rozwój życia mentalnego mojego pacjenta. Każda próba połączenia była atakowana, a uczucia zawarte w myślach, które próbowałam przekazać, przeżywał jak uderzające w niego rzeczy same w sobie. Samo zbliżenie do jego przestrzeni mentalnej elementów, które usilnie próbowałam przetworzyć, było atakowane i nie mogło mieć miejsca. Ta analiza nie rozwinęła się, ponieważ nie udało się rozwinąć w panu Jakubie umiejętności widzenia dwuocznego. Można sobie wyobrazić moment zapłodnienia jako

6 Joanna Wilhelm, Trauma poczęcia. Pamięć komórkowa, Wykład wygłoszony na 18. Międzynarodowym Kongresie ISPPM 10-12 października 2008, s.3-4
7 Tamże, s. 5-6

wspaniały moment, pełen twórczej radości, jednak takie doświadczenie nie było w udziale pana Jakuba. Rozrywające ataki na łączenie chroniły go przed bólem, pogrążając jego stan w jeszcze większej otchłani rozszczepienia i braku zrozumienia. Moje mówienie do pacjenta tylko wzmagało w nim przerażenie i chęć oddzielenia się od bycia tym tworzonym zarodkiem, do bycia nad-bytem w mocy urojonej boskiej postaci.

Dr Judith L. Mitrani pisze:

„W literaturze nakreśliliśmy i rozróżniliśmy stany „identyfikacji projekcyjnej" i „identyfikacji adhezyjnej[8]". Wydaje się, że odróżniamy pacjentów, którzy „zachodzą nam za skórę" i tych, którzy „wchodzą nam" do głowy i jeszcze innych, którzy nawiązują z nami „kontakt", jak i tych, z którymi jesteśmy w stanie podtrzymać „głęboki kontakt emocjonalny"[9].

Korzystając z niezwykle twórczej pracy dr Judith L. Mitrani, odkryłam nowy sposób rozumienia tego, co wydarzało się w moim pacjencie i we mnie w tamtych latach. Pana Jakuba nie można było „wyrzucić z głowy", zagnieździł się w niej, jak w łonie matki - Boga, byliśmy w moim, a nie jego świecie. Pacjent domagał się małżeństwa, ponieważ chciał wiedzieć, czy ja naprawdę go przyjmuję, czy też tylko jako pacjenta, tzn. tylko jako część techniki psychoanalitycznej. Nie chodziło o to, żeby posiąść matkę, czy o zawiść wobec mnie, ale o to, żebym poczuła jego ból i lęk, żebym zrozumiała i pomogła mu zaistnieć samodzielnie jako płodny umysł. Nie bał się tylko separacji ode mnie, ale od swojego własnego myślenia zagnieżdżonego we mnie, że jego myślenie będzie beze mnie martwe, jałowe, bezpłodne. Interpretowanie jego omnipotencji i umniejszania analizie raczej potwierdzało jego poczucie porażki w rozumieniu i poczęciu myśli w nim. Pan Jakub miał podstawowy, pierwotny problem z łączeniem i czuciem własnych emocji. Potrzebował mnie do tego, bym dokonywała tego łączenia i urojenie jakie stworzył wyrażało pragnienie, by mogło to dziać się w jego umyśle, a nie w moim; by „posiąść matkę" to znaczyło „by posiąść macierzyńską zdolność", tj. funkcję alfa. Mógł się bać, że jestem tylko „techniką - psychoterapeutką" stosującą procedury przypominające „przeszczep szpiku", który w ramach leczenia wyczyścił i wyjałowił go, do szpiku kości z czegoś osobistego, indywidualnego, własnego. Chciał raczej czegoś żywego, żebym go kochała „naprawdę", a nie „tylko jako pacjenta". „Poczęty w moim umyśle" mógł się bać, że w przerwach między sesjami traci nie tylko mnie, ale i „siebie poczętego", swój własny embrion, który powstał w wyniku przeszczepów trzy razy w tygodniu. Szukał „psychicznego łona", ponieważ nie zagnieździł się we własnym umyśle. Moje niedostateczne rozumienie groziło odrzuceniem przeszczepu, a było niedostateczne, bo nie było zintegrowane z odczuciem. W związku z intelektualnymi interpretacjami, oderwanymi od uczuć, przeszczep nie mógł zostać przyjęty i emocja nie mogła zagnieździć się w nim, zatem musiał zostać we mnie, podłączony do mnie również po sesjach i sprawił, że tak dokładnie było. Urojenia nasilały się, a ja myślałam o nim ciągle tak, jak tego potrzebował i pozostawał ciągle podłączony do mnie. Mówiłam mu, że jest podłączony do kroplówki, ale nie powiedziałam, co jest nią przetaczane i co mogłoby się w nim zagnieździć. Mówienie pacjentowi z tak pierwotną traumą, różnymi słowami, że jest zawistnym dzieckiem, które chce być ciągle przy piersi nie jest prawdziwym przetoczeniem, a wyjaławiającym i pozostawiającym go na zawsze podłączonym pępowiną do matki. Sprzeciw wobec bycia pacjentem można rozumieć jako reakcję negatywną i wyraz zawiści, jak to było

8 *Wikipedia:* łac. adhaesio - przyleganie; **Kohezja** (łac. *cohaere* – nieodłączny) – ogólna nazwa zjawiska stawiania oporu przez ciała fizyczne, poddawane rozdzielaniu na części. Jej miarą jest praca potrzebna do rozdzielenia określonego ciała na części, podzielona przez powierzchnię powstałą na skutek tego rozdzielenia.

9 dr Judith Mitrani, Refleksje na temat embrionalnych stanów umysłu, s. 6.

interpretowane, ale ponieważ to wzmacniało jego wrogość, to nie było dobre rozumienie, ponieważ nie było pomocne. Pan Jakub patrzył na mnie wtedy z wrogością, ale też ze specyficznym uśmiechem zdradzającym, że ja nie rozumiem tak, jak on nie czuł siebie. Można to rozumieć jako pierwotną obronę, instynkt przetrwania, obronę przed drapieżnym rakiem krwi. W stanie tak pierwotnym naprawdę mógł mieć obawę, że nie przeżyje poza łonem matki, a więc musiał pozostać podpięty pode mnie.

***Psychoanalityk w podróży**

Dr Judith Mitrani tak pisała o pracy ze swoim pacjentem:

„Z powodu tych doświadczeń często kusiło mnie, by uznać, że sposoby, w jakie Jarrod odpowiadał na moje interwencje, wyrażały jego zawiść wobec mnie. Jego ciągłe negowanie i/lub uzurpowanie sobie mojego rozumienia jego osoby rzeczywiście pasowałoby do kleinowskiej teorii zawiści i bionowskiej teorii ataków na łączenie. Zdołałam jednak powstrzymać się tuż przed wypowiedzeniem tych interpretacji, gdy wydało mi się, że uciekanie się do takich oklepanych formuł – owocu tego, jak byłam szkolona – mogłoby być zwyczajnie próbą sztucznego przekierowania i określenia się, jak i powrotu do moich wspierających korzeni analitycznych, by złagodzić niekomfortowe uczucia alienacji i pochłonięcia, które wpływały na mój umysł”[10].

Prawdopodobnie właśnie moje zapatrzenie w superwizora, a więc własne niewypracowane jeszcze, a więc kruche poczucie indywidualizmu oraz odrębności nie pozwoliło mi pomieszczać pragnienia pacjenta powrotu do łona matki oraz następnie ustanowienia siebie jako osoby. Mogę obecnie przypuszczać, że przeciwprzeniesieniowe doznania lęku były we mnie umieszczane nie po to tylko, żeby je ewakuować, ale żeby zostały poznane, żeby zostać „twórczo poczętym w innym umyśle”, a następnie „być podtrzymywanym we własnym umyśle” (pojęcia używane przez Judith Mitrani[11]). Jednocześnie mój superwizor trzymał się starych, utartych i dobrze znanych mu ścieżek, w ten sposób chroniąc swój umysł przed zapłodnieniem nową myślą. Interpretując panu Jakubowi jego urojenia jako fantazje wyrażające zawiść, idąc tą utartą ścieżką superwizora, powodowałam, że przeżywał mnie jako obiekt prześladowczy, co wzmagało pracę „ekranu beta” i powstawania kolejnych urojeń. Moje ustawienie superwizora wobec mnie, a siebie wobec pacjenta w omnipotentnej, boskiej pozycji nie pomagała mu, ale wzmocniła jego poczucie, że to ja jestem Bogiem i to do mnie musi się podłączyć, żeby otrzymać łaską Boga. Symington pisze:

„Podstawowym przekonaniem psychotycznej części osobowości jest to, że istnieje istota boska, która wie i może leczyć. Wydawanie interpretacji albo wydawanie leków jest postrzegane jako pochodzące od boga. W relacji z tym bogiem pacjent jest pasywny. Zatem poprzez udawanie zrozumienia, terapeuta mówi pacjentowi „Tak, twoja wiara, że jestem bogiem jest słuszna”. I fałszywe przekonanie pozostaje na miejscu”[12].

Choć wierzyłam w treść podawanych pacjentowi interpretacji, to nie wynikały one z autentycznego zrozumienia pacjenta; były raczej podawanymi dalej myślami superwizora, jak słowa pochodzące od wyższej instancji. Zamiast tego pokora psychoterapeuty i uznanie podmiotowości pacjenta, a więc i wiara, że w nim są odpowiedzi, w nim jest ukryta wiedza, pozwala na rozwój kanału

10 dr Judith Mitrani, Refleksje na temat embrionalnych stanów umysłu, s.
11 Mitrani, s. 15.
12 Symington, s. 7.

komunikacji i tworzenie *bariery kontaktu*. Błędny sposób mówienia do pacjenta można rozpoznać słuchając jego odpowiedzi, a robienie tych błędów pozwala się uczyć. Taka praca pozwala na otwarcie twórczej przestrzeni zamiast zamknięcie jej w doktrynie. Bion napisał wiele o uczeniu się przez doświadczenie, a zatem i z doświadczenia z pacjentem. Jeżeli weźmiemy te słowa głęboko do siebie, zobaczymy, że przewodnikiem po nieznanym mieście jest nasz pacjent. Naszym zadaniem jest jedynie towarzyszyć mu w uczeniu się towarzyszenia samemu sobie w dalszej podróży, jaką jest życie. Podobnie możemy myśleć o roli superwizora w pracy psychoterapeuty, nie tylko tego w trakcie szkolenia, ale i tego, który nie przestaje się uczyć na podstawie doświadczenia. Jego zadaniem nie jest prowadzenie superwizanta jak przewodnik po znanym mu terenie psychoanalizy, a raczej towarzyszenie mu w poznawaniu świata pacjenta i tworzenie nowej psychoanalizy z nim. Neville Symington, w cytowanym wyżej artykule, opisuje przypadek Bernadetty, pacjentki Agaty, których wspólną podróż superwizował. Bernadetta była dla siebie niezwykle okrutna, kalecząc siebie wielokrotnie, utrzymując swoją terapeutką w ciągłym poczuciu lęku, beznadziei i bezsilności w pracy. Zgadzam się z tym, co napisał Symington o pacjentach psychotycznych (lub w prymitywnym stanie mentalnym), że są wysoce wrażliwi na stan emocjonalny terapeuty. Osoby te są tak podatne na wpływ obecnych obok ludzi, że niemożliwym jest przekazanie takiemu pacjentowi interpretacji w swej treści sprzecznej ze stanem emocjonalnym mówiącego. Wtedy nie ma sensu mówienie do pacjenta językiem superwizora, jeśli nie został on wcześniej opracowany przez terapeutę w zgodzie z jego stanem uczuć. W opisanym przypadku Bernadetty niezwykle istotnym momentem okazała się interwencja terapeutki: „*nie będę w stanie kontynuować terapii, jeżeli znów włoży sobie nóż w ciało*[13]", która była samodzielnym krokiem terapeutki, nie była to sugestia superwizora; jak zaznacza Symington „*tylko te wypowiedzi, które pochodzą całkowicie od osoby terapeuty mają jakikolwiek wpływ na pacjenta psychotycznego albo na psychotyczną część osobowości pacjenta, czy jakiejkolwiek osoby*[14]". Wszystko, czego się uczymy o pacjencie, ale też w ogóle wszystko czego się uczymy, uczymy się podczas własnej, osobistej podróży. Kiedy wraz z panem Jakubem uczyłam się jego świata, poznawałam go, wtedy on mógł zdrowieć. W momencie mojego największego zmartwienia, gdy powiedziałam pacjentowi, że nie będę mogła dalej pracować z nim, jeśli nie podejmie leczenia psychiatrycznego, byłam przekonana, że nie mogę powiedzieć inaczej i że jestem autentycznie obecna w centrum świata pana Jakuba. Ta treść w sytuacji szczerego zaangażowanego terapeuty mówiącego w zgodzie ze sobą, mogła migrować do świata pacjenta, ponieważ otwarty był wtedy kanał komunikacji. Bardzo starał się, by móc kontynuować pracę ze mną, by było możliwe rozwinięcie tego kanału. Miałam poczucie, że nazywam prawdę pacjenta po imieniu i pokazuję mu jego chorobę oraz moje autentyczne ograniczenia. Dyskutowaliśmy tą kwestię podczas sesji superwizyjnych, pozostając w niezgodzie co do tego, gdzie jest element przemocy: czy pacjent jest przemocowy wobec mnie, przekraczając wielokrotnie granice czasu i przestrzeni terapii (pisał, dzwonił i pojawiał się w mojej okolicy poza sesjami), czy ja jestem przemocowa wobec mojego pacjenta, stawiając mu warunek leczenia psychiatrycznego; nie dyskutowaliśmy jedynie, czy przemocowy stał się mój superwizor, oskarżając mnie, że nie uczę się od niego i działam wbrew jego zaleceniom. Pozostawałam z umysłem w lęku nie jedynie przed przemocą pacjenta, ale także przed restrykcjami ze strony superwizora. Myślę, że słowa, które napisał o mnie superwizor udzielając mi ostatecznie rekomendacji, trafnie opisują sytuację, jaka zaszła: „*Czasami trudno było rozstrzygnąć, co jest wynikiem jeszcze trudności terapeutki, a co wynika z psychopatologii pacjenta*". Nie wiem na ile nieświadomość mojego superwizora mogła wówczas współpracować z omnipotencją mojego pacjenta, mogę jedynie podejrzewać, że bardzo trudno uznać doświadczonemu psychoanalitykowi, że nie jest tego w stanie rozstrzygnąć, ponieważ sam nie jest Bogiem i nie był autentycznie obecny na sesji z pacjentem; „…*tylko kiedy ktoś rozpoczyna*

13 Symington, s. 4
14 Tamże, s. 5.

bycie psychicznie aktywnym, wówczas wchodzi w kontakt z samym sobą, takim jakim jest. Tutaj prawdziwe self schizofrenicznego pacjenta było zamaskowane przze omnipotencję, zanim (…) ujawnił, że nie jest bogiem, ale ignorancką ludzką istotą"[15].

***migracja obcych**

Kiedy struktura jest sztywna tak, jak u pana Jakuba, a rdzeń zalany betonem, wtedy człowiek nie może się poruszać i musi stworzyć zasieki, by nie wracało do niego to, co wydalił z siebie. Podobnie jak kraj rządzony autorytarną ręką musi pozbywać się wszystkiego, co odmienne. Przemieszczanie się pomiędzy granicami osoby czy państwa jest możliwe tylko, gdy rdzeń jest płynny, a granice przepuszczalne. Autorytaryzm społeczeństw przypomina autorytaryzm osoby w stanie psychozy, która nie może śnić, przetwarzać, tworzyć, a jedynie odtwarzać, kopiować i walczyć. Agnieszka Dauksza pisze:

„Akty bezsilnego oporu mają to do siebie, że wchodzą w krew - ciało, które raz poszło w opór, przekraczając strach i skrupuły, ma w sobie większą gotowość do kolejnej interwencji"[16]

Przekroczyć strach i skrupuły jest bardzo trudno. Gdy wywierany jest wpływ autorytetu, władzy rodzicielskiej czy państwowej, gdy osadzeni jesteśmy w kulturze swojego narodu, społeczeństwa, przeciwstawienie się niesprawiedliwości jest często niemożliwe.

Polacy witali z otwartymi ramionami tłumy uciekające z Ukrainy po kolejnej napaści wojsk rosyjskich. Wiadomości o wspaniałych gestach przyjaźni obiegły świat. Niestety z tak przyjacielskim przyjęciem nie spotykają się emigranci na granicy z Białorusią. Uchodźcy z Bliskiego Wschodu czy Afryki nie mogą liczyć na taką przychylność władz i narodu polskiego jak uchodźcy z Ukrainy. Przepuszczalność kulturowa najwyraźniej ma swoje granice. Odmienność kulturowa, religijna czy rasowa okazuje się wywoływać strach nie do przekroczenia. Lęk przed zasiedleniem obcych kulturowo ludności jest tak duży, że przyzwolenie na pushbacki powszechne. To jest właśnie lęk przed utratą spójności kulturowej i religijnej, która jest zbyt słaba, żeby zasymilować odmienność. Przerażające jest przekonanie, że imigranci odmienni religijnie mają intencję zawłaszczenia, okupowania terenów naszego kraju. W oczach tubylców stają się potencjalnymi okupantami, co związane jest z historyczną traumą polaków.

Intelektualizm jest drugą stroną stanu psychozy. Próba stworzenia sztywnych, intelektualnie opracowanych ram, norm, zdrowia i właściwych poglądów ma chronić przed szaleństwem, psychotycznym rozpadem. Gdy zbliżamy się do rozpadniętego miasta, gdzie naszym oczom ukazują się leje po bombach, przerażenie w nas każe nam cofnąć się, oddzielić, założyć zbroję, okopać w naszych granicach. To naturalny odruch, gdy psychoza zagląda w oczy psychoterapeucie. Nie wydaje mi się, by można było się na to przygotować. Psychoza ma swój zapach, jest w lotnym stanie skupienia. Jeśli nie chcemy czuć jej zapachu, zakładamy maskę gazową, żeby się nie zatruć, oddzielamy się od człowieka, który go wydziela. Jeśli chcemy być w stanie ten zapach czuć, musimy uznać, że to swojski zapach, że też jesteśmy w stanie z siebie taki wydzielić. Gdy uznamy siebie za całkowicie zdrowych, bez uprzedzeń, bez psychotycznych odpadków to znaczy, że zalaliśmy nozdrza betonem, a nasz rdzeń jest jak słup żelazny. Tylko przepuszczalne granice, pozwalają na migrację, a to wymaga przetworzenia odpadów. Taką zdolność do przetwarzania nabywa się

15 Tamże, s.7-8
16 Dauksza, s. 57

poprzez doświadczenie. Jeśli odgradzamy się od własnych brudów, ograniczeń, nie sięgamy do innych narodów, tradycji, oddziaływań terapeutycznych, uznajemy się za omnipotentnych, stajemy się autorytarnymi przywódcami naszych gabinetowych mocarstw. Psychoanaliza również podlega takim procesom, a superwizorzy są również mocno podatni na pochwały i wpatrzone spojrzenia swoich pacjentów i superwizantów. Węch jest wtedy stłumiony, a posiadanie stałego dopływu powietrza nie jest oczywistością. Gdy pojawia się nieznośny zapach szybkie sięgnięcie do schematycznej interpretacji projekcji z pacjenta wygodną klamerką na nos. Odwracanie głowy od relacjonowanych przez superwizanta wrażeń jest patrzeniem jednoocznym, połowicznym i zaburzającym doświadczenie poznania świata pacjenta, którego powietrze miesza się z powietrzem w gabinecie.

Praca z panem Jakubem początkowo pozwalała budować komunikację. Moja ciekawość i jego silna potrzeba kontaktu sprzyjały początkom. Niestety po pewnym czasie moje zapatrzenie w zadanie uzdrawiania go i przyleganie do autorytetu superwizora doprowadziło do porażki. Nie pomógł superwizor, który był zbyt zamknięty na nowe sposoby myślenia. Mówiliśmy różnymi językami. Gdy przybywa ktoś pod nasze drzwi, podchodzi pod granicę naszego kraju, potrzebujemy najpierw zbudować drogę komunikacji. Stworzyć nowy język, nowy wspólny świat. Wołamy tłumacza, uczymy się języka, poznajemy cudze zwyczaje i pozwalamy by powoli tworzyła się wspólna przestrzeń. Szczególnie, gdy na granicy stoją strażnicy i widzimy zasieki nie otwieramy drzwi na oścież, mamy przedsionek, teren zielony, leśny, międzymiastowy. Wpuściłam szaleństwo do mojego gabinetu nie rozpoznając własnych ograniczeń, nie stawiając warunków, nie rozumiejąc, co mówi przybysz. Skończyło się napaścią, a później wygnaniem. Podobnie we współpracy między krajami potrzebne jest zrozumienie odmienności, stworzenie kanału komunikacji, żeby doszło do integracji widzenia obcych narodowości. Inaczej, gdy rządzi widzenie podwójne, dochodzi do rozszczepienia i w efekcie do ewakuacji, a więc wygnania obcych.

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Patient anonymization statement

Potentially personally identifiable information presented in this contribution that relates directly or indirectly to an individual or individuals, has been changed to disguise and safeguard the confidentiality, privacy and data protection right of those concerned, in accordance with the journal's anonymization policy.

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Institutional Belonging under Catastrophic Change: Psychoanalytic Identity, Holding, and Practice

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Abstract

This paper reflects on psychoanalytic psychotherapy under conditions of catastrophic change, drawing on the Ukrainian experience during wartime. It explores how professional identity is sustained when familiar institutional frameworks are destabilized, and how institutional belonging functions not as a declaration but as a practical holding and containing environment. Using examples from group work, training, and collaborative international initiatives, the paper examines the tension between emotional fusion and differentiation, between performative care and containment, and between authority and mistrust. It suggests that psychoanalytic institutions may serve as reflective spaces that preserve the capacity to think, relate, and sustain professional subjectivity under extreme pressure.

The Winter Morning and the Loss of Home

On a cold winter morning, I make my way through the snow toward my office. The city I have known for decades feels unfamiliar. The pavement is lined with petrol generators – metallic boxes producing relentless noise and a dense, oily smell. They stand in front of small shops, pharmacies, cafés – those that have survived this long winter. Electricity is available for only a few hours a day. Those who remain in business generate their own light and heat for those who still come.

For a moment, I find myself thinking perhaps this is how Liverpool once sounded at the beginning of the industrial era – smoke, engines, human determination. But the comparison collapses almost immediately.

The generators' roar is swallowed by the long, mechanical howl of an air-raid siren.

No one stops. People continue walking, adjusting scarves, checking phones, carrying bags of groceries. Life cannot stop; otherwise, for four years now, we would have spent most of our days in shelters. The body learns to go on, even when it contracts involuntarily at every unfamiliar sound.

As I reach the entrance to my office building, air defence begins to thunder. Heavy percussive explosions. Something detonates nearby. Windows tremble but do not shatter. After a few minutes, silence. Then the all-clear.

I sit near a radiator that shows faint signs of life, wrap myself in a blanket, open the blinds to let in as much light as possible, and connect my laptop to a battery. The room is cold. The city is cold. The morning has the density of something unfinished.

Soon our large online analytic group begins.

Around forty participants from Kyiv School of Group Analysis join the meeting: Kyiv, Odesa, Dnipro, Vinnytsia. A third are scattered across Europe – Germany, Poland, the Netherlands. Someone connects from California, although it is long past midnight there. Faces appear in small rectangles, some well-lit, others dim, some framed by bookshelves, others by temporary kitchens, rented rooms, unfamiliar walls.

The atmosphere is heavy. Conversations circle around the themes that have accompanied us for years now: endless winter, exhaustion, uncertainty.

Someone speaks of finally selling a house in the east – against all expectation. Someone else says her home was destroyed. Another speaks of a house now standing in occupied territory – a place she fled when the invasion began and may never see again. One participant confesses that even if she could go back, she would not want to – the sense of home there has dissolved. The loss of home – literal and symbolic – fills the group.

There are flashes of anger toward the aggressor, sudden eruptions of hatred that momentarily lift us out of despair. There is solidarity, stubbornness, a shared determination to endure. In such moments the group feels tightly fused – as if catastrophe has melted us into a single emotional body.

And then, unexpectedly, an association appears.

Someone mentions the Moomintrolls. In Tove Jansson's story, a comet is heading toward Moominvalley. The small community sets off on a raft to seek knowledge, perhaps salvation. The current carries them toward a waterfall. "Grab onto something!" one of them shouts. And they grab onto each other – because there is nothing else to hold. The image lingers in the group.

There is immense strength in such togetherness. When catastrophe threatens annihilation, holding onto one another is not a metaphor – it is survival.

But something else is also present.

When home is lost, the group easily becomes a substitute home. Fusion can feel safer than differentiation. Any disagreement or expression of doubt may feel like another fracture, another loss.

In the weeks and months after the invasion, I often felt that our group was not only a therapeutic space but a provisional dwelling – a place where we could warm ourselves briefly, recognise familiar faces, and confirm that we were still part of something.

Yet I also sensed a risk.

If belonging remains only emotional fusion – if we only cling to one another on the raft – what happens when conflict inevitably arises? What happens when someone lets go? What happens when the raft itself must be repaired, steered or rebuilt?

The question began to take shape slowly: What allows belonging to endure beyond the first surge of solidarity?

Belonging and the Drift toward Fusion

In the first months after the invasion, the experience of belonging acquired an intensity that is difficult to convey in ordinary terms.

Colleagues were working far beyond their usual limits. Psychologists and psychotherapists moved almost seamlessly between clinical work, volunteer activity and different forms of emergency support. The need for help seemed endless, and the desire to respond was equally strong. Under such conditions belonging easily becomes a moral imperative: one must remain present, contribute and not withdraw.

Many professionals entered what felt like a continuous watch. Over time such dedication produced not only meaningful encounters but also exhaustion and disappointment. The intensity of shared experience created another difficulty. When suffering is widely shared, disagreement becomes harder to sustain. Frustration or scepticism may be felt as undermining solidarity.

In analytic groups this tendency often appears in subtle ways. Certain tensions remain unaddressed. Repeated lateness or occasional absences pass without comment. Long monologues that monopolise the group are sometimes allowed to unfold without interruption. Participants hesitate to confront one another directly, as if doing so might disturb a fragile sense of unity. At first, such tolerance can feel like kindness: the comforting cradle of togetherness. Yet this comfort has its cost.

When disruptions remain unspoken, irritation accumulates quietly. The fear of being overlooked or of having no influence in the group, grows stronger. Harmony begins to depend on avoidance rather than on engagement. Under these conditions aggression rarely disappears. Instead, it tends to find safer outlets. At times frustration is displaced toward the external enemy. Hatred of the aggressor – entirely understandable in itself – can absorb emotional energies that might otherwise appear in conflicts within the group.

Another powerful conduit for collective emotion is the language question. Discussions about linguistic identity in Ukraine carry enormous historical and political weight. When this theme appears in groups it can quickly mobilise strong affect and divide participants into opposing positions.

Yet, even in these moments the underlying dynamic often remains one of fusion: each side preserves its internal unity while difference between them becomes polarised. Belonging may therefore slide gradually toward fusion – not through dramatic events, but through small and repeated gestures of avoidance. The difficulty, especially under conditions of prolonged catastrophe, lies in recognising that both poles are necessary.

Without belonging there is no solidarity, and without solidarity collective work becomes impossible. Yet, when belonging becomes indistinguishable from fusion, the space for disagreement, reflection and responsibility begins to shrink.

It is precisely at this point that the question of structure becomes unavoidable.

Performative Care and the Difficulty of Containment

When institutions respond to overwhelming suffering, they face a persistent dilemma. The moral urgency to help is immediate. Yet the forms of help that are easiest to organise are not always those capable of containing the depth of distress that has emerged.

In Ukraine this tension becomes particularly visible in short rehabilitation retreats organised for soldiers, displaced people and families of those killed in the war. Such gatherings often create an atmosphere of genuine warmth. Participants are surrounded by attention and recognition, sometimes for the first time in many months.

These events often favour visible care over sustained emotional work. Participants receive attention and reassurance in concentrated form. Organisers can report that help has been delivered and that the needs of traumatised people have been addressed.

One episode from such a retreat illustrates the fragile boundary between these two dimensions of institutional care.

On the final day participants were invited to cook the favourite dishes of their deceased relatives. The intention was to recall ordinary details of the lives that had been lost – small habits, preferred flavours, familiar gestures – allowing the dead to reappear for a moment as living people rather than as distant symbols of sacrifice.

Yet, as the conversation unfolded, the tone gradually shifted. Memories of everyday life gave way to accounts of courage, achievements and heroism. Pride slowly replaced the fragile intimacy that had briefly begun to emerge.

When the retreat ended, participants boarded the buses that would take them back to their towns. Staff members handed them the food they had prepared earlier that day. One woman, the mother

of two fallen soldiers, looked at the two packages offered to her and asked quietly: "Why are you giving me this?"

When the purpose was explained, she began to cry uncontrollably. The staff, alarmed, helped her onto the bus. She submitted passively to their assistance but pushed the packages away each time they tried to place them back into her hands.

Nothing in this scene suggests bad intentions. The moment reveals how difficult it is for institutional forms of help to remain in contact with grief that has no immediate resolution.

In collective trauma, institutions gravitate toward visible care. At the same time, the slower work of containment – remaining present while anger, despair or disappointment emerge – is far more difficult to sustain.

The challenge for institutions is therefore not to abandon visible care, but to prevent it from replacing containment altogether. Both are necessary, and the balance between them is rarely stable.

It is precisely at this point that another tension begins to appear.

For containment to become possible, someone must hold the frame – defining limits, sustaining continuity, and insisting that reflection continues even when emotions become difficult. Yet, authority itself is rarely experienced unambiguously. Under conditions of prolonged social stress, it is easily suspected of control, domination or indifference. The very structures that make containment possible may therefore become the objects of mistrust.

Authority and Suspicion

The possibility of containment within institutions inevitably raises another difficulty: the question of authority. Containment requires someone to hold the frame. Yet under conditions of prolonged social stress, authority rarely appears neutral and is easily experienced as intrusive or controlling.

This ambivalence becomes particularly visible within educational programmes. Participants often display deep trust in the authority of group conductors during analytic sessions. The atmosphere may become almost luminous: people speak with spontaneity and allow vulnerability. During organisational meetings the same participants often appear quite different. Conversations about procedures or responsibilities are accompanied by tension and guardedness. The contrast can be striking. Faces that appear open and softened during analytic work may become tense and vigilant in organisational discussions.

One episode from an organisational meeting illustrates this dynamic.

A participant in the group-analytic training programme asked whether it was permitted for her to attend another psychotherapy training programme in a different association at the same time. The question reflected a broader uncertainty in Ukraine, where ongoing professional reforms may eventually grant official recognition to some institutions while leaving others without formal status.

I replied that our programme could define requirements only within its own structure and had no authority to regulate participants' professional lives beyond that frame.

She remained silent for a moment, thinking about the answer.

Then she said, with visible tension:

"So… I understand that it is not allowed?"

I suggested that the question itself might be worth bringing to discussion in her own analytic group experience.

Such moments reveal how easily institutional authority may be interpreted through the language of permission and prohibition, even when no prohibition has been expressed.

This suspicion is not entirely groundless. Rapid institutional reforms can generate procedures and bureaucratic demands that feel disconnected from the realities of professional practice. Under such conditions mistrust toward authority may reflect lived experience as much as defensive projection.

Yet the opposite risk is equally real. Educational programmes cannot exist without certain obligations – attendance, supervision, evaluation and administrative coordination. Without such structures professional formation risks dissolving into loosely connected activities without continuity or accountability.

Maintaining this balance becomes particularly difficult during wartime. Some participants sleep poorly because of nightly missile attacks or spend hours in air-raid shelters. Under such circumstances even ordinary professional requirements may feel painfully out of place.

Authority in these conditions cannot rely on rigid rules alone. It requires ongoing judgement – repeatedly asking where a limit remains meaningful and where it becomes unnecessarily punitive.

Over time, however, the sustained presence of a stable institutional frame may produce an effect that is not immediately visible. Despite frustrations and conflicts, participants gradually begin to experience themselves not merely as individuals improvising their professional roles, but as members of a community with shared standards and responsibilities.

Institutional authority does not eliminate compliance. When exercised with care, it can transform compliance into participation in a shared professional frame. Without such a frame the risk is not only organisational disorder but also a subtler professional insecurity – the feeling of moving through the field without firm ground.

Dependency and Institutional Subjectivity

The question of authority reveals another institutional tension: the movement between dependency and institutional subjectivity.

In times of crisis, communities often gather around strong figures. Leadership becomes not only organisational but symbolic. Individuals who offer guidance, knowledge or international support easily become carriers of collective hopes and anxieties.

Something similar occurred in several initiatives that emerged in the Ukrainian professional community after the invasion.

One example is a weekly discussion group initiated together with John Schlapobersky. John reached out almost immediately after the war began, offering his time and experience in support of colleagues in Ukraine. Coming from a family marked by the Holocaust and having himself experienced political persecution during apartheid, John recognised the dynamics of oppression and displacement with particular clarity. His response to the invasion was immediate and unequivocal. At first, we did not know exactly what form such collaboration should take. Our early meetings were almost tentative. We gathered in the same composition that had previously functioned as the working group of our professional association, allowing the group to discover gradually what kind of space it might become.

The timing proved significant. The war interrupted a period in which our institution was already moving toward greater organisational consolidation. Educational initiatives were expanding and the need for clearer coordination and responsibility was becoming increasingly visible.

For many colleagues this transition was not simple. Professional life in Ukrainian psychotherapy had long been characterised by a high degree of autonomy. Institutional belonging often carried more symbolic than organisational weight.

The meetings with John gradually became a place where these tensions could be spoken about more openly. At times the discussions resembled organisational consultation, focusing on responsibilities, roles and the future development of training programmes. At other moments the atmosphere shifted toward something closer to a space of personal reflection, where participants spoke about fear, frustration and the emotional realities of working during wartime.

This oscillation was not always comfortable. Organisational questions could provoke defensive behaviour, while shared suffering sometimes displaced institutional discussion.

Yet over time the tone of these conversations changed. Administrative roles began to appear less as abstract positions and more as functions carried by real individuals living under difficult circumstances. Behind institutional titles the group increasingly recognised the presence of people with histories, limits and vulnerabilities.

A similar development unfolded within the Sandwich Project – a large-group and small-group structure created at the beginning of the war with the participation of Israeli and German colleagues.

In its early phase the project functioned primarily as an emergency space of support. Ukrainian professionals scattered across different cities and countries were able to gather regularly and remain connected.

Over time the meetings acquired their own rhythm. Despite the chaos of war, they continued with almost mechanical regularity. Each new block became something participants could anticipate and hold on to. For many it felt as if we were swimming under a thick layer of ice, moving from one breathing hole to the next. Attendance at individual sessions fluctuated, yet the community itself continued to grow. Some participants attended regularly, others returned months later simply to reconnect with the shared space.

Gradually the dynamics of the groups also changed. Participants became more willing to speak openly about tensions and disagreements. Conflicts did not disappear, but they became less explosive and more manageable as a sense of responsibility for the shared space increased.

A decisive moment came when the project approached the gradual withdrawal of Robi Friedman, who had been one of its central figures from the beginning. For many participants the idea of continuing without him seemed almost unimaginable. Others suggested inviting another internationally recognised figure to take his place. Yet another possibility slowly emerged within the group: that the project might continue not because of any single leader, but because the community itself had developed the capacity to sustain it.

Robi's role in this process was crucial. His presence helped establish the conditions under which the project could begin, while his willingness to step back allowed the group to confront the question of its own autonomy.

Whether the Sandwich Project will ultimately survive this transition remains uncertain. But the question it raises is already significant. Institutions often begin around charismatic individuals. To mature, however, they must discover their own subjectivity – the capacity to think and act as a collective rather than as an extension of a single figure.

Institutions as Reflective Spaces

If institutions are to move beyond dependency on individuals and develop a stable form of collective subjectivity, another element becomes essential: the capacity for reflection. Institutions remain alive not only by maintaining procedures but by creating spaces in which the meaning of professional work can be examined and reformulated.

Within the European psychoanalytic community one of the most important arenas for such reflection is the European Federation for Psychoanalytic Psychotherapy.

The significance of the EFPP lies not only in its organisational structure but in its role as an international forum where professionals from different traditions can reflect on the conditions under which psychoanalytic psychotherapy continues to develop.

In recent years, this reflective function has become particularly visible in discussions concerning training standards, supervision and the place of research within psychoanalytic psychotherapy. These conversations have focused less on constructing rigid systems of accreditation than on clarifying the conceptual foundations of psychoanalytic formation.

Discussions within EFPP working groups therefore move beyond regulation toward a broader exploration of professional identity, including tensions between standardisation and diversity, authority and collegiality, institutional responsibility and intellectual freedom.

Within this wider theoretical landscape, the work of several thinkers has helped illuminate the dynamics that psychoanalytic communities encounter under conditions of collective crisis. Earl Hopper's reflections on large-group processes and traumatic social experience remind us how easily communities exposed to prolonged threat may slide toward forms of massification that restrict reflective thought. Robi Friedman, in turn, has explored how societies shaped by war may organise their emotional life within what he calls the "soldier's matrix," a configuration in which survival, loyalty and collective identification acquire particular intensity.

These reflections also frame discussions within the European Group Analytic Training Institutions Network (EGATIN). EGATIN focuses more specifically on the method of group analysis, yet its discussions concerning Essential Training Standards reveal the same difficulty: psychoanalytic formation cannot be defined solely through procedural criteria.

Recent delegates' meetings repeatedly emphasised that beyond formal curricula and technical skills, group-analytic training requires prolonged immersion in the matrix of the professional community.

Professional formation therefore occurs not only through knowledge acquisition but through sustained participation in a community sharing a theoretical language and clinical sensibility.

In this sense, organisations such as the EFPP – in dialogue with partner networks like EGATIN – functions as reflective spaces in which the professional culture of psychoanalytic psychotherapy continues to think about itself.

It is often in moments of instability that this reflective function becomes most necessary.

Return to the Moomin Valley

At the beginning of this talk I mentioned an image from one of our large analytic groups in Ukraine: the Moomintrolls clinging to one another as their fragile raft is swept toward a waterfall. "Hold on to whatever you can," they shout. And since there is nothing else to grasp, they hold on to each other. In times of catastrophe, this impulse becomes almost irresistible. When familiar worlds collapse and lives scatter across countries and time zones, simply staying connected may feel like the only thing that still holds.

In Tove Jansson's stories, however, the Moomintrolls eventually return to their valley. The storms pass. The river grows quiet again. But they do not return unchanged. What they have lived through becomes part of the valley's memory. The houses stand where they always stood. The paths remain familiar. And yet the place is inhabited differently, because those who return now know something they did not know before.

Perhaps our professional communities resemble those fragile rafts more than we would like to admit. In recent years, many of us have travelled through uncertain waters – sometimes under fire, sometimes in exile, sometimes simply continuing our work while the ground beneath our lives was shifting. In such moments, we hold on to what remains possible: to colleagues, to conversation, to the fragile continuity of our work.

The task of our institutions may be simply this: to ensure that when the storms finally pass, there is still a valley to return to – and people who remember the way back.

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Potentially personally identifiable information presented in this contribution that relates directly or indirectly to an individual or individuals, has been changed to disguise and safeguard the confidentiality, privacy and data protection right of those concerned, in accordance with the journal's anonymisation policy.

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Thoughts and Memories about the Open and the Hidden Dialogue between Identities and Institutes

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Thank you for inviting me to the EFPP delegates, especially Hansjorg Messner, who was generous with his time with me and hello to my IIGA sisters.

There are some questions I will try to deal with today: What is the relation between a community, or an institute, and an identity? Especially if it is not a community connected to language, to territory or blood, but a professional identity (or what seems to be one).

Before all this, we shall speak about what identity is and about the "need to identify with" which seems to go hand in hand with the "need to belong". How is it connected to the EFPP?

In the enormous field of ***identification*** (an interpersonal and a transpersonal process) and ***identity*** (a so-called result of the identification processes) I will restrict myself to contribute from two perspectives:

First, my own perspective is the learning I gained as a group analyst. From more than 50 years as an individual, couple and group therapist. In my lifetime, I went through a main professional movement with many of my colleagues; the transition was from trusting the therapist and his interpretations to ***trusting*** the patients. I strive, together with all the others in the group, that the members will cure each other through their genuine responses. This is dialogical thinking, in which progressive and differential **trust** on our constructive sociality is a cornerstone. Although the "free discussion" in a therapy group must convert itself into a more restricted dialogue in a MC (Management Committee), it will still have a free, egalitarian and fraternal character to promote agreements and decisions in a liberal democratic manner. But we need also learn to **trust** ourselves. With these glasses, looking on the EFPP, the attainment of a potential **trust** maybe a collective pillar of the organization, maybe not less than the notion of the unconscious.

Second, I come with my own "personal matrix". My parents "escaped" from Europe to South America. But there, in the milieu I grew up, far from achieving freedom from my parents' European past, while I was being loved by my family of Shoah survivors, I was hated by those in my class in the Deutsche Schule. Their parents had just fled a military defeat but lived for two decades in the hope a renewed German Nazi state would call them back to serve a new Fuehrer. From a sociological side, I had the opportunity during hundreds of conflicts/meetings to accumulate personal and "political" experience with racial prejudice, but also with learnings of where I could trust someone or/and myself.

Later, like anyone else becoming a therapist, one of the most challenging professions presently, I wanted to learn from trusted teachers and supervisors. I needed containers to contain me. These complicated processes, which were additionally strongly experienced in the sports groups where I grew up, transformed my difficult childhood and adolescent experiences. Thus, 30+ years later I served as the head of GASi's Management Committee. Here, I could learn to be influential in the

politics of Institutions. For example, GAS (London), which connected a formerly British and now progressively becoming a Western organization with its membership, became under my Presidency GAS (International). (I also had a personal issue with the word GAS, a taboo in my family). Co-founding and chairing the IIGA provided for a completely different learning. Like many other homogeneous institutes, it provided for some years more of a uniform experience than the one provided by a more heterogeneous and polyphonic EFPP.

Now to Identity: between the personal and the social.

This uniform role-taking in the "Soldier's Matrix" is what we fear, because of the lack of dialog and choice. It is also the fear of every institution who holds and contains (group) therapeutic work and tries to create locations of identification in times of peace.

"Activity and Belonging to an Institution, creates identity". Identification as a process of investment.

"Becoming someone" – "(my father died) and I don't know anymore who I am".
I wish to ask here, in a preliminary way, 2 of the basic elements in the creation of an identity:

a. **Are we born with an identity or is it learned?** Our "moments of identity" seem to pop up in meetings with others. For example, when you sit in a large group

your identity shifts from being Ruth or Rita or John to feeling your identity and role. Suddenly you are a woman or a man, and probably even a Dutch or Danish woman, or a couple or individual therapist, not only a catholic elder grandfather. Any of these identities, when mentioned by others, become more "truthful", even if you do not want to feel it. Suddenly, you are your identity and often you feel it as if it is a personal DNA element.

b. What is my identity? Born or social? Final ? Changeable ?

A couple of examples to the question of social or born identity which come to mind:

1. I**n a small international group in Norway** a young colleague described his "true" identity many years ago: "I got my Norwegian identity with my mother's milk, and it had 2 ingredients: hate the Swedes and kill the Germans".
   I will never forget this. Identity built on mistrust. Has it changed since? Has the EU matrix influenced the individuals and their communities in the direction of less hate? Of course it changed. How much? Norbert Elias, the sociologist who influenced S.H. Foulkes, most important book is entitled 'The Society of Individuals'. It defines group analysis, and possibly the institutions we discuss, as a dynamic of reciprocal relations between the society and individuals. Thus, it may also define the relations between an organization like EFPP and the professional communities and the persons it includes.
2. The second example is the **Ukrainian community of colleagues** who sat in the Sandwich since the war began. The Sandwich is a mix of small and large groups which has been instrumental in "treating" its members with some kind of success.
   In this mix of groups, a process of decomposing the former Russian identity started, e.g. by "hating", "splitting", stopping to talk, write or read in Russian. By adopting the

Ukrainian language, a new Ukrainian identity was being created, a process that happened in the Ukrainian Sandwich for the first 2.5 years. If identity changes in a community, during a relatively short time, despite how we feel for a moment, we can be sure that identity is socially embedded.

From it we can learn that there might not be a better instrument or space we have for forming and decomposing identity than a large group. The becoming identity also depends on the hidden and open motivations of the dominant sub-groups and the large-group conductor(s) ability to keep "thinking under fire" about the collective concerns of the society.

We should take a bit of time to understand why this is so important:

a. In the large group, we are exposed to a (partly unconscious) social continuum between "belonging" and being excluded. Much more than in small groups, we can feel threatened by rejection and elevated into the glory of inclusion.

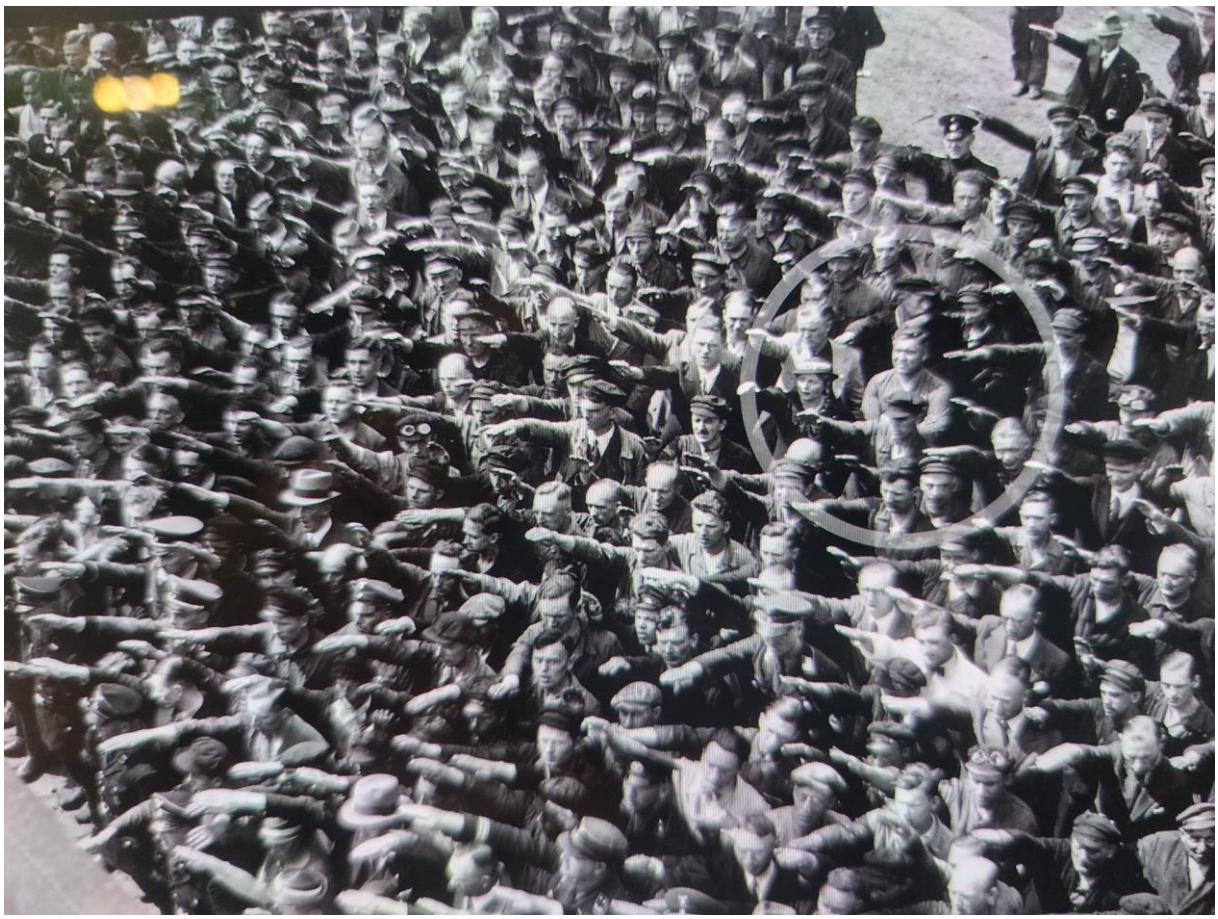
b. These are also the socio metrics in organizations like the EFPP: members will be located differently on this continuum: Some belong to the inside circle; most have a middle standing and there are always some who are in the margins. The challenge of not rejecting those in the margins (in my own concepts: excluded) really forms the organization's identity. Thus, psychoanalytic psychotherapy is the magic to belonging significantly to a professional identity you can **trust**.

c. **I would like to stress here: belonging may be the first step and the much stronger element than the institution's identity.** For the members, the most important thing is to belong. And if we understand this, it becomes clear that any Institution which wants to survive should make an effort to strengthen the "belonging" of everyone, without forgetting the marginalized, the excluded and re-inclusion of members who felt rejected and left. In a symbolic way, it provides the security I just mentioned: the often unconscious and transient feeling that the institution is a family-like entity, where "the promise of non-rejection" is a semi-conscious fantasy.

d. Professional identity will be reinforced. It will often take some time to cohere, in different meetings: in dyadic meetings, in small and large groups, in personal experiences and for some in lectures and discussions.

Why is the large-group so influential?

Identity is almost never exclusively personal but involved with others. The individual in the photo seems to be alone.



But he is not. We know today he had a clandestine Jewish partner and 2 children. Identity "We-ness" as well as Identity "I-ness" are created "in between persons". Buber has written about it. The social pressure on the man in the photo was probably extraordinary, because it revealed his secret. The malicious brilliance of the Hitlergruss, the Nazi salute, was that in one move an identification becomes a "group event". Still…. He did not give in to the "large group", to the crowd.

In small and large groups, the Ukrainian felt known, identified with and contained. In the beginning of the Ukrainian Sandwich Project, which started in the first month of the war and continues (Taras Levin) became the first time a community suffering the wrath of war was accompanied as a group, one Russian sentence exposed their identity. The anti-Russian emotions "formed" an identity.

By defining the EFPP as polyphonic our consciousness may be raised that this inclusion/rejection dynamics should be avoided as much as one can. In GASi the question of belonging to the right identity after the October invasion split the organization. In a heterogeneous organization, conflicts create opportunities for real "moments of meeting" (Stern) which could be used as a first step to the beginning of a dialogue. Understanding professional identity-related contents in the context of relations and not only of personal identities makes them available to social and institutional dialogue.

There is a hidden "give" and "take" between an institution and its membership. Usually institutions provide "belonging", supplying members with knowledge and personal/social experience which reinforces their identity by participating in joint events. Members in the inner circle will be "giving" some of their energy and in exchange they will receive a central space, like teaching and other reinforcements. The wider these involved circles, the more hidden and open exchanges between institute and members will be translated into activity. This kind of activity, when it is translated to communication, is actually the foundation of the large group. Here you learn to have a voice and listen to the voices of others. Members learn to identify with others who represent them and vice versa. The large group is a relatively new and powerful setting which optimally provides for open and hidden experiential identification processes strengthening the institution.

Robi Friedman "Who am I?" The drama of "identity formation".
Can radicals and orthodox live and work together in group analytic institutes? While writing this lecture, I asked several supervisees what they belong to institutes. One female therapist said she was in her beginnings of therapy and in a local conference, she could convey in a group that sometimes she feels in panic with male patients. The moment she was aware she had shared it, she felt she wanted to be in this institute again. Is it an experience of security? Something she could feel with some colleagues? Maybe it is a special, "questioning dialogue" which is important to sustain at the "marketplace" of the institution.

A personal example. My approach to dreams is called dream telling. For Kaes and for me a dream starts not because of one person's individual's instinctual conflicts and or concerns, but in the dreamer's ability of listening to voices inside and around him. Thus, besides the dreamer's dreaming and digesting (somewhat limited) abilities he needs other responses, not especially professional ones, to further elaborate. This semi-unconscious exchange in groups and families is called "dream telling" and there are some who consider this way of working with dreams "the" example of group-analytic approach. But Foulkes, who so much cherished the open and hidden contributions of resonance (his last article was on resonance) to write, did not really apply his own group-analytic approach to dreams. Why? And he is not the only one. It is because our dreamlife and the way we deal with it (usually in our analysis) are part of our core identity. Donald Meltzer said to me in supervision: "Bion would turn in his grave if heard this". No, he wouldn't (it took a year to convince). Also, Foulkes would with time change from an orthodox, interpretative stance towards dreams to a more "interpersonal and transpersonal" (maybe we could call it today intersubjective) approach. But still, in my institute and formerly in GASi I could work and talk and

write about it. Today even psycho-analytic institutes invite me to talk about the multiple "locations of elaboration" of dreams.

The Ukrainian large group is actually a wonderful example of more than identity, but also of how to work on dreams in a large group, complementary to small groups and individual therapy, in a societal way. Everything hidden and unspoken was dreamt and re-dreamt in the Sandwich's large group we dedicated to dreams every 3 months: from the loss of their former betrayed Russian identity, their being called Nazis and fascists, their escape to other countries and their terror from killing and raping Russian soldiers. It was this ability to share and to "belong" that helped to develop their resilience against post-trauma.

Why could national institutions or networks belong to the EFPP? Interconnectedness serves inclusion and non-dictatorial identities. Judging from my institution's mediocre interest, it means that the affiliation with the EFPP should be stronger. It could be done by planning to organize conferences where every time 2-3 institutes have a more prominent place. Often it should be the interest of the EFPP and their presentation of its **identities**.

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Potentially personally identifiable information presented in this contribution that relates directly or indirectly to an individual or individuals, has been changed to disguise and safeguard the confidentiality, privacy and data protection right of those concerned, in accordance with the journal's anonymisation policy.

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Actos de análisis, "solamente" para analistas[17]

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Resumen

El texto examina la especificidad del psicoanálisis fundado por Freud como un campo de saber y una práctica clínica irreductibles a la sugestión y a las psicoterapias adaptativas. Sitúa la eficacia analítica en el acto, la transferencia y una ética que subordina la cura al trabajo del inconsciente. Recorre la tensión entre ciencia, técnica y ética, destacando el papel central del deseo del analista. Analiza críticamente las clasificaciones diagnósticas contemporáneas y las "nuevas patologías". Concluye que no hay clínica psicoanalítica sin ética, ejemplándolo a partir del caso de Emmy von N.

Abstract

The text examines the specificity of psychoanalysis founded by Freud as a field of knowledge and a clinical practice irreducible to suggestion and adaptive psychotherapies. It situates analytic efficacy in the act, transference, and an ethics that subordinates cure to the work of the unconscious. It explores the tension between science, technique, and ethics, emphasizing the central role of the analyst's desire. It critically addresses contemporary diagnostic classifications and so-called "new pathologies." It puts forward the view that there is no psychoanalytic clinic without ethics, illustrated through the case of Emmy von N.

La transferencia es la puesta en acto de la realidad del Inconsciente

Lacan. (1987: 130)

El nacimiento del Psicoanálisis marca el comienzo de una época en la que Freud imprimió a su vez su impronta indeleble, marca que hoy en día persiste, dejando un trazo que lo llevo a postularse sin falsa modestia -y a ser asimismo reconocido- como uno de aquellos que establecieron un giro definitivo y sin retorno en el desarrollo del pensamiento humano. Giro logrado al asestar un golpe

[17] Trabajo presentado el 7 de noviembre de 2025 en la Mesa Redonda organizada por la Federación Española de Psicoterapia Psicoanalítica: *Conversaciones sobre Psicoterapia Psicoanalítica".*

definitivo, nada menos que a la pretensión egocéntrica a la que está habituada el cogitar humano. Es así como Freud mismo se ubica en el fin de una serie que comenzando con Copérnico se extiende a Darwin.

Por otro lado, sabemos que Freud siempre aspiró a que el psicoanálisis se inscribiera como una de las "Naturwiessenschaft" es decir, de las ciencias de la naturaleza.

¿Es que era para Freud posible concebir otras ciencias?

Podremos a esta altura plantearnos el interrogante acerca del cumplimiento o no de esta aspiración del creador del psicoanálisis de transformar a su criatura en una ciencia de la naturaleza (*Naturwiessenschaft*) e inclusive abrir la discusión acerca de sí se podrá tratar de otra categoría de ciencia, pero en cambio no se nos presentan dudas en cuanto a su eficacia como método clínico y terapéutico, que además abre y posibilita la investigación del espíritu humano, método que basado en las series teóricas de Freud y de una legión de seguidores se ha constituido en una producción constante y fecunda de un saber obtenido y sostenido en una clínica y una praxis articuladas a su vez por ese saber particular.

Vemos entonces que Freud fundó ese nuevo campo de saber en la historia del pensamiento, orientado precisamente a pensar "en lo humano", pero desde la perspectiva singular que le permitieron sus investigaciones y descubrimientos: Entre otros el postulado de lo Inconsciente, concepto al que

convendría adjetivar como freudiano (en la medida qué hay muchas cuestiones del pensar y del actuar del hombre que no son conscientes y no por ello conciernen al Inconsciente freudiano).

Así vemos como el Inconsciente freudiano define junto con otros conceptos fundamentales psicoanalíticos un campo de investigación clínica, así como de una particular práctica terapéutica –

campo que habiendo sido tributario de las ciencias formales de su época en algún sentido las excede-. Y lo hace en virtud de los conceptos de la llamada metapsicología, sin por ello deslizarse plenamente hacia una construcción metafísica[18] y/o evanescente de la mente, pero tampoco quedando acotado en una fenomenología objetivante de las conductas, y mucho menos resuelto en un empirismo carente de formalización. Así veremos por ejemplo que estos conceptos fundamentales de la teoría como el de pulsión (*trieb*) o el de Inconsciente son refractarios a las alternativas citadas anteriormente (especulaciones metafísicas) por haber sido pergeñados a partir

[18] Metafísica;(del griego *metá ta physikà,* más allá de los libros de física) En su origen, título dado por Andrónico de Rodas (hacia el año 50 a.C.), el editor del corpus aristotelicum, a un conjunto de libros de Aristóteles cuyo tema le pareció análogo al de los libros de física. Históricamente, pues, la metafísica es el tema de que tratan los libros de Aristóteles puestos por Andrónico después de los físicos. La tradición ha interpretado el hecho de ir después «metá» de la física, en el sentido de un saber que va más allá de la física, o del conocimiento de la naturaleza, en busca de principios y conceptos que puedan explicar el mundo físico. -*Diccionario Herder de Filosofía-*

de un modo de investigación clínica particular ordenada desde el método y la teorización psicoanalíticas, creadas y desplegadas en gran medida por la formación médica (neurológica) de su iniciador.[19]

La eficacia clínica del Psicoanálisis

El debate siempre sostenido, en torno a establecer diferencias entre el psicoanálisis y la llamada psicoterapia analítica por un lado y por otra parte con distintas terapias de otra orientación o marco conceptual diverso al psicoanalítico, deja al menos dos interrogantes:

- El primero de ellos nos llevará a pensar, cuáles son las coordenadas genuinas que hacen a la eficacia del psicoanálisis como método terapéutico.
- La segunda cuestión podríamos llamarla "técnica", es decir el modo operativo, como se establece el dispositivo analítico, y las diversas formas de intervención del analista. El orden en el que se han presentado estas dos alternativas de la práctica analítica no es aleatorio ni contingente, ya que sin duda los elementos formales dependerán de los de estructura. En palabras de Freud (Conferencias de introducción, 1916-1917): «Nuestra terapia obra haciendo consciente lo inconsciente, venciendo resistencias, llenando lagunas de la memoria; todo lo demás es secundario.» (Freud, 1991: 453).

La renuncia a la hipnosis y a la sugestión (no son parte del acto analítico)

Comenzaremos definiendo por lo contrario a la eficacia analítica: ella no se debe a la sugestión.

Es cierto que el mismo Freud jamás renunció por completo a la sugestión, así como que no hizo de la misma más que un elemento secundario y en algún caso accesorio de la cura analítica.

El nacimiento mismo del psicoanálisis se produce en la apuesta ética de su creador al abandonar en principio la hipnosis y también el forzamiento por sugestión de los recuerdos y asociaciones reprimidas referidas a la etiología los síntomas de sus pacientes, además de dejar también de lado la vía de la sugestión para la supresión sintomática, reemplazando estas formas de abordaje por la libre asociación elevada al status de Regla Fundamental, premisa ésta que, que en su correlato con la atención flotante del analista establecen la orientación princeps freudiana para la labor analítica con las formaciones del inconsciente.

[19] Los conceptos de pulsión (*Trieb*) así como el de Protofantasías (*Ürphantasie*) tal vez sean los únicos objetos de especulación metafísica al plantear un salto desde lo biológico (carga, energía) a una representación mental para dicha energía, y lo que concierne a un pasaje transgeneracional a nivel de las fantasías "arquetípicas" para el segundo.

Una psicoterapia que tenga por resorte operativo esencial a la sugestión -sea esta llevada a cabo por un terapeuta de formación analítica o no- difícilmente podría considerarse como analítica

La cuestión de la transferencia

No hace falta más que leer a Freud en sus *Consejos al Médico sobre el tratamiento Psicoanalítico* (1912) o su opinión sobre la sugestión en *Sobre Psicoterapia* (1905) para corroborar nuestra ponencia, 'así como el método analítico revela el inconsciente –afirma Freud– el de la sugestión lo oculta. **(**Freud, 1991: 259).

Propongo ahora recorrer algunas cuestiones más acerca de la sugestión que no son menores, en principio el de su reemplazo por el fundamental concepto de Transferencia, presentada por Freud en distintos escritos como fenómeno ineludible y a su vez eje clínico y espacio central operativo de la intervención del analista, del acto analítico, de la interpretación y de la construcción.

Transferencia que, al decir de Lacan, en su dominancia simbólica (Sujeto supuesto Saber) suscita las asociaciones del analizante a partir de lo que Lacan denomina apertura del inconsciente. El analista desde ese lugar podrá dirigir la cura, no la vida del paciente, ni erigirse como modelo ideal, o indicar cuales son los buenos o malos objetos, o que es lo mejor para su existencia, actitud esta, que nos llevaría a una posición de dominio o de influencia del terapeuta sobre la vida misma de su paciente.

Es que el discurso del amo no podrá ser el discurso del analista, ya que a este último lo anima un deseo -el del analista- que conduce al sujeto hacia el deseo inconsciente mientras que el primero, inversamente lo ocultará tras un saber preconstituido.[20]

La propuesta freudiana que consiste en supeditar la cura al acto analítico, y así subvierte el orden lógico de cualquier psicoterapia u otra forma de influencia benévola de un sujeto sobre otro. En éstas la idea directriz es curar, en general de acuerdo con un concepto de salud establecido y normativizado, que llega al paciente desde el terapeuta en un lugar de benefactor -discurso del amo-, al cuál es necesario que el analista renuncie o suspenda en su acto.

Metapsicológicamente hablando lo que un terapeuta que apunte a buscar curar[21] implementaría así, es una dirección del tratamiento desde el ideal del yo, se dé cuenta o no de que opera desde allí, a su vez dicha intervención apuntará al sistema Yo/Ideal del yo del paciente.

El dispositivo analítico en cambio relativiza las cuestiones del orden del Ideal del yo y minimiza el plano del reconocimiento y de las identificaciones yoicas, al liberar el decir del analizante y desamarrar vía asociación libre la palabra de las representaciones formales finales.

[20] Lacan, J. (1992). El seminario. Libro 17: *El reverso del psicoanálisis*. Paidós. (Seminario dictado en 1969–1970).

[21] Recordaremos aquí la advertencia de Freud acerca del "furor curandi".

Primero te analizas y en consecuencia te curas

La *via di levare* y la *cura por "añadidura"* sugeridas por Freud, indican otro ordenamiento lógico- antes que cronológico- de alta eficacia clínica.

Es cierto que en los tiempos que corren, factores económicos, sociales, exigencias de las empresas de salud privadas o públicas entre otros, parecen conspirar contra los tiempos del psicoanálisis, planteando algo así como "Primero te curas, y en todo caso luego te analizas" Del lado del analista

La lógica del tratamiento psicoanalítico y la singularidad de su práctica dependen de un modo categórico de la posición ética del analista. No se trata desde ya, de la particular moral de tal o cual analista, sino de lo que atañe a la posición de un sujeto ante lo inconsciente. Solo quien tiene la convicción acerca del inconsciente y sus vicisitudes –y nunca está de más decir que esto se consigue en la experiencia de un análisis– podrá sostener el lugar de la interpretación, de la transferencia del analizante, y las instancias del fin de análisis sin el recurso del Ideal del yo.

Esta posición ética sitúa tanto al analista como al analizante frente al deseo inconsciente en el marco de un dispositivo de análisis y los lleva a asumir una particular responsabilidad ante sus actos, sus dichos, sus silencios, omisiones, aún ante sucesos de su vida cotidiana, así es como todo ha de pasar vía de la palabra del analizante en transferencia, es decir dirigida como demanda de amor a su analista.

El acto del analista deriva siempre de su escucha particular –no de la observación intuitiva de su "paciente", deriva decíamos de la activa escucha analítica. Es así como el analista tampoco prescribe un tratamiento standard para las neurosis, sino que fija las condiciones del dispositivo analítico para que se produzca el desarrollo del análisis. La demanda de curación, la queja ante el sufrimiento, son tomadas y en general el decir del analizante son escuchadas en su singularidad, orientando las intervenciones del analista, y llevando al acto del analista, que garantiza así una cura a medida del deseo del analizante, que se podrá reconocer como un analizado al fin de su trayecto.

Diferenciadas las psicoterapias del psicoanálisis, nos queda algo por decir acerca de la llamada psicoterapia de orientación analítica: ¿qué la hace distinta de un tratamiento psicoanalítico?

- Un criterio normativo o regulatorio institucional, no nos parece una buena respuesta, al menos para los propósitos del presente trabajo. Es obvio que una frecuencia alta de sesiones -por ejemplo- favorecerá, tanto como el uso del diván el desarrollo del proceso de análisis, pero no se pueden considerar esenciales o equiparar en importancia a la Regla fundamental, a la interpretación del deseo o al trabajo de análisis sobre las formaciones del inconsciente
- Un criterio nosológico que plantea a las llamadas "nuevas patologías", más severas, "narcisistas" o borderline, para las cuales el psicoanálisis en su versión clásica no sería tan efectivo, o bien casos en los que el analista utilice otros recursos terapéuticos, farmacológicos, en los cuales otros efectos curativos o paliativos son combinados a los del análisis.

¿Se pueden llamar a estas alternativas psicoterapias como de orientación analítica?

Sí, en tanto sean llevado adelante por un analista/terapeuta que no descuide la escucha ni los fundamentos freudianos, que sostienen aún en estos tratamientos la posibilidad del acto analítico.

¿Hay clínica sin ética?

A meses del año 2026, con un desarrollo científico, como las neurociencias o la farmacoterapia, que avanza cada vez a pasos más rápidos, o las terapias focales orientadas principalmente a reducir los síntomas, más "breves y económicas". Me pregunto, ¿Qué hago siendo psicoanalista?

Dicen además las estadísticas que en materia de salud mental hay nuevas patologías que asolan nuestra civilización posmoderna y "light". Patologías que contrastan su "severidad" y su "actualidad" con las clásicas de la nosografia freudiana, patologías más narcisistas que las de antes. Me pregunto también si podré abordar alguna de estas patologías actuales con un método creado hace más de cien años. ¿Qué hago con el mundialmente difundido código clasificatorio llamado DSM-V ...?

Un analizante me acerca un formulario de su cobertura médica, desde la que me solicitan que lo clasifique según el mentado código. De este modo le reintegrarían al menos parte de los honorarios que paga por su análisis. A mi paciente o a su padecimiento le correspondería un número de tres cifras. Por mi parte nunca lo había visto así, yo he recibido y escucho (sobre todo esto último) a un sujeto que sufre por sus síntomas, que goza o transcurre por su vida, (y que también querría que su seguro médico le reintegre algo de lo que paga en su análisis).

¿Tal vez a él no le importe demasiado el ser clasificado en una cifra? ¿O, sí?
Además de las neurosis, psicosis y perversiones. Las "nuevas" patologías severas ¿conforman una nueva estructura?

Lo que hemos leído hasta aquí, no es de poca importancia, en cuanto a nuestro quehacer se trata y dio lugar a un profundo sondeo, a través de la formación de un comité integrado por prestigiosos miembros de la IPA, que por medio de consultas, una encuesta de alcance internacional y la publicación del correspondiente informe, en el Newsletter IPA nº1 de 1999[22], inició una discusión sobre estos temas que alcanza hasta nuestros días.

El presente escrito pretende aportar al debate general lo que concierne al analista y su acto, partiendo de la premisa: **No hay clínica sin ética** (al menos para el psicoanálisis).

Los consejos de Freud, una cuestión de ética

En el año 1912 Freud publica algunos de los llamados escritos sobre técnica. Uno de ellos es *Consejos al médico en el tratamiento analítico*. Estas reglas técnicas son al decir de Freud "el fruto de una

[22] International Psychoanalytical Association. (1999). IPA Newsletter (N.º 1).

larga experiencia". Deja Freud, sin embargo, lugar a la modificación a cargo de otros analistas con sus diversos pacientes y aclara que estas son las prácticas adecuadas a su persona "individual".

Estos consejos, no son solamente una indicación para la dirección de la cura, sino que a mi entender son la piedra basal para una ética del psicoanalista, ya que, de ponerlos en acto sitúan a un sujeto - el analista - en una posición única frente a otro - el analizante. Este trabajo de lectura sencilla, pero de no tan fácil aplicación nos enfrenta desde el primer consejo con la atención flotante, forma en que el analista deberá escuchar al analizante y por si esto fuera poco, con el concepto de a posteriori, forma en que surgirá la lectura, desciframiento e interpretación de lo dicho. A renglón seguido Freud nos pone en la certeza de que es en el entrecruzamiento de la atención flotante del analista, con la asociación libre del analizante donde se darán las coordenadas del trabajo analítico. En el cuarto consejo (d) leemos:

"La coincidencia de la investigación con el tratamiento, es desde luego uno de los títulos más preciados de la labor analítica, pero la técnica que sirve a la primera se opone, sin embargo, al segundo a partir de cierto punto. Antes de terminar el tratamiento no es conveniente elaborar científicamente un caso y reconstruir su estructura, o intentar fijar su trayectoria como lo requeriría el interés científico. El éxito terapéutico padece en estos casos utilizados para un fin científico. En cambio, obtenemos los mejores resultados terapéuticos, en aquellos otros en los que actuamos como si no persiguiéramos un fin ninguno determinado, dejándonos sorprender por cada nueva orientación y actuando libremente y sin prejuicio alguno..." (Freud, 1991: 115–116).

Deberán disculparme mi recurrencia a la cita freudiana y a la transcripción casi integra de este "consejo", pero cualquier intento de síntesis le restaría elocuencia y claridad.

Intentaré en cambio asumiendo el riesgo que esto implica, rescatar en pocas palabras las ideas de los cuatro últimos consejos (*f, g, h, i*):

- Con la metáfora del teléfono y la comunicación de inconsciente a inconsciente nos propone realmente suspender la comprensión lógico formal del material escuchado, y para ello recomienda el análisis del analista.
- Luego una serie de renuncias aconsejadas para evitar lo que llamaré "la trampa del ideal del yo". "La ambición pedagógica es tan inadecuada como la terapéutica" -nos dice Freud-, y no es que piense que el tratamiento no es una cura, sino que esta ha de sobrevenir por añadidura, como efecto del análisis del mismo.

Se podrá pensar leyendo estos consejos, que el proceso terapéutico no será el resultado de una "comunicación lograda", ni de una transmisión docta de conocimientos previamente adquiridos, ni es pedagógico ni cognitivo, y que además en el curso del mismo deberá suspenderse la irreprochable vocación "curandi" del analista. Aunque estos fines estén sostenidos en ideales considerados nobles y humanitarios, durante la intervención del analista habrán de ser suspendidos.

De la escucha analítica se despeja un sujeto, un sujeto del deseo, del deseo inconsciente, ese que Lacan anota como $ (sujeto dividido).

Un sujeto que resiste a toda clasificación normativizante, a todo código de barras. No un sujeto de hecho sino un sujeto despejado lógicamente del discurso del analizante en el dispositivo analítico; que no es ni la persona que habla ni el yo, ni el self verdadero, ni el falso:

El sujeto correspondiente al campo del psicoanálisis es un sujeto verdaderamente singular, realmente singular[23]

El mismo dispositivo analítico crea así las condiciones para el despliegue del saber inconsciente. Es notorio por otra parte, que la regla fundamental confronta además al analizante y al analista con puntos donde decir es imposible.

Es así que la tarea de desciframiento del discurso en torno a las formaciones del inconsciente, desciframiento -nunca estará de más decirlo- en clave singular, a través una operación del analista, la interpretación.

La presencia del analista ante lo Real de la clínica

También se requerirá su presencia ante lo indescifrable de la letra, goce inscripto del cual, sin embargo, es imposible decir.

Imposibilidad de la estructura que no se ha de confundir con la impotencia del sujeto -al menos del neurótico- que retrocede ante la castración del Otro, punto ético del analista que ante la falta en ser del sujeto, bien podría vacilar y ofrecerse y ofrecer alguna "otra" solución que alivie, que normativice, que obture la falta.

Angustia del analizante cuando no angustia del analista, lugar desde el que se dispara el amor de transferencia, donde se pierde todo bienestar, más allá del principio del placer, al cual el proceso analítico mismo y la posición (ahora si ética) del analista conducen en su "vía de levare" y obturarían con cualquier "vía de porre".

Si el síntoma alejaba al sujeto de su deseo cristalizándolo, el analista cuando se ofrece a la transferencia y oferta además el lugar y el tiempo para el relanzamiento del deseo a la palabra, libera al deseo de las redes del síntoma, con la salvedad -ya lo dijimos- de que en lo concerniente al síntoma y al fantasma no todo puede ser dicho.

La demanda de análisis no es poca cosa, sobre todo si se piensa en los millones de personas que padecen de neurosis, sintomales o no, y que en cambio deciden optar por otros caminos para

[23] El sujeto del deseo no es un sujeto de hecho (fáctico). Es en la la lógica de escucha analítica, y en el dispositivo analítico que se despeja dicho sujeto, el sujeto del deseo, del deseo inconsciente, ese que Lacan anota como $ (sujeto dividido) [Sciarretta, R. Nota de clase sobre el seminario XI de J Lacan "Los cuatro conceptos fundamentales del psicoanálisis"]

liberarse de su sufrimiento. Un analista no podrá menos que honrar ese acto con otro que esté a su misma altura.

En este sentido es que el acto analítico y sus consecuencias diferencian al psicoanálisis de toda otra forma de asistencia humana.[24]

"Dar pescado o enseñar a pescar"

Me decía un paciente al comienzo de su análisis, refiriéndose al mismo con la cita bíblica:

- aquí no das pescado, ¿No? enseñas a pescar. "Ni dar pescado ni enseñar a pescar" pensaba yo sin contestarle nada: ni obturar la falta en el Otro, ni enseñarle al sujeto maniobras para que lo haga, en cambio apostar a favor de ese punto vacío fecundo. Punto del deseo del analista.

El deseo del analista ante un caso de patología "severa"

A modo de conclusión, propondremos en un breve y fragmentario recorrido por el historial freudiano, el de Emmy de N., caso inicial de una serie de cuatro, que presenta de un modo exhaustivo Freud en sus "*Estudios sobre la Histeria*". Caso en el que podemos apreciar los diversos momentos clínicos en los que el terapeuta aplica hipnosis, o bien sugestión en busca de traer a la luz recuerdos penosos o de situaciones traumáticas pasadas, así como también intenta la supresión de síntomas, en una paciente con intensa sintomatología histérica, pero también con leves delirios, o algunas alucinaciones.

Paciente que el propio Freud descubre como muy susceptible por momentos al trance hipnótico, al estado de sonambulismo y con momentos alternativos entre la mejoría y el empeoramiento, así como destaca la colaboración al tratamiento o bien las resistencias que la paciente opone al mismo alternativamente. El tratamiento fue muy exhaustivo, Freud lo relata día tras día, e indica cuando actuó por medio de la hipnosis y cuando por la sugestión tocando suavemente la frente de la paciente y sugiriéndole recordar, técnica que generalmente resultaba exitosa.

Me pareció oportuno tras una presentación resumida del cuadro sintomático presentar unos breves fragmentos del historial para ver una reacción que se produce ya en la primera sesión por parte de la paciente. Se trató de una reacción (reacción ésta, cuyo significado inconsciente se iría aclarando en el transcurso del tratamiento) al leve contacto físico, que el terapeuta tuvo con ella en procura de suscitar recuerdos o asociaciones.

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[24] Lacan, Seminario 1*5 El acto analítico.* (Clase del 10 de enero de1968)

El sujeto del acto analítico, sabemos que no puede saber nada de lo que se aprende en la experiencia analítica, salvo lo que se opera en lo que se llama la transferencia.

Yo he restaurado a la transferencia en su función completa remitiéndola al sujeto supuesto saber. El término del análisis consiste en la caída del sujeto supuesto saber y su reducción a un advenimiento de ese objeto (a) como causa de la división del sujeto que viene a su lugar.

El que fantasmáticamente con el psicoanalizante juega la partida respecto al supuesto saber, a saber, el analista; en éste, el analista el que llega al término del análisis a soportar el no ser más nada que ese resto, ese resto de la cosa sabida que se llama el objeto (a).(2008. Pag. 19).

Propongo ahora destacar en algunos párrafos textualmente seleccionados del propio historial, el momento en que días después y a partir de la reacción de la paciente Freud incluye un comentario acerca de dicha cuestión:

Señora Emmy von N. (40 años, de Livonia)

El 1º de mayo de 1889 comencé a prestar atención médica a una dama de unos cuarenta años, cuyo padecimiento y cuya personalidad despertaron tanto mi interés que le consagré buena parte de mi tiempo e hice de su restablecimiento mi misión. Era histérica, y con la máxima prontitud caía en estado de sonambulismo; cuando reparé en esto, me resolví a aplicarle el procedimiento de Breuer de exploración en estado de hipnosis, que yo conocía por comunicaciones del mismo Breuer sobre el historial de curación de su primera paciente. Fue mi primer intento de manejar este método terapéutico; yo estaba aún muy lejos de dominarlo, y de hecho no llevé suficientemente adelante el análisis de los síntomas patológicos....
...Se trata de una señora de alrededor de cuarenta años. Se presenta con una actitud contraída y doliente, ojos entrecerrados, tartamudea, habla en voz muy baja y presenta afasia espasmódica.Muestra gran agitación y "tics" en los músculos de la cara y cuello, cada tanto interrumpe su decir con un chasquido.Tiene pánico de ir a un manicomio como su madre y su prima que estuvieron internadas algún tiempo. A la edad de 19 años levantó una piedra y vió un sapo, por lo que perdió el habla durante horas.
"A veces - dice- *tengo tanto miedo que me parece que me voy a morir".*
Presenta delirios y alucinaciones zoológicas con ratas y sapos que además están relacionados con gastralgias.También padeció periodos de anorexia, relacionados con la pérdida de seres queridos....

1º de mayo de 1899

(Freud ejerce una leve presión o contacto en la frente de Emmy a efectos de ejercer sugestión, lograr la hipnosis y suscitar asociaciones o recuerdo traumáticos, intentando producir a la vez supresión sintomática):

…Lo que dice es de todo punto coherente y atestigua evidentemente una formación y una inteligencia nada comunes. Por eso es tanto más extraño que cada tantos minutos se interrumpa de pronto, desfigure el rostro hasta darle una expresión de horror y de asco, ***extienda hacia mí su mano*** *con los dedos abiertos y crispados, y al tiempo que lo hace prorrumpa en estas palabras con una voz alterada por la angustia:* ***«¡Quédese quieto! ¡No hable! ¡No me toque!».***[25]

Es probable que se encuentre bajo la impresión de una cruel alucinación recurrente y con esa fórmula se defienda de la intromisión del extravío. Pero esa intercalación concluye de manera igualmente repentina, y la enferma prosigue su discurso sin desovillar esa excitación presente, sin explicar su comportamiento ni disculparse; es probable, entonces, que ella misma no haya notado la interrupción...

2 de mayo

....Es notablemente apta para la hipnosis. Le acerco un dedo, le digo «¡Duérmase!» y ella se abandona con expresión estupefacta y turbada. Le sugiero que dormirá bien, que mejorarán todos sus síntomas, etc.; ella lo escucha con los ojos cerrados, pero con una atención inequívocamente tensa; al mismo tiempo, distiende poco a poco su gesto y cobra una expresión de paz. ***De esta primera hipnosis le queda un oscuro recuerdo de mis palabras; ya tras la segunda le sobreviene un sonambulismo total (con amnesia)....***

El **10 de mayo** Freud comenta la actitud reiterada de la paciente así:

[25] a partir de este momento destacaré en negritas algunos fragmentos del texto original freudiano. Ricardo Roveta

....Así, y ya durante el masaje, mi influjo se hace valer todas las veces; se apacigua, más clara mentalmente, y aun sin inquisición hipnótica halla las razones de su desazón del momento. Además, la conversación que sostiene conmigo mientras le aplican los masajes no es un despropósito, como pudiera parecer; más bien incluye la reproducción, bastante completa, de los recuerdos e impresiones nuevas que han influido sobre ella desde nuestra última plática, y a menudo desemboca, de una manera enteramente inesperada, en reminiscencias patógenas que ella apalabra sin que se lo pidan ***. Es como si se hubiera apoderado de mi procedimiento y aprovechara la conversación, aparentemente sin objeto y guiada tan sólo por la casualidad, para complementar la hipnosis****…(Freud & Breuer, 1985: 259)* [26]

Cuando el terapeuta desde la primera sesión procedió a hipnotizarla a efectos de ejercer sugestión y suscitar asociaciones o recuerdo traumáticos, o intentando producir a la vez supresión sintomática la paciente (Emmy) le dijo: ***"No me hable, no me toque".*** (Freud & Breuer. 1985: 77).

De esto hacen ya más de ciento veinte años, y, al menos para la terapia psicoanalítica, de la hipnosis y la sugestión no ha quedado casi nada. Si bien la hipnosis fue una herramienta fundamental en los inicios del psicoanálisis, utilizada en casos como el de Emmy von N. para acceder al inconsciente y aliviar síntomas histéricos. Sin embargo, sus limitaciones (resistencia de los pacientes, resultados temporales, dificultad para manejar la transferencia) llevaron a Freud a abandonarla en favor de la asociación libre y el análisis de la transferencia, que se convirtieron en los pilares del psicoanálisis. El caso de Emmy von N. es particularmente relevante, ya que sus sesiones con Breuer muestran tanto el uso de la hipnosis como los primeros pasos hacia la asociación libre, marcando una transición clave en la evolución del psicoanálisis, entre otras cuestiones lo que se refiere a la posición del terapeuta/analista en cuanto a la dirección del tratamiento.

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[26] "Es esta, quizá, la primera oportunidad en que se empleó lo que más tarde sería el método de la asociación libre". Cita textual de nota al pie en Traducción al español (Estudios sobre la histeria (J. Breuer & S. Freud, autores; 2.ª ed.; "Historiales clínicos", "Señora Emmy von N."). Amorrortu. (Trabajo original publicado en 1893–1895).(1985 T1. pag. 43.)

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¿Qué es la psicoterapia psicoanalítica? [27]

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Resumen

El artículo intenta recordar que la Psicoterapia Psicoanalítica, práctica psicoanalítica derivada del Psicoanálisis, no es algo lejano o incomprensible. La experiencia de la psicoterapia psicoanalítica es algo muy cercano, muy humano. Es, además de una relación interpersonal intersubjetiva, una relación de cuidado, un espacio donde el sufrimiento se puede expresar, una experiencia de contención emocional, el encuentro de dos personas, donde impera el respeto, donde se piensa conjuntamente, donde se le da una importancia inmensa a lo que uno siente, paciente y terapeuta, donde se aclaran estos sentimientos que muy frecuentemente son negados y nos hacen daño desde dentro. La Psicoterapia Psicoanalítica es ponerles palabras a los sentimientos, sentir que alguien te escucha, sentirse entendido. Es un lugar donde pensar, donde pensar juntos.

Abstract
The paper aims to remind us that Psychoanalytic Psychotherapy, a psychoanalytic practice derived from Psychoanalysis, is not something distant or incomprehensible. The experience of psychoanalytic psychotherapy is something very close, very human. It is, in addition to being an intersubjective interpersonal relationship, a relationship of care, a space where suffering can be expressed, an experience of emotional containment, the encounter of two people where respect prevails, where they think together, where immense importance is given to what each person feels—patient and therapist—where these feelings, which are so often denied and harm us from within, are clarified. Psychoanalytic Psychotherapy is about putting words to feelings, feeling that someone is listening to you, feeling understood. It is a place where thinking takes place jointly.

[27]Trabajo presentado el 7 de noviembre de 2025 en la Mesa Redonda organizada por la Federación Española de Psicoterapia Psicoanalítica: *Conversaciones sobre Psicoterapia Psicoanalítica".*

El objeto de este ensayo es pensar acerca de lo que para mí representa la Psicoterapia Psicoanalítica, tanto en su desempeño, como en su estudio y enseñanza. Verán que tiene un sesgo de trabajo en el sector público, y muchos pueden opinar que a la práctica psicoterapéutica ejercida allí no se le puede llamar psicoterapia psicoanalítica. Pero, desde luego, el Psicoanálisis aplicado a la asistencia pública ha marcado cada una de mis intervenciones con mayor o menor acierto. He podido desarrollar espacios de psicoterapia psicoanalítica grupal, espacios de psicoterapia psicoanalítica breve o focal y espacios de psicoterapia de apoyo de inspiración psicoanalítica. Ha sido en el ámbito privado donde he podido desarrollar la práctica de la psicoterapia psicoanalítica propiamente dicha.

Sabemos que el Psicoanálisis es, por un lado, una teoría sobre la conducta humana, por otro una técnica terapéutica y finalmente un método de investigación del psiquismo humano.

Pero desde luego es un modelo para pensar en el psiquismo humano, desde el nacimiento (hay quien piensa que ya antes de la concepción) hasta la muerte, tanto en lo que llamamos salud mental como en lo que llamamos enfermedad.

En tal marco han nacido y se han desarrollado variadas prácticas psicoterapéuticas que tienen en común la aceptación de una idea central: *la importancia decisiva de la dinámica inconsciente en el desarrollo humano y en el establecimiento de la salud y de la enfermedad mental.*

Mi acercamiento al Psicoanálisis fue temprano. A los 17 años, (1975) acudí a unas conferencias sobre Freud. Era una época muy especial en España ya que todavía vivíamos en un Estado dictatorial, así que hablar de Freud, de cambio psíquico, de psicoterapia, podía ser hasta peligroso. En esas conferencias escuché que se podía ayudar a las personas a no sufrir mediante la comprensión del porqué de su sufrimiento emocional. Escuché allí hipótesis del origen del malestar y un método para lograr eliminarlo. Aquello me llevó a decidir estudiar Medicina, para ser Psiquiatra y posteriormente ser Psicoanalista.

Y creo que no me equivoqué. Aunque cuando empecé Medicina, Freud era un gran desconocido. En la facultad te explicaban cómo se originan las enfermedades, desde la fisiología hasta la patología general, en cada uno de los órganos, aparatos o sistemas de nuestro cuerpo. Hasta que llegaba la asignatura de Psiquiatría, donde parecían conformarse con hacer descripciones clínicas, ya que el origen del trastorno o era orgánico o permanecía en las tinieblas. Se trataba de eliminar los síntomas utilizando los medios que se tenían al alcance, y aunque a veces no se conocía como actuaban esos medios, se intentaba explicar desde la biología las enfermedades mentales. Sí que había tres paradigmas, además del biológico, que definían una psicopatología que intentaba pasar de ser descriptiva a ser comprensiva. El cognitivo conductual que pienso se queda en la superficie, pensamientos y conductas; el sistémico que al menos se acerca a los distintos papeles que adoptamos en los diferentes grupos donde participamos, y como eso puede ocasionar malestar y

sufrimiento; y el psicoanalítico, donde la idea del trauma externo, del conflicto interno o la de la carencia afectiva en nuestra infancia (el defecto, la falta básica) nos permite acercarnos a la persona de una forma bien diferente, intentando comprender lo que le ocurre y el porqué de lo que le ocurre.

Y si el Psicoanálisis es un modelo para pensar recordaremos, siguiendo a Bion, que pensar es un hecho de la relación con el otro y se establece gracias a que ha existido una relación con un objeto pensante. Una relación de conocimiento. Esta es una buena definición de la psicoterapia psicoanalítica.

Desde hace ya más de 45 años vengo atendiendo a "enfermos", decía al principio; "pacientes", decía después; "personas", digo ahora. Y desde 1993 he trabajado en una Unidad de Salud Mental Comunitaria (USMC) a lo largo de 31 años. Y si algo me define probablemente es que me considero un clínico, alguien que tiene un contacto directo con el sufrimiento emocional de las personas, que atiende a personas que necesitan ayuda. Si repaso en mi memoria no sé si siempre fue así. Lo digo porque al principio no acababa de distinguir mis miedos de los miedos de las personas con las que tenía esos contactos. Me atrincheraba detrás de unas descripciones clínicas que definían con claridad cuál era la frontera entre la locura y la normalidad: ellos están locos y yo soy normal. Supongo que todos necesitamos levantar esas fronteras. Me asustaba ver las reacciones de éstos ante el miedo que les ocasionaba mi presencia. Qué miedo debe de causarles a estas personas la presencia de otros ya que siempre están en tensión y a punto de saltar para poder defenderse.

Como me lo explicaba con claridad Charo, de 33 años. Me pidió una mañana en la consulta un papel y un bolígrafo y dibujó un círculo, que era ella misma y, con una serie de flechas dirigidas hacia sí misma, dibujaba cómo sentía que todo el mundo estaba pendiente de ella. (Figura 1)

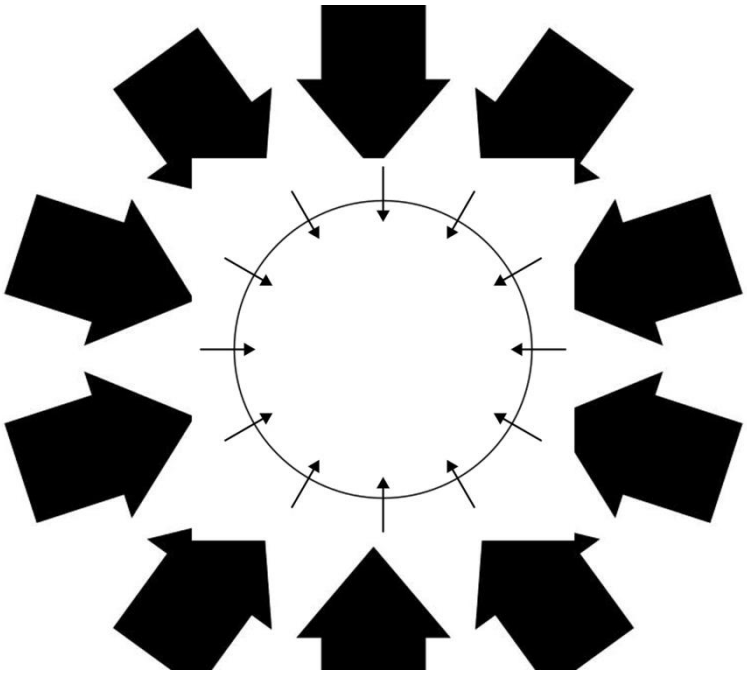

Figura 1

Debe de asustar mucho tener esta sensación. Entiendo que el padre, un rato después, viniera a decirme que Charo se había ido de la casa. No se fiaba de sus propias reacciones. Sí que había podido venir a la consulta. Y allí pudo expresar que le gustaría que esas flechas disminuyeran su intensidad.

A Joaquín lo conocí cuando tenía 17 años. Yo tenía 35. Prácticamente me estrenaba en el Hospital Macarena. Venía con una mujer que parecía más o menos de mi edad. Los invité a pasar. Me presenté, e inmediatamente él me preguntó, **¿tú eres mi padre?** Aquello me dejó descolocado.

No se me ocurrió preguntarle por qué me hacía esa pregunta, o si se encontraba angustiado por no saber quién era su padre. No. Yo me atuve a lo concreto y le contesté que no, que yo era un psiquiatra y que él había venido a consulta para ver si yo podía ayudarle, separando claramente el sano del enfermo. Qué diferente hubiera sido mi respuesta hoy día, sintiendo el desconcierto que debía de tener, el miedo ante esa persona desconocida, e intentando devolverle que parecía necesitar que su padre estuviera cerca de él.

Durante los años que estuve atendiéndole pude "sentirme" como su padre y como tal fui objeto de todo tipo de proyecciones, llegando a ser una especie de padre con el que identificarse con un superyó tolerante, comprensivo, firme, siempre presente a pesar de sus ataques, a pesar de los destrozos, de las sillas tiradas, de los meses sin dirigirme la palabra, de las miradas de odio. Nunca he llegado a conocer al padre (nunca vino a consulta) y supongo que este alejamiento del padre lo vivía como un rechazo hacia él, hacia todos los anhelos puestos en él, de padre, de amigo, de enemigo, de protector, de guía, de superyó. Pero sí que he podido conocer al padre ausente y al que él hubiera deseado tener.

Los pacientes son personas y como tales tienen sus historias, sus vidas. Y nosotros, sus terapeutas, entramos a formar parte de sus historias. En alguna ocasión me he escuchado referirme al privilegio que supone formar parte de sus historias. Aunque a veces las proyecciones resuenan sobremanera.

La experiencia de atender a personas con un trastorno psicótico es, desde luego, de las que más impacto ocasiona a un profesional de la salud mental. Las identificaciones proyectivas masivas te zarandean de tal manera, que cuesta dejarse invadir por ellas y no morir en el intento.

En estos años he atendido a muchas personas, probablemente varios miles. Algunos compañeros, sobre todo los residentes que han compartido conmigo espacio de consulta, me han preguntado cómo puedo atender a más de 20 personas en una mañana. Yo les decía que se trata de entregarte completamente a la persona que entra, de forma que pueda sentir en el pequeño rato que estamos juntos que me importa lo que le ocurre, que no me deja indiferente. Dejarse penetrar por los miedos, enfados, rabias, desesperación, y que puedan sentir que, aunque sea unos minutos, enfrente hay una persona que intenta comprenderla sin juzgarla, y que está de su parte, y cuando la despides, con la idea de volver a verla, entra una persona diferente a la que hay que entregarse de la misma manera.

Pedro es un paciente de 20 años de edad. Acude a la USMC remitida por su médico de cabecera por clínica depresivo-ansiosa. En la entrevista comenta como desde hace varios meses se siente

mal, no todos los días, angustiado, con ganas de llorar. Quizás tenga que ver con los estudios, dice. Pero al preguntarle por su familia empieza a llorar. Habla de cómo la relación entre sus padres no es buena. Comenta llorando que su madre lo usa de confidente, y él no quiere decirle que no le cuente esas cosas, "porque si no, a quien se las iba a contar". Si sale con su novia o los amigos se siente mal, porque su madre se queda sola en la casa. Él es el más pequeño de cuatro hermanos. Estudia segundo curso de una carrera universitaria. Le ofrecí un espacio para poder hablar "de estas cosas que le duelen", de cómo vive con culpa los problemas de relación con sus padres. De lo difícil que resulta crecer cuando hay que seguir siendo un niño para que su madre se sienta mejor. Poder hablar de su miedo a hacerse mayor. Al cabo de un año y, tras una ligera mejoría, se le ofreció hacer una psicoterapia semanal en un grupo. El paciente aceptó.

Alejandro tiene 57 años. Está casado y tiene 3 hijos. Desde hace más de 30 trabaja como técnico en una empresa de instalaciones eléctricas. Acudió a la consulta por un cuadro depresivo. Ya venía tratado por el médico de cabecera con un antidepresivo. El paciente se sentía muy dañado por sus jefes al no reconocerle la calidad de su trabajo. Lo describía como un caso de *mobbing*. Se le planteó que, en otro espacio, el judicial, ya estaba tratando el tema laboral, y que en el Centro le podíamos ayudar a poder elaborar ese daño emocional que él sentía. Al ser cuestionado en su trabajo llevó este cuestionamiento al conjunto de su vida. Él había investido a su trabajo con todo lo bueno que tenía y prácticamente no había dejado nada para el resto de sus actividades, incluida su vida familiar. Se le propuso un trabajo focal para poder recuperar parcelas de su identidad que creía perdidas, trabajo que realizó.

Son innumerables los ejemplos que se pueden traer. Como el de Mario, de 34 años, diagnosticado de esquizofrenia y que en la actualidad trabaja en una empresa de comunicación. Mario sufrió, de pequeño, varias operaciones de cirugía plástica y la ausencia de sus padres que acompañaban a su hermano por distintos países buscando tratamiento para la enfermedad "rara" que padecía. De esto hemos podido hablar en la consulta a lo largo de innumerables entrevistas. Pero para poder hacerlo ha sido necesario también "estar" en los momentos de crisis, "permanecer" como algo estable cuando él no podía pensar, sino sólo "expresar" su inmensa angustia mediante el delirio.

Creo que cualquiera de nosotros que quiera tratar a un paciente necesita comprender lo que le está pasando a esa persona en concreto que tiene enfrente. Tanto a nivel interno como a nivel externo. No siempre vamos a poder devolver a ese paciente nuestra comprensión, pero esta nos sitúa mucho más cerca de poder aliviar el dolor mental, el sufrimiento emocional. El poder escuchar, el poder comprender es algo que no debería dejarse en el baúl de nuestra práctica médica. El alivio que para el paciente supone sentirse escuchado y comprendido, sentirse contenido, amplía con creces el que le pueda reportar el ansiolítico o el antidepresivo. En la consulta privada es diferente. Hay más tiempo, más frecuencia y menos personas. Pero la entrega psicoanalítica es la misma.

"Para cumplir su cometido el analista debe vivir estados emocionales muy parecidos a los del paciente sin dejarse destruir por ellos: esto le permite continuar pensando" (Tous, 2000).

Claro, que me ha ayudado a poder hacer esto mi análisis personal con Emilio Jiménez, las supervisiones de mis maestros Antonio Pérez Sánchez, Víctor Hernández, Joan Coderch, Joana Mª Tous, entre otros, y sus enseñanzas.

Esto que escribo a continuación sería un pequeño resumen de lo que considero importante de esas enseñanzas. Primero que para la comprensión de la vida mental desde el punto de vista psicoanalítico es fundamental la idea de que el individuo se encuentra en relación con su entorno, desde que nace.

Dice Víctor Hernández, (2008) "El desarrollo del pensamiento y de la vida emocional y afectiva, tan característico y definitorio de lo humano…, se produce en el seno de una relación de mutua identidad y dependencia, "la relación madre-bebé", en la cual se inicia la vida relacional del niño y a partir de la cual esta vida relacional se va ampliando, extendiendo, diversificando y abriendo más y más a un mundo de relaciones cada vez más complejas".

"Poseemos un mundo interno estructurado de una forma dialogante y dialéctica, poblado de objetos internos que proceden de las experiencias relacionales habidas y vividas con personas u objetos externos, cuya introyección produce estructuras mentales relacionales con las que se construye la personalidad: es una de las características esenciales del ser humano, como lo son la de pensar y la de construir y organizar significados emocionales".

Y, por otro lado, la relación con nuestro entorno permite que las fuertes tensiones y necesidades que surgen desde dentro del individuo puedan exteriorizarse y encontrar afuera alguien, personas u objetos que puedan aliviar o satisfacer aquellas.

Escribe Antonio Pérez Sánchez (1996):

"El niño que llora con desesperación reclama la atención de la madre, pero además le transmite el estado de desesperación en que se encuentra, para que ésta lo viva, lo que sería una manera de poner fuera vivencias de muerte (malas, me digo yo).
"Melanie Klein introdujo el término identificación proyectiva para ese fenómeno que ocurre entre el niño pequeño y la madre o persona a su cuidado".
"Tiene su correlato, en la situación clínica, en la relación entre paciente y terapeuta, cuando el paciente trata de deshacerse de todo, o bastante, de lo que considera como indeseable de su persona, depositándolo en la figura del terapeuta" (pg.32-33)

Como dice Bion, es un tipo de comunicación, aunque muy primitivo. Este mecanismo de comunicación, además, es imprescindible para dar lugar a una mínima organización de las primeras experiencias, en colaboración con el objeto con quien se establece esa comunicación. El bebé comunica lo que le resulta insoportable o intolerable. Si el objeto es suficientemente capaz de soportar estas proyecciones, las retiene el tiempo suficiente como para asimilarlas y transformarlas en contenidos menos intolerables, las devolverá luego al bebé para que pueda tolerarlas. El objeto estará actuando como un buen continente, que recibe las proyecciones, las tolera y metaboliza, dando luego una respuesta adecuada, de manera que realiza así una función de contención. Ha podido enseñar al pequeño una experiencia de contención, dándole la oportunidad de aprenderla.

Este sería, en resumen, el **modelo continente – contenido** de Bion. Modelo que me ha enseñado la necesidad que tienen muchas personas de sentirse contenidas por alguien, ya que ellos mismos no lo logran. Creo que un Servicio de Salud Mental Público debe de ser una estructura continente, un grupo de terapia es una estructura continente y una consulta de Psicoterapia psicoanalítica privada o pública es, entre otras cosas, un espacio de contención emocional.

Dice Pérez Sánchez (1996) que una de las formas de entender la psicopatología es considerarla como la consecuencia de una la intolerancia frente al dolor mental que origina el contacto con la realidad, tendiendo a huir de ese dolor mediante recursos defensivos. Cuanto más acusada sea esa intolerancia más primitiva serán esas defensas. Y, desde luego, hay realidades muy difíciles de tolerar.

El terapeuta tendrá que ayudar a esta persona, dentro de lo posible, a que pueda soportar ese dolor. Ayudar al paciente a sentirse capaz de contener dentro de él aspectos no deseables sin necesidad de proyectarlos en otros y sin que eso suponga un menoscabo en su capacidad de amar y trabajar. Y ejercer esa función contenedora mientras el paciente no pueda hacerlo.

Y para ello es fundamental la comprensión para enfatizar la experiencia de la psicoterapia psicoanalítica como algo muy cercano, muy humano, no la idea de algo lejano e incomprensible.
Fairbain (1958) en su trabajo "*Sobre la naturaleza y los objetivos del tratamiento analítico*" escribía:
"Sin menosprecio del aspecto científico del psicoanálisis, más que el de la medicina general, está implícito en el argumento de que la preocupación por el aspecto científico de un método terapéutico puede llevarse demasiado lejos. Porque, si esta preocupación es demasiado exclusiva, el factor humano en la situación terapéutica (representado por la individualidad, el valor personal y las necesidades del paciente) es demasiado susceptible de ser sacrificado al método, que por tanto pasa a asumir una mayor importancia que los objetivos a los que se destina". Y más adelante afirma que "… la interpretación de los fenómenos de transferencia en el marco de la situación analítica no es en sí misma suficiente para

promover un cambio satisfactorio en el paciente. Para que se produzca tal cambio, es necesario que la relación del paciente con el analista experimente un proceso de desarrollo en términos del cual una relación basada en la transferencia se reemplace por una relación realista entre dos personas en el mundo exterior. Tal proceso de desarrollo representa la ruptura del sistema cerrado dentro del cual los síntomas del paciente se han desarrollado y se mantienen, y que compromete sus relaciones con los objetos externos".

"Después de todo, es sobre la base de las relaciones existentes entre el individuo y sus padres en la infancia que su personalidad se desarrolla y asume su forma particular; y parece lógico inferir que cualquier cambio posterior en su personalidad que pueda efectuarse mediante un tratamiento psicoanalítico (o cualquier otra forma de psicoterapia) debe efectuarse principalmente sobre la base de una relación personal". (pg379)

Para mí la Psicoterapia Psicoanalítica es, además de unarelación interpersonal intersubjetiva, una relación de cuidado, un espacio donde el sufrimiento se puede expresar, una experiencia de contención emocional, el encuentro de dos personas, donde impera el respeto, donde se piensa conjuntamente, donde se le da una importancia inmensa a lo que uno siente, paciente y terapeuta, donde se aclaran estos sentimientos que muy frecuentemente son negados y nos hacen daño desde dentro. La Psicoterapia Psicoanalítica es ponerles palabras a los sentimientos, sentir que alguien te escucha, sentirse entendido. Es un lugar donde pensar, pensar juntos. Es un espacio de encuentro, de paciencia.

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Potentially personally identifiable information presented in this contribution that relates directly or indirectly to an individual or individuals, has been changed to disguise and safeguard the confidentiality, privacy and data protection right of those concerned, in accordance with the journal's anonymisation policy.

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El Hilo de las Voces
La Palabra, el Deseo y la Escucha en la Infancia y Adolescencia[28]

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Resumen

Escuchar al niño y al adolescente ha sido, desde los orígenes del psicoanálisis, un acto subversivo, pues implica reconocer la presencia de un sujeto en su discurso, aún fragmentario. Trabajar con niños y adolescentes, nos sitúa en un campo privilegiado a la vez que sumamente complejo: nos enfrentamos a un aparato psíquico en formación. Atender al niño o al adolescente significa también dar cabida a la voz de sus padres —a sus fantasmas, heridas y proyecciones—. En sus palabras se nos revela el tejido en el que el niño intentará inscribirse como alguien distinto, aunque vinculado a ellos. Así, en el niño y el adolescente escuchamos no solo su propia palabra, sino el eco de voces que los precedieron y que los acompañan como hilos invisibles, pero que insisten en ser escuchadas. Escuchamos tanto su sufrimiento como el de sus padres para, a través de la transferencia, localizar la causa de su padecimiento y traducirla en palabras que permitan un cambio en su posición subjetiva.

Abstract

Listening to the child and adolescent has been, since the origins of psychoanalysis, a subversive act, for it entails recognizing in their still-fragmentary speech the presence of a subject. Working with children and adolescents, places us in a privileged yet highly complex field: we are dealing with a psychic apparatus in formation. Attending the child or adolescent also means making room for the voice of their parents—their phantoms, wounds, and projections. In their words, the fabric into which the child will attempt to inscribe themselves as someone distinct, yet bound to them, is revealed to us. Thus, in the child and adolescent we listen not only to their own word, but to the echo of voices that have preceded them and accompany them like invisible threads yet insist on being heard. We listen to both their suffering and that of their parents, so that through the transference we may locate the cause of their distress and translate it into words that allow a shift in their subjective position.

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Antes de nacer
ya había voces,
un padre que sueña
una madre que imagina
y un deseo que sin saberlo llama

En ese rumor nace el sujeto
tejido de palabras y silencios
luego viene el niño
que inventa su decir
jugando con los restos de esas voces
y más tarde el adolescente;
que rompe el hilo solo
para volver a hilarlo.

Escuchar es sostener ese tejido
sin apresar el sentido
porque nadie habla solo
y cada palabra dicha
lleva la huella de quienes
la soñaron antes.

Liliana Villanueva

Como sabemos, escuchar en psicoanálisis es oír, no solo lo que el paciente dice sino lo que se dice sin saber que se dice, una escucha que acoge lo inconsciente. Escuchar no es solo atender a lo que se dice, sino aquello que no ha sido escuchado. Hay voces que llegan antes que la palabra, voces que no han sido oídas y que sin embargo se transmiten. A veces no se recuerdan, no se nombran…no se reconocen como propias, pero insisten, se alojan en el cuerpo, en los silencios, en los gestos, en aquello que el niño no puede decir y el adolescente actúa.

Escuchar en la clínica, es también acercarse a esas voces, a lo que no tuvo lugar para ser dicho, a aquello que sin haber sido escuchado sigue hablando por generaciones.

Escuchar al niño y adolescente, ha sido desde los orígenes del psicoanálisis un acto subversivo porque supone reconocer en su palabra, aun fragmentaria y vacilante la presencia de un sujeto.

Sabemos desde Freud (1914/1992) que el inconsciente no tiene edad, está habitado por un decir que lo atraviesa. Comenzar con las voces, esas que anteceden al niño o adolescente, nos sitúa en el corazón mismo de la teoría psicoanalítica. Implica dar un espacio a lo que aún no tiene forma de palabra. Los analistas nos dejamos alcanzar por ese rumor, comprendiendo que la verdad no se enseña, se escucha.

Freud inauguró la escucha del Inconsciente: lo que no puede decirse directamente, se repite como síntoma, como juego, como pregunta.

Trabajar con niños o adolescentes, nos sitúa en un campo privilegiado, aunque de una gran complejidad; el de un aparato psíquico en proceso de constitución. Cada palabra, cada silencio y cada gesto son señales de ese trabajo de elaboración que aún se está realizando.

Atender al niño y al adolescente supone también dar lugar a la voz de sus padres. A sus fantasmas, heridas y proyecciones. En sus palabras se revela la trama en la que el niño intentará inscribirse como alguien diferente, pero inevitablemente ligada a ellos. A través de esa red familiar, el analista puede percibir cómo se entrelazan los deseos, las proyecciones y las ausencias de investimento de las funciones de padre y madre, que configuran la escena subjetiva del hijo. Implica atender aquello que se desplaza y se enmascara, pero insiste en ser oído. Entonces la comprensión no se dirige a la conducta, ni buscamos adaptar, ni corregir sino ofrecer un lugar donde algo de la verdad singular pueda emerger.

Al respecto Dolto (1990), nos invita a reconocer que el niño es sujeto de lenguaje desde su nacimiento o antes, desde antes de nacer, es su prehistoria. "La palabra de los padres, no solo lo nombra, sino que lo constituye". Por esa razón escuchar al niño también es oír el deseo parental que le ha precedido, que le ha ido constituyendo, esa historia hablada antes de él, a la que aludía anteriormente.

Los padres están en el origen de la subjetividad. Piera Aulagnier (1975) piensa como el sujeto es anticipado e investido por el grupo social antes de hablar. Habla del contrato narcisista, ese pacto implícito entre el sujeto y el conjunto social: el grupo ofrece reconocimiento e inscripción simbólica y el sujeto deberá continuar y transmitir ciertos enunciados. Aquí escuchamos las voces del discurso parental, el proyecto identificatorio y la relación entre el sujeto y la cultura. Cuando este contrato falla por silencio, sobrecarga o exceso de proyección, el acceso a la subjetividad quedará amenazado o interrumpido (Aulagnier, 1991).

Escuchamos en el niño y adolescente entonces, no solo su palabra, sino el eco del enunciado de los que le precedieron. Esperamos que se trate de un niño con palabra propia, con posibilidad de tramitar sus angustias, pero sujetado al otro, que lo está invistiendo y narcisizando, permitiendo que la estructuración psíquica se lleve a cabo. Nuestra comprensión analítica no es solo un acto clínico, sino que es un gesto ético: "ofrecer un nuevo espacio para la palabra, donde el sujeto pueda apropiarse de su historia". Construir su propio relato y ocupar el lugar que le corresponde, el de ser respetado en su capacidad de vivir, de desear y de ser escuchado en su realidad psíquica.

El niño condensa los proyectos y las expectativas de los padres, lo que Freud denominó "His Majesty the Baby" (Freud1914/1992**:** 88) Escuchamos tanto su padecimiento como el de sus padres para poder, vía transferencia, localizar la causa de su sufrimiento y lograr traducirlo en palabras que permitan un cambio en la posición subjetiva. Aquí la referencia histórica adquirirá su valor en el lazo que une ambas fantasmáticas, la noción de neurosis familiar (Freud 1909/1992) y la transmisión transgeneracional cobran así un sentido particular.

A esta modalidad la hemos denominado "doble escucha", concepto desarrollado por Caellas et.al (2015) aquella que se dirige al niño o adolescente y al mismo tiempo recoge el eco de lo que los padres dicen o callan acerca de él. Una escucha que no separa, sino que articula dos niveles de discurso. Eso permitirá que surja algo nuevo allá donde el sufrimiento infantil o adolescente suele quedar atrapado entre voces que no se oyen entre sí, obstaculizando la apropiación de sí. Se trata de una modalidad clínica y de investigación, que invita a sostener una posición analítica, capaz de acoger, el decir del niño o el adolescente y de sus padres sin confundirlos, dejando que cada uno encuentre su lugar en la escena del deseo, los libere de su sufrimiento y permita cambios en los

que cada uno tenga una voz propia. De ese modo, los padres podrán cumplir sus funciones dejando a su hijo una posición singular, de" sujeto" y no de "objeto."

Atender a los padres es escuchar el eco de una historia anterior al niño. Es oír las voces que le precedieron, los que le nombraron, antes de que hablara, los que lo envuelven sin saberlo. Cada padre trae consigo su niño de infancia, su herida y su deseo y todo ello resuena en el encuentro con sus hijos. Traen preguntas, sufren, se sienten culpables ¿Qué hice mal ¿Qué puedo hacer? Atender no es responder a sus preguntas, sino permitir que se despliegue el conflicto hasta que se revele, lo que en ellos se repite. El hijo habla a través del síntoma, pero también sus padres hablan por él, incluso sin palabras. El síntoma es también un intento de inscribir, de hacer pasar algo al campo de lo representable. Los padres han sido hijos, portan lo no dicho, lo no elaborado, lo que no encontró lugar, muchas veces transmiten, más allá de lo que dicen. Cuando algo de eso puede empezar a ponerse en palabras, el hijo deja de estar solo y puede ser acompañado en su recorrido, recuperando su voz.

Esta modalidad de comprensión ha hecho escuela a través de nuestra asociación, impulsada de manera decisiva por Ana María Caellas (c.f Caellas et.al., 2015). Y nosotros los analistas, ¿cómo lo abordamos? Nos situamos cómo funambulistas entre la palabra y el silencio. Esta clínica es un gran desafío, supone ver al niño cara a cara y soportar su dependencia y su desamparo, acompañando el desfile de objetos que personifican sus fantasmas, con la inclusión de los padres. Supone ser receptores de transferencias múltiples (Marucco, 1999) que debemos transformar en un proceso creador. Nuestros pacientes se nos muestran a través del juego y de la palabra, desplegando en la transferencia, ese recorrido donde se reactualizan demandas, deseos y fantasmas. Transitamos junto a ellos, un camino que les ayude a reconstruir, su posición subjetiva y a continuar la aventura de su existencia.

Siguiendo con el hilo invisible, el sujeto se constituye en ese espacio de sostén que le brinda la función materna o quien cumpla la función. El espacio de juego será su primer lenguaje, su modo de procesar la realidad y de crear y de crear su mundo.

En ese espacio el analista se sitúa como un otro que no invade, ni interpreta demasiado pronto, acompaña el recorrido de ese camino, y que nuestros pacientes no paguen el sobreprecio al que sus fantasmas sin representación los condenan. El juego, el dibujo, el silencio son lenguajes que esperan y necesitan ser acogidos. Cuando el analista se presta a ello, el niño comienza a reconocer su propio deseo distinto del deseo de sus padres. Empieza a pasar del "¿qué quieren de mí?" al "¿qué quiero yo?".

Más adelante nos encontraremos con ese mismo sujeto en la adolescencia, tiempo de pasaje, de transformación, de ruptura de identificaciones. Este momento constituye un nuevo nacimiento, momento de resignificación narcisista y edípica (Dolto, 1990). El cuerpo se transforma, la palabra busca independencia del discurso parental y aparece la pregunta, que atraviesa la adolescencia ¿quién soy yo? ¿Quién soy como ser sexuado? Aquí tendremos "un extraño en el espejo familiar". El adolescente rompe y necesita romper el hilo de las voces de origen revisando identificaciones, y cuestionándoselo todo para poder tejer con ellos su propio relato, su propio decir. Solo cuando alguien le escucha, el adolescente puede comenzar a escucharse a sí mismo. Escuchar aquí permite dar un lugar a lo que no se pudo elaborar.

Atenderlo es estar en los bordes entre el niño que fue y el adulto que no es, su palabra se tensa como un hilo que no quiere soltarse- ni ser atado. Habla en exceso, grita, desafía, provoca y otras veces está con un silencio desconcertante. En ambos casos el mensaje es el siguiente: "Déjame existir a mi modo, pero no me dejes solo". El adolescente tiene preguntas que responderse, de su

identidad, de su sexualidad, de su filiación, de su lugar en el mundo. Ensaya, prueba identidades, se deshace de identificaciones, busca un lugar donde reconocerse. En su discurso se mezclan restos de infancia y anticipos de futuro, en este recorrido, que supone la estructuración psíquica del momento adolescente, el sujeto debe, como señala Marucco (1999), dejar de ser, sin ser aún.

Aulagnier (1991) aborda ese momento en que el adolescente debe apropiarse de su historia. Debe hacer propio el relato que los otros -padres, escuela, cultura- han volcado sobre él. No desaparece lo heredado, pero deja de repetirse, se abre una diferencia entre lo que se recibió y lo que puede hacerse con ello. Puede entonces apropiárselo, e insertarse con voz propia en la cadena generacional. Escucharlo es acompañarlo en esa reescritura sin imponerle un argumento. Hay un duelo silencioso, el cuerpo cambia, los padres se des-idealizan, vínculos que se desplazan. No intentamos calmar esa tensión sino darle espacio, dejar que el adolescente pueda hablar desde ella sin ser reducido a una crisis o a un diagnóstico.

La pubertad reactiva el conflicto entre el cuerpo pulsional y las palabras que intentan representarlo, se enfrenta a un exceso que no puede simbolizar. Escucharlo, es estar ahí donde el lenguaje se vuelve insuficiente donde el acto sustituye a la palabra y así, sostener la posibilidad de un decir que se hará propio. El analista debe aceptar ser puesto a prueba. Su autoridad no viene del saber, sino de su disponibilidad de ser interpelado. El espacio analítico debe convertirse en un lugar posible donde el adolescente descubra su propia voz entre las voces que lo habitan.

Conclusión

Trabajar con niños, como hemos comentado nos sitúa en un campo privilegiado, pero de una enorme complejidad, ya que nos encontramos ante los inicios de la constitución del aparato psíquico. Atender al niño o adolescente, implica escuchar a los padres, sus fantasmas, sus miedos. En sus palabras se revela la trama donde el niño intenta inscribirse como alguien distinto pero ligado a ellos. El niño condensa los proyectos de los padres, con respecto a él. Aquí la referencia histórica adquiere su valor en el lazo que une ambas; la noción de neurosis familiar y transmisión transgeneracional adquieren especial importancia (Laforgue, 1936; Kaës, 1996).

Sigamos el hilo invisible, el sujeto se constituye en ese espacio de sostén, que brinda la función de madre o de quien cumple esa función. El espacio de juego será su primer lenguaje, su manera de procesar la realidad y de crear el mundo. En ese espacio, el analista se sitúa como otro que no invade, ni interpreta demasiado pronto, sino que acompaña el despliegue simbólico del niño. Cuando el analista se presta a esa escucha, el niño comienza a reconocer su propio deseo, como algo distinto del deseo de los padres. Implica empezar a pasar del "¿qué quieren de mí? a ¿qué quiero yo?".

Aparece el adolescente como un "extraño en el espejo familiar". Rompe -y necesita romper- el hilo de las voces de origen para poder tejer con ellas, su propia experiencia, su propio decir. A este respecto recordemos que los padres en este momento son figuras del presente y del pasado. Por tanto, siguen cumpliendo funciones de investimiento y narcisisación, en este momento de resignificación narcisista y edípica. El analista escucha aquí una palabra en transición: a veces un grito, a veces silencio; siempre búsqueda. No se trata de interpretar rápidamente, sino de sostener el espacio donde el adolescente pueda comenzar a escucharse a sí mismo, pasando del "mis padres dicen" al "yo pienso".

Podemos preguntarnos entonces ahora ¿Que hacemos los analistas con el hilo de voces? Debemos permitir que las voces no sean forzadas, tolerar la espera. Señalar las intromisiones de voces, señalando donde una voz se superpone a otra, donde el sujeto habla como un eco del otro, donde podría surgir una voz diferente, permitiendo la inscripción en la cadena simbólica. En definitiva,

ayudamos a intentar comprender lo que nuestro paciente niño o adolescente, no puede sostener solo.

A modo de cierre podemos decir que escuchar al niño, al adolescente, a sus padres es escuchar el eco de la historia familiar que les precede, pero también la tentativa singular de separarse de ella, para poder apropiarse de su historia y construirse un pasado, al decir de Aulagnier (1991).

Freud (1914/1992) nos enseñó que el inconsciente es palabra, pero esa palabra necesita ser acogida con credibilidad en la transferencia (Dolto, 1990). La escucha psicoanalítica, no es un acto de saber: sino de fe en la palabra, en el deseo y en la capacidad del sujeto de re-hilar su historia.

Hay un hilo que atraviesa todas las voces. No es un no, es un hilo recto, ni continuo, ni siempre visible. A veces se enreda, se pierden los pliegues del silencio, pero cuando alguien escucha, el hilo vuelve a aparecer. El niño habla desde su cuerpo, desde su jugar con palabras o decir con juegos. El adolescente desde su "ser sin ser aun" y los padres desde sus heridas, desde sus dificultades de ejercer sus funciones parentales (Caellas et.el., 2015). El analista en medio de ese entrecruzamiento escucha lo que no tiene dueño, el eco del deseo que circula entre todos. Esa es su tarea y también su límite, sostener el hilo sin apropiárselo. Escuchar es sostener el hilo de las voces sin apresar el sentido.

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AFPP Giornata della memoria
Osservatorio Psicoanalitico su guerra e conflitto

L'esperienza europea dei large group della EFPP dal 2020 al 2025

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Parlare dei Large Group (LG) della European Federation for Psychoanalytic Psychotherapy (EFPP) in questo contesto è forse giustificato dal fatto che i 3 cicli di incontri hanno ospitato: la pandemia; la guerra in Ucraina; il proseguire di questa guerra e le tragedie in Israele e in Palestina dopo il 7 ottobre 2023.

Sono io la morte e porto corona,
io son di tutti voi signora e padrona
e così sono crudele, così forte sono e dura
che non mi fermeranno le tue mura.
……..
Sei l'ospite d'onore del ballo che per te suoniamo,
posa la falce e danza tondo a tondo:
il giro di una danza e poi un altro ancora
e tu del tempo non sei più signora

Alla fine, nel film "Il settimo sigillo" e nella vita, la morte vince sempre, ma come il cavaliere Antonius Block, possiamo sfidarla, giocare con lei una partita, senza speranza di vincere, per prendere tempo e, per un po', ingannarla. E' la morte evento naturale, ineluttabile, quella che prima o poi ci tocca.

C'è però un altro tipo di morte, quella legata a qualcosa che è dentro di noi, quella di cui si occupa Freud nei due saggi: *"Al di là del principio di piacere"* e "*Il Perturbante*". Un principio dell'accadere psichico, diverso dal principio di piacere, ad esso legato in modo intrigato e intrigante: *pulsione di morte-odio-aggressività-sadismo-pulsioni distruttive*, sono le parole che Freud usa. Una coppia di valenze non sempre chiaramente distinguibili nel loro operare. Dal punto di vista del "perturbante", un lato oscuro che "deve rimanere nascosto", la cui comparsa è fonte di spavento e turbamento. Un'esperienza diversa dalla paura per una minaccia esterna, estranea alla *casa* e a noi stessi. Un nemico e una minaccia che improvvisamente irrompe dentro le mura domestiche, in ambiente familiare, una minaccia che improvvisamente sentiamo provenire dal nostro interno. Freud, nel saggio "Il Perturbante", cita Shelling: *«È detto unheimlich tutto ciò che potrebbe restare [...] segreto, nascosto, e che è invece affiorato.» (Schelling, Filosofia della mitologia).*

Premesse

L'esperienza dei Large Group (LG) proposti dalla EFPP, ha forse avuto la funzione di un contenitore per l'angoscia della morte e della distruzione, angoscia che ha attraversato le coscienze individuali e collettive con la pandemia da Covid-19 prima; quindi con l'invasione della Ucraina da parte della Federazione Russa nel febbraio 2022, e poi, dall'ottobre 2023, con l'attacco terroristico di Hamas nei confronti di Israele, seguito dalla devastante risposta dello stesso a danno del popolo palestinese. Oggi, in un crescendo inquietante, siamo ancora alle prese con queste due tragedie, con un progressivo deteriorarsi del diritto internazionale, il principio della forza militare e della violenza economica sembrano imporsi come arbitri della convivenza fra popoli, etnie e nazioni.

La cadenza di questi eventi ripercorre, come vedremo, i tre cicli di LG dei quali ci occuperemo.

Forzando il paragone (i paragoni che tanto irritano gli storici), potremmo dire che, come Freud, forse dopo la carneficina della Prima Guerra Mondiale, anche noi ci troviamo a dover aprire gli occhi su qualcosa che non è solo evento esterno, ma elemento della nostra biologia, della nostra biografia e principio stesso della nostra vita psichica. Sperimentiamo gli effetti della violenza che portiamo gli uni agli altri, con odio e ferocia spietata.

Per alcune cose che dirò sono debitore a Salvatore Inglese, etno psichiatra e al filosofo Umberto Curi, intervenuti al recente seminario "*Le Supplici di Eschilo. L'esilio e l'ospitalità* " e al libro "Straniero", sempre di Curi.

Come è noto Freud nel 1919 interrompe la stesura di *"Al di là del principio di piacere*" per sviluppare un tema solamente accennato in*" Totem e Tabù"*, fino a concludere "*Das Unheimliche*", sempre nel 1919 e solo nel 1920 porterà a termine il lavoro che aveva interrotto. I due saggi quindi sembrano avere nel pensiero di Freud caratteristiche complementari. Riporto il titolo in tedesco per evidenziare, come lo stesso Freud fece, l'assenza di corrispettivi soddisfacenti in altre lingue nell'esprimere la condensazione di opposti significati.

Affrontando il rapporto con l'istinto di morte Freud si rende conto che la libido non regge più come unico "sistema motivazionale", diremmo oggi. I due principi della vita psichica però non agiscono separatamente, sono le facce di una stessa medaglia, intrinsecamente connesse, declinazione l'uno dell'altro. La minaccia del perturbante non è altra cosa dal familiare, non viene dall'esterno, si genera *nella casa*. Allo stesso modo il perturbante non è altro dall'individuo, ma diviene palese *dal suo interno*. Il perturbante e l'istinto di morte sembrano accomunati dalla rimozione e dalla coazione a ripetere.

Troveremo i riscontri al riguardo in alcune vicende ricorrenti negli incontri di LG.

Proviamo a questo punto a occuparci del tema dello straniero e dell'estraneo, ricordando quelle espressioni linguistiche che condensano nello stesso termine opposti significati; un concetto nel quale l'ambiguità di certe situazioni o di certi vissuti viene reso dal linguaggio. In che modo la nostra cultura occidentale si confronti con l'istituto della *Xenia,* originato nell'antica Grecia, transitato poi nel concetto latino di "hostis". Anche in altre culture l'idea dello straniero prospetta

tutte le figure dell'alterità, occasione di scambio e arricchimento, ma anche presenza inquietante che sempre più, nel corso della storia, suscita atteggiamenti di rifiuto e ostilità derivanti dall'assimilazione dell'estraneo al nemico. Notiamo che la *xenia,* come d'altronde l'ospitalità in italiano*,* non si riferisce a attributi ascrivibili a un soggetto, ospite o ospitante, **ma connota un legame**, un vincolo potremmo dire, con precise regole che gli attori devono rispettare in omaggio a un sentire condiviso. Quello che ci interessa è la natura polivalente, o almeno, anche in questo caso, schematicamente *doppia* dell'incontro con lo straniero-estraneo. Si tratta di comprendere il modo col quale a lui ci rapportiamo. I precetti della ospitalità ci pongono di fronte a un dilemma che non troverà mai soluzione. Ci troviamo di fronte a una presenza con due possibili facce, enigmatiche: quella dello sconosciuto, minaccia indecifrabile alla nostra identità e quella del portatore di opportunità, di ibridazioni feconde del nostro patrimonio identitario. L'alternativa conseguente sta nell'accogliere il rischio, reale, potenzialmente destabilizzante e quindi sviluppare gli orizzonti di crescita e di integrazione che l'incontro con l'estraneo ci offre; oppure muoversi all'insegna della paura e quindi metter in atto una chiusura, un rigetto, fino ad agire una ostilità esplicita e talvolta violenta, anche istituzionalmente organizzata nei sui confronti, sia esso individuo o gruppo, etnia o altra specie.

Sembra che la strada intrapresa nelle nostre società sia sempre più quella di amplificare la paura, paura con la quale si vincono le elezioni e si governa in buona parte dei paesi occidentali, e non.

La scelta che operiamo nel posizionarci di fronte allo straniero piò essere però anche un indizio di come ci disponiamo ad accogliere o a escludere gli aspetti "estranei" e potenzialmente perturbanti della nostra personalità. E' vero che questa disponibilità, come sappiamo anche dal nostro lavoro di terapeuti, incontra tenaci resistenze. Dice Edmond Jabès*:

> *"lo straniero è quell'essere che suscita intorno a sé la più grande diffidenza. L'incomprensione manifesta nei suoi confronti dai rispettabili cittadini del paese che lo ospita, il loro egoismo, dalle conseguenze talvolta tragiche, ne fanno il portavoce qualificato della solidarietà umana…. Colui al quale tardi a tendere la mano, paga, da solo il prezzo di questo gesto. E questo prezzo, il più delle volte, è esorbitante"*

Si tratta di riconoscere lo straniero che si nasconde in ciascuno di noi. Dice ancora Jabes: *"Lo straniero ti permette di essere te stesso, facendo di te uno straniero"…"ci insegna a essere noi stessi, cioè diversi"*

Quanto più la nostra disposizione ci allontana dal sacro precetto della Xenia, tanto più l'estraneo viene temuto, respinto, trattato con paranoia, combattuto con violenza. E tanto più si radicalizza questa attitudine personale o sociale e con maggiore forza siamo esposti al fenomeno del perturbante, allo spavento incontenibile che viene dal contatto con aspetti di noi, persone o società, nascosti, rimossi o proiettati all'esterno; si manifesta in modo perturbante, appunto, "quello che doveva rimanere nascosto".

Mi pare che queste considerazioni ci aiutino, a riflettere sulla pratica della violenza e della guerra messe in atto nel regolare le tensioni fra individui, culture, identità nazionali. Le ritroviamo utili

però anche come possibile paradigma di lettura di alcune dinamiche che abbiamo vissuto nei meeting dei LG.

La psicologia dei Large Group

Voi sapete che non ho una formazione psicoanalitica specifica per i gruppi, quindi vi presento le mie considerazioni in qualità di partecipante agli incontri, che comunque ho seguito quasi costantemente fin dal loro inizio. Chi volesse approfondire l'argomento può fare riferimento al seminario della AFPP tenuto nel 2024, proprio da Uri Levin, uno dei conduttori dei LG. La natura e il carattere dei LG differiscono dai gruppi di psicoanalitici terapeutici, di formazione, di psicoterapia psicoanalitica e dai gruppi operativi, i quali sono caratterizzati in primo luogo da un numero contenuto di partecipanti. Pur rimanendo valide le acquisizioni teoriche e cliniche delle varie culture psicoanalitiche sui gruppi: Bion, Foulkes, la psicoanalisi del Rio de la Plata con le "teorie del campo", sembra necessario ancora oggi rifarsi agli scritti di Freud con il suo "Psicologia delle masse e analisi dell'Io" (1921). Questo in ragione delle ben note influenze sul funzionamento identitario esercitate dalla appartenenza anche occasionale a un gruppo "largo" di individui.

In un "tipico" large group, il clima può essere travolgente e confusivo, e trovare la voce del singolo diventa difficile, perfino impossibile per molti. Weinberg e Weishut (2012: 458) scrivono:

> *"L'individuo si può perdere nella folla, non suscitando alcuna risposta negli altri, questo può risultare in una ferita narcisistica per la persona che osa parlare… è arduo pensare con chiarezza in un simile setting, e non facile dare senso all'esperienza vissuta…[la] partecipazione instabile alla seduta di gruppo aumenta la regressione ed evoca angosce di frammentazione."*

Nella prima fase dei nostri LG, caratterizzata da un grande numero di partecipanti, (più di 300 in principio, poi con una presenza oscillante fra i 100 e i 200 partecipante) si sono manifestate con maggiore evidenza alcune delle caratteristiche della regressione che può essere esaminata attraverso specifiche categorie:

- La Dimensione Topografica- La Mente Inconscia prende il sopravvento sulla Mente Conscia
- La Dimensione Strutturale- L'ES prende il sopravvento sull'Io
- La Dimensione Separazione-Individuazione - I confini fra 'Me' e 'Non Me' diventano sfumati e permeabili
- La Dimensione Evolutiva- Il 'Primitivo' e 'Non civilizzato? Prende il sopravvento sul 'Civilizzato e sull' 'Europeo'.

Così come nel lavoro di Freud, anche oggi molte teorie sulla dinamica dei large group ne enfatizzano il carattere caotico-aggressivo, quasi-psicotico e le differenze fra l'apparentemente "benigno piccolo gruppo" e il "distruttivo large group". I LG tendono ad essere regressivi, difensivi, imprevedibili, caotici e travolgenti. Meccanismi difensivi primitivi come la proiezione, l'identificazione proiettiva, la scissione, hanno la funzione di difese primitive contro intensi stati di ansia. La creazione di sottogruppi, l'esaltazione, la svalutazione, spesso portano alla paranoia, a conflitti, o a forzature del setting (e.g. la richiesta di tradurre le comunicazioni in altre lingue oltre quella ufficiale, la nascita spontanea di chat parallele).

L'esperienza dei large group nella EFPP
Il primo ciclo aprile 2020 – ottobre 2020

Come è diverso stare in mezzo a 150-200-300 persone riunite in una stanza, che si guardano, possono toccarsi, annusarsi, parlottare fra di loro, oppure condividere queste caselline guardandone 25 per volta.

Forse non è del tutto superfluo ricordare la condizione nella quale ci trovavamo agli inizi del 2020. Eravamo esposti a un rischio di infezione, di morte a causa di una peste dalla quale era arduo difendersi, i vaccini furono disponibili solo dal dicembre 2020. Soffrivamo per un isolamento forzato, in uno stato di apprensione per l'incolumità nostra e delle persone alle quali eravamo legati. L'impossibilità di contatti diretti e il forte bisogno di conforto e condivisione sono stati una potente spinta all'incremento delle comunicazioni virtuali. In questa situazione la EFPP propose un meeting on line nella forma di un LG coordinato da Uri Levin e Gila Ofer, due psicoanalisti esperti di gruppi. Il primo incontro fece registrare la presenza di più di 300 partecipanti, vista la natura "aperta" del gruppo. Erano presenti anche terapeuti di altre associazioni e perfino di altri continenti (fra i quali Otto Kernberg e una psichiatra cinese). Numerose furono le espressioni di gratitudine e di apprezzamento da parte dei partecipanti per il sostegno offerto alla coesione e al senso di appartenenza alla Federazione in un momento di crisi. Fu quindi deciso di dare continuità agli incontri che proseguirono poi con cadenza mensile, con una presenza media di 150 partecipanti.

Il clima prevalente di queste sedute era caratterizzato dal sostegno reciproco, attivo, con una condivisione spontanea di angosce, speranze e sentimenti di solidarietà reciproca. Le dinamiche conflittuali, tipiche di questi gruppi, sembravano sopite, forse vissute come un pericolo per la capacità contenitiva del giovane gruppo. Il bisogno di portare istanze riparative ostacolava l'espressione di rabbia, frustrazione e impotenza nelle dinamiche gruppali. Era diffuso un comune sentire di condivisione "siamo tutti nella stessa barca", corretto poi da un "siamo tutti nello stesso mare tempestoso, ma con imbarcazioni diverse". Quando, rispetto al nostro lavoro di terapeuti eravamo consapevoli di un trauma che ci accomunava ai nostri pazienti, molti dei quali però, più fragili, disponevano spesso di minori risorse sotto molti punti di vista.

L'arrivo dei vaccini, il calo della mortalità e dei contagi, portarono ad un parziale allentamento della tensione nella primavera del 2021, quando i LG conclusero il loro primo ciclo. E' anche vero che da quella data, visto che la partita non era ancora conclusa, cominciarono a comparire i segni di quella che l'OMS definì "Pandemic fatigue", una naturale e attesa reazione a condizioni traumatiche, prolungate e non risolte, con conseguente sottovalutazione del rischio, comportamenti inadeguati, intolleranti, rabbia, frustrazione e aggressività indiscriminata e diffusa, fino ad una vera e propria negazione del problema. Il "dagli all'untore" di manzoniana memoria.

Secondo ciclo marzo 2022-ottobre 2022

L'invasione della Ucraina da parte della Federazione Russa nel febbraio 2022 si presentò immediatamente all'interno della EFPP come elemento di grande tensione, non solo per lo

stravolgimento di valori condivisi in Europa e per le conseguenze concrete di una condizione bellica, pensiamo solo ai cinque milioni di profughi dalle zone di guerra verso altri territori dell'Ucraina o verso la Polonia e gli Stati limitrofi. La guerra riecheggiava all'interno della nostra Federazione, che come sapete, ospita terapeuti ucraini e terapeuti russi.

La ripresa tempestiva dei LG testimoniava la consapevolezza di aver rodato un efficace strumento di coesione e contenimento delle tensioni interne alla nostra comunità europea, associazioni e psicoterapeuti. In una situazione estremamente calda si incontravano, seppure con la distanza di uno schermo, ucraini e russi, polacchi e cittadini di Paesi che si sentivano direttamente minacciati dagli eventi.

Mi limiterò in modo sintetico a esporre solo due delle molte dinamiche che hanno caratterizzato questo ciclo di LG.

La prima riguarda l'espressione franca di rabbia, sgomento, paura, aggressività, da parte dei colleghi ucraini, non direttamente rivolta ai terapeuti russi presenti, ma da essi recepita con empatia, rammarico, disagio. Molti di essi si erano dissociati dall'aggressione russa, ma non era garantita per loro una piena libertà di espressione perfino all'interno del gruppo, per il timore di ritorsioni da parte del regime, in particolare per i residenti nelle Province russe.

Il secondo luogo abbiamo assistito nel gruppo alla riattivazione di esperienze traumatiche collettive e individuali in un gran numero di partecipanti. Era diffuso il bisogno di molti di rievocare situazioni di traumi collettivi legati alla loro terra o alle vicende delle loro famiglie anche transgenerazionali. Potete immaginare: gli ebrei con le vicende di morte, persecuzioni e sradicamenti durante il nazismo; la guerra d'indipendenza irlandese; i conflitti e le persecuzioni etniche nei Balcani; i traumi familiari legati alle emigrazioni dai Paesi poveri d'Europa. Tutto ciò consolidava un sentire condiviso e creava un effetto contenitore dei vissuti traumatici. Il gruppo sembrava esprimere d'altro canto, una premura particolare, un modo di difendersi dall'esposizione a contenuti aggressivi, violenti, di rabbia e frustrazione, coerenti con possibili difese interne e non solo con la vicenda centrale dell'invasione dell'Ucraina.

Terzo ciclo febbraio 2023 - dicembre 2025

In risposta alle richieste di molti soci di una nuova tornata di incontri nel febbraio 2023 ebbe inizio il terzo ciclo di LG a riprova della necessità sentita di uno spazio di condivisione in tempi che non facevano presagire niente di buono. La guerra in Ucraina continuava e il deteriorarsi delle relazioni internazionali provocava un disagio sottile e diffuso, patito anche da coloro che non si trovavano direttamente coinvolti in situazioni belliche. Nel frattempo, il gruppo si era notevolmente ridimensionato con una presenza media di una cinquantina di partecipanti. Si era stabilito ormai consolidato un buon clima che oscillava comunque fra la ricerca rassicurante di un contenitore e la difficoltà a esprimere e far circolare conflitti e contrasti in modo esplicito, un timore di danneggiare un contenitore che poi alla fine non sembrava così solido.

In questo stato di cose, l'attacco di Hamas il 7 ottobre 2023 e la feroce risposta israeliana sono piombati nel gruppo come una bomba. Considerate anche che i conduttori erano israeliani, fonte di ulteriori turbolenze, in un clima generale di sgomento e impotenza. Era molto più facile esprimere solidarietà nei confronti dei colleghi e del popolo israeliano che portare critiche alla brutale risposta militare di Israele a danno del popolo palestinese. Paradossalmente i partecipanti israeliani si sentivano più liberi esprimere il loro dissenso nei confronti della dirigenza politica e militare israeliana. Fino a dicembre 2025, quando il ciclo di LG si è concluso abbiamo fatto i conti con le inibizioni a esprimere e contenere potenti sentimenti di rabbia, sgomento e frustrazione e permettere il dispiegarsi di comprensibili contrasti di opinioni e di diversi modi di pensare e sentire la turbolenta realtà che stiamo attraversando. I contrasti comunque ci sono stati, fino al riconoscimento esplicito dei condizionamenti rappresentati dalla identità nazionale dei conduttori.

Forse questo è il prezzo che abbiamo pagato per poter salvaguardare il ristoro emotivo e la condivisione solidale testimoniate dal profondo senso di gratitudine manifestato dai più. Rimane il desiderio e l'auspicio che la EFPP proponga nuovamente in futuro occasioni continuative di incontri fra i terapeuti della federazione, aperti anche all'esterno.

Alcune riflessioni a posteriori

Tutti noi siamo consapevoli della necessità di una ulteriore elaborazione teorica delle nuove forme nelle quali si organizza e si manifesta, anche all'interno della EFPP, l'inconscio sociale che Winberg definisce "Technological-Unconscious".

Alcune vicende dei nostri LG sono un esempio di come i conduttori possono perdere la possibilità di mantenere il setting nelle situazioni on line. Nelle sue linee guida pratiche per terapisti di large group online, Weinberg (2020) scrive: "Ricorda che la tua competenza tecnica può divenire un ambiente contenitivo per i membri del gruppo, quindi, impara bene a utilizzare l'applicazione che usi per gli incontro del gruppo." (ibid: 206)

Infine ci chiediamo:

- Quale tipo di dialoghi possono essere co-creati in un LG online, e perché e come essi diventano significativi?
- Possiamo parlare di una "holding function" del LG?
- Può il large group online aumentare la resilienza di una comunità di fronte a situazioni atroci?
- Come muoversi in qualità di conduttore in un setting on line?
- Sarebbe interessante approfondire alcuni aspetti che qui possiamo solo elencare:
    - Il setting virtuale
    - La connettività, la globalizzazione e le nuove opportunità
    - La continuità e il contenimento
    - Lo stile democratico della leadership
    - Le comunicazioni parallele via chat
    - L'impossibilità di annusarsi e di toccarsi

Un filo di speranza

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Psychodynamic Psychotherapy and Psychoanalysis in Sweden

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1. The Psychotherapy Profession in Sweden

Psychotherapy is a profession in itself.

In 1985, a license for psychotherapists was introduced in Sweden due to the need to ensure the quality of the psychotherapeutic treatment within the healthcare system and to protect the title of *Licensed Psychotherapist* for the sake of patient safety.

The Social Welfare Board decides on and issues the license. The Licensed Psychotherapist is under supervision of the Health and Social Care Inspectorate.

The Psychotherapy Education and Training Program

The education that leads to the license as psychotherapist is a 3-year program that comprises 90 higher education credits. Those in the program must have part-time clinical work while studying.

Various professions can apply to the 3-year program. Psychologists are eligible. They have the basic training as psychotherapist within their psychology training and education. Other professions (psychiatrist, medical doctor, social worker, physiotherapist, psychiatric nurse) and those who have an equivalent profession need to study a 2-year basic course in psychotherapy and have 2 years of clinical work experience post-course before they can apply for the 3-year program.

The 3-year program includes different types of psychotherapies. When the license was introduced, the following were approved:

- Psychodynamic and psychoanalytic psychotherapy
- Cognitive psychotherapy
- Cognitive behavioral therapy

- Family therapy
- Group therapy
- Child and Adolescent therapy

Universities and some private colleges were authorized to offer the program after they had presented a curriculum that was accepted by *The University and Higher Education Authority* which regulates higher education in Sweden.

The Universities in Stockholm, Gothenburg, Lund and Umeå offer psychodynamic psychotherapy programs, programs with psychodynamic approach or an integrative approach.

The programs are often divided in two directions, and the students are divided in either psychodynamic or Cognitive Behavioural Therapy (CBT) orientation.

A private college offers an integrative program with Affect Phobia Therapy (ACT) combined with Cognitive Behavioral Therapy (CBT). Another private college offers a program for psychotherapy with children, adolescents and parental work.

The Psychodynamic Psychotherapy Specialism

The structure of the 3-year program for psychodynamic therapy involves the following components:

- Psychotherapeutic theories and psychotherapy method
- Scientific theory and research methodology
- Law and ethics
- Clinical practice and supervision
- Self-awareness or personal therapy
- Scientific paper

2. **Psychoanalysis**

There are two Psychoanalytic Training Institutes in Sweden:

The Swedish Psychoanalytic Association´s Training Institute is part of The Swedish Association for Psychoanalysis and is a member of the International Psychoanalytical Association (IPA). The training is a 4-and-a half-year program.

- The Institute for Modern Psychoanalysis started its first training cohort in 2025. The training is a 3-year program.

Psychiatrists, Medical Doctors, Psychologists and Licensed Psychotherapists are eligible to apply.

Since 2008, the psychoanalytic training no longer leads to obtain the license as Psychotherapist. The Psychoanalytic training was one of the five trainings that lost their right to issue the license as psychotherapist as described in next paragraph.

Before 2008, the psychoanalytic training was one of the routes to obtain the license as psychotherapist.

3. Access to Psychodynamic Psychotherapy and Psychoanalysis

Psychodynamic and psychoanalytic psychotherapy had a strong position as the preferred treatment method for many years. Cognitive Behavioural Therapy (CBT) grained a stronger position when requirements for outcome research through randomized trials and evidence-based treatment started to grow. This had implications for training and education. In 2008, five psychodynamic and psychoanalytic educators were forced to discontinue their education due to decisions from the authorities.

The Social Welfare Board gives the recommendations that Cognitive Behavioural Therapy shall be the first choice for psychotherapeutic treatment in the public sector.

There are many Licensed Psychotherapists within the private sector that work with psychodynamic therapy and/or with psychoanalysis.

Only just a few psychotherapists offer low fee psychotherapy subsidized by the authorities. Those who want to have psychodynamic psychotherapy almost always have to pay for it and it is quite expensive.

Disclosure statement

No potential conflict of interest was reported by the author(s)

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Psychotherapy Regulations in Bulgaria as of 2025

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1. History

Psychotherapy in Bulgaria emerged in the early 20th century, though, it was largely suppressed during the communist period. Its revival, in the late 1970s and 1980s, was supported by key figures such as the psychiatrist Christo Dimitrov, his colleagues and students, who reintroduced psychoanalytic and psychotherapeutic ideas despite political repression. Informal seminars, international contacts, and the introduction of group therapy and psychodrama marked important early steps, culminating in the First International Psychotherapy Conference held in Bulgaria in 1988. Nevertheless, formal psychotherapy training remained limited until the 1990s.

Based on Atanasov & Stanchev (2013) and historical materials published by the Bulgarian Association for Psychotherapy, a major institutional milestone was the founding of the Bulgarian Association for Psychotherapy (BAP) in 1993. BAP is the national awarding organisation for psychotherapy in Bulgaria, bringing together professionals and organisations representing a range of psychotherapeutic approaches, National Umbrella Organisation (NUO) and National Awarding Organisation (NAO), and is a member of the European Association for Psychotherapy (EAP). BAP represents both practising and trainee psychotherapists. It establishes high professional standards for basic and specialised training in psychotherapy, defines professional competencies, and promotes continuing professional development in line with European standards. BAP promotes psychotherapy in Bulgaria as an independent liberal profession with its own scientific, research, and professional domain, in accordance with the EAP framework and the Strasbourg Declaration of Psychotherapy (21st October 1990). It maintains a register of psychotherapists and training organisations that serves as a reference point for both professionals and members of the public seeking psychotherapeutic services (https://psychotherapy-bg.org/).

At present, the BAP has 16 organisational members representing most psychotherapeutic modalities practised in Bulgaria. These are:

- The Bulgarian Association for Art Therapy (BAAT)
- The Bulgarian Association for Cognitive-Behavioural Psychotherapy (BACBP)
- The Bulgarian Association for Music Therapy (BAM)
- The Bulgarian Association for Psycho-Oncology (BAPO), the Bulgarian Association for Family Therapy (BAFT)
- The Bulgarian Society for Psychodrama and Group Therapy (BSPGT)
- The Bulgarian Neo-Reichian Psychotherapeutic Society (BNPS)

- The Bulgarian Society of Analytical Psychology "Carl G. Jung" (BSAP)
- The Society for Psychoanalytic Psychotherapy (SPP)
- The Society of Brief Therapists in Bulgaria
- The Bulgarian Society for Positive Psychotherapy (BSPP)
- The Bulgarian Association for Transactional Analysis (BATA)
- The Bulgarian Association for Gestalt Therapy (BAGT)
- The Bulgarian Society for Logotherapy and Existential Analysis (BSLEA)
- The Bulgarian Society for Psychoanalysis and Group Analysis
- The Bulgarian Psychoanalytic Society (BPS) (https://psychotherapy-bg.org/grupovi-chlenove/)

After 2000, the first generation of psychoanalysts began to qualify and the first psychoanalytic societies were established in Bulgaria (Todorov, 2019). Among the psychoanalytic organisations established in Bulgaria there are:

- The Bulgarian Psychoanalytic Society (BPS), which in 2025 obtained the status of a Component Society of the International Psychoanalytical Association (IPA).
- The Bulgarian Psychoanalytic Space (BPSpace), an affiliated society of Espace Analytique.
- The Bulgarian Society for Lacanian Psychoanalysis (BSLP), which is part of the New Lacanian School and the World Association of Psychoanalysis, both founded by Jacques-Alain Miller (Todorov, 2019).
- The Society for Psychoanalytic Psychotherapy (SPP).

These psychoanalytic societies provide the framework for psychoanalytic training within their respective modalities, including opportunities for personal analysis, theoretical and clinical seminars, and supervision of clinical practice (Todorov, 2019).

In addition, other psychoanalytically oriented organisations include the National Centre for Psychosomatics and the Society for Neuropsychoanalysis.

Alongside these developments, Variant B – Centre for Psychological Counselling and Psychotherapy, in partnership with Dr Alberto Hahn (psychoanalyst, London, UK), developed and conducted a private Object Relations study group, offering clinical and theoretical seminars with psychoanalysts and psychoanalytic psychotherapists from the UK and across Europe. This work fostered the study of Object Relations and introduced infant observation. Together, these initiatives laid the foundations for contemporary psychoanalytic and psychotherapeutic practice and training in Bulgaria.

Society for Psychoanalytic Psychotherapy (SPP)

The Society for Psychoanalytic Psychotherapy (SPP) is a professional community bringing together mental health professionals, trainees, and individuals with an interest in psychoanalytic psychotherapy and psychoanalysis. It was established in 2014 by former members of the Group for the Development of the Practice of Psychoanalysis in Bulgaria as a forum for professional exchange, learning, and development.

The Society organises seminars and professional events at which colleagues from Bulgaria and abroad present and discuss their clinical and theoretical work. These activities contribute to the development of the professional community and promote psychoanalytic thinking and psychoanalytic psychotherapy in Bulgaria.

The Society is a member of the European Federation for Psychoanalytic Psychotherapy (EFPP) and the Bulgarian Association for Psychotherapy (BAP). In 2024, it was granted full membership of the EFPP, following a period of associate membership.

In 2017, the Society launched a Training in Psychoanalytic Psychotherapy programme that meets the standards of, and is recognised by, the EFPP. The programme is grounded in the Object Relations tradition and benefits from the contribution of EFPP-recognised Bulgarian psychoanalytic psychotherapists, as well as psychoanalytic psychotherapists and psychoanalysts from across Europe, the United Kingdom, and the United States.

For the first time in Bulgaria, the programme incorporated Infant Observation as an integral component of psychoanalytic psychotherapy training, in line with EFPP recommendations. Since 2018, an ongoing Infant Observation Group has been available for training candidates, and since 2019 participation has been extended to members of the wider professional community.

The members and leadership of the Society for Psychoanalytic Psychotherapy are committed to the ethical and philosophical principles of psychoanalytic psychotherapy, including the value of relationships and community, the primacy of psychic reality, and respect for the suffering, dignity, and human rights of patients and colleagues alike. The Society strives to uphold the highest professional standards in its Training in Psychoanalytic Psychotherapy programme and in all its professional activities.

2. Legal Status of Psychotherapy

Bulgaria has not yet adopted a Law on Psychotherapy. In 2009, a working group within the Bulgarian Association for Psychotherapy (BAP) drafted a proposed Psychotherapy Act for Bulgaria, which is available at present only in Bulgarian at https://shorturl.at/Q3qX1

At present, there is no unified position within the BAP member organisations as to whether a Law on Psychotherapy would be the most appropriate form of regulation for the profession, including questions concerning the regulatory authority and its jurisdiction in matters related to psychotherapy.

The following documents serve as the principal standards and guiding principles for the practice and self-regulation of the psychotherapy profession in Bulgaria. They are incorporated into the "Professional Code for the Practice of Psychotherapy", available at present only in Bulgarian at https://psychotherapy-bg.org/code-psychotherapy-bap/

Standards for Education, Training and Professional Practice in Psychotherapy:

- Key Professional Competencies of the Psychotherapist Practising in Europe (European standards).
- Continuing Professional Development (European standards).
- Code of Ethics.

These documents have been adopted by all organisational members of the BAP representing the major psychotherapeutic modalities in Bulgaria, including the Society for Psychoanalytic Psychotherapy (SPP).

These standards define the minimum requirements regarding the duration and content of psychotherapy training and apply to all psychotherapeutic modalities for which a certificate of competence is awarded upon completion of training through a recognised training organisation in Bulgaria.

The psychotherapeutic modality must be recognised by the EAP as a scientifically grounded approach and must meet the training standards of both the BAP and the EAP.

The Standards for Education and Training in Psychotherapy are available at present only in Bulgarian at https://psychotherapy-bg.org/standards-2021/

At present, the BAP is focusing its efforts on developing and building consensus around common Standards for Good Psychotherapeutic Practice (Standards for Professional Practice) related to the core competencies of psychotherapists. These standards would likewise apply to all psychotherapeutic modalities represented within the BAP.

The number of individual members of the BAP (qualified psychotherapists and psychotherapists in training) does not reflect the total number of practising psychotherapists in Bulgaria. Some psychotherapists are members only of the organisations through which they have been trained and certified in a particular modality, while others are not members of any professional association. There are also individuals who present themselves as psychotherapists and practise without the qualifications required to do so.

Since 1st January 2013, the profession of "psychologist-psychotherapist" has been included in the National Classification of Occupations and Positions (NCP). One of the key objectives of the Bulgarian Association for Psychotherapy (BAP) is to secure recognition of psychotherapy as an independent profession rather than as a subcategory or specialisation within the profession of psychologist. To this end, BAP advocates for the position of "psychologist-psychotherapist" in the NCP to be replaced by, or supplemented with, the independent profession of "psychotherapist".

Efforts are also being made to secure state recognition of the BAP Register of Psychotherapists, in a manner comparable to the role of professional registers maintained by other regulated professions, such as physicians. These efforts are primarily directed towards professional self-regulation and the recognition of the BAP as the national professional organisation that would cooperate with governmental institutions in matters relating to the regulation of psychotherapy in Bulgaria.

A recent BAP initiative resulted in the publication of a short document entitled "Clients' Guide", which is freely available on its website. Its purpose is to inform individuals about what psychotherapy is (and what it is not), explain the meaning of the therapeutic setting, and help readers navigate key concepts related to mental health.

The government is not involved in the regulation or administration of psychotherapy in Bulgaria. However, under the Social Services Act, psychotherapy may also be provided as a social service through Community Support Centres operating throughout the country.

Psychotherapy is practised primarily in private settings. At the same time, psychotherapy and psychological counselling are also provided by qualified clinical psychologists in schools, clinics, Community Support Centres, and other institutions.

3. Education and Training

In Bulgaria, only professionals who have completed training in a specific psychotherapeutic modality through a recognised training institution are considered qualified to practise as psychotherapists (https://psychotherapy-bg.org/code-psychotherapy-bap/).

There are several pathways through which professional psychotherapists may obtain recognition and accreditation:

- Specialists accredited by the BAP Standards Commission and listed in the BAP Register of Psychotherapists;
- Psychotherapists listed in the registers of their respective psychotherapeutic schools or modalities;
- Psychotherapists who are direct members of the EAP and hold the European Certificate of Psychotherapy (ECP);
- Specialists who have completed training through foreign training and accrediting institutions in a specific psychotherapeutic method or modality.

Note: This does not include university degrees in psychology, psychological counselling, coaching, or related fields, nor certificates or diplomas awarded for individual courses or seminars. It refers exclusively to comprehensive training in a specific psychotherapeutic modality.

The total duration of psychotherapy training is at least 3200 academic hours, consisting of:

- 1800 academic hours of foundational training completed as part of a bachelor's or master's degree programme in psychology, the social sciences, the humanities, psychiatry, or an equivalent university programme, or through specialised preparatory training in psychotherapy (minimum three years); and, obligatorily,
- 1400 academic hours of specialised training in a specific psychotherapeutic modality (minimum four years).

Specialised training in a specific psychotherapeutic modality includes the following components:

- Personal psychotherapy experience (minimum 250 academic hours);
- Theoretical training (500–800 academic hours over a minimum period of four years);
- Supervised practice, including independent clinical work (minimum 300 hours) under ongoing supervision (minimum 150 hours), consistent with the psychotherapeutic modality and conducted over a period of at least two years;

- An internship in a mental health institution or equivalent professional experience. Through this internship, trainees are expected to acquire adequate experience in working with psychosocial crises and in collaborating with other mental health professionals.

Before a trainee can be awarded a document certifying eligibility to practise (diploma, certificate, or professional qualification certificate), the training organisation evaluates both the theoretical and practical components of training in accordance with established procedures. Trainers submit documentation confirming the successful completion of the required training components.

Psychotherapists must be members of a professional organisation that maintains a code of ethics, as well as procedures for handling complaints and disciplinary measures consistent with those of the BAP (https://psychotherapy-bg.org/code-psychotherapy-bap/).

4. Professional Organizations and Self-Regulation

In the absence of government regulation of the profession, psychotherapy training organisations that meet the training standards of both the BAP and the EAP play a central role in maintaining standards of training and professional practice among their members. These organisations typically:

• Set training requirements and codes of ethics;
• Maintain internal registers of qualified members;
• Provide accreditation, supervision, and continuing professional development.

Membership in such organisations, however, is not a legal requirement for practising psychotherapy. This limits their regulatory authority and contributes to inconsistencies in quality assurance across the field.

5. Recent Developments

The Bulgarian Association for Psychotherapy (BAP) participated in a Ministry of Health working group that proposed amendments to two key regulations concerning psychotherapy.

The proposals developed by the working group have been published for public consultation on the Ministry of Health's website. The amendments proposed by the BAP concern the introduction of a clear definition of psychotherapy, as well as the establishment of high professional standards and mandatory components of psychotherapy training:

- Clear definition of psychotherapy. Psychotherapy is now officially defined as an autonomous, scientifically grounded, and methodologically structured therapeutic process based on a confidential therapeutic relationship.

- Introduction of high professional standards. All professionals engaged in psychotherapeutic practice within healthcare institutions are required to complete comprehensive specialised training of no less than 1400 hours in a specific psychotherapeutic modality.

- Mandatory training components. Qualification in a specific psychotherapeutic modality must include theoretical training, personal therapy, and supervised clinical practice as compulsory components.

It is important to emphasise a key distinction: these provisions regulate psychotherapeutic practice solely as a healthcare activity within healthcare institutions and the healthcare system.

At present, the proposed amendments remain under discussion and review by the legislator and have not yet been officially adopted.

While this represents a significant step forward in the regulation of psychotherapeutic practice within the healthcare system, it differs from the regulation of psychotherapy as an independent profession in Bulgaria.

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The Regulation of the Profession of Psychotherapy in the UK

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Regulatory processes do not emerge in a vacuum; they reflect the existing culture and tradition within a national context.

The admission of candidates by UK psychoanalytic training institutions is based on a broad selection of professional and academic background. The profession of Psychoanalysis and psychoanalytic psychotherapy is not the exclusive domain of medical doctors or clinical psychologists. In the UK, as in other European countries, Psychoanalytic Psychotherapy has emerged from Psychiatry, Psychology and independent Psychotherapeutic traditions and different theoretical schools which makes the regulation under one common denominator difficult and complex.

A twin approach to regulation

The existing regulatory framework for Psychotherapy in the UK presents itself as a twin approach.

The health care professional council (HPCP) is anchored in statutory law and regulates segments of the therapeutic community: clinical Psychology, Art Therapy, Drama Therapy and Music Therapy are recognized professions and have protected titles. It is seen as a distinct allied health profession within the statutory healthcare framework.

The other regulatory framework is the professional regulation. This is distinct from the statutory regulation of the HPCP but implies voluntary regulation of large Psychotherapeutic structures and is overseen by the PSA, the Professional Standard Authority for Health and social care.

In the UK the large psychotherapeutic umbrella organizations are the British Association for Counselling and Psychotherapy (BACP); the United Kingdom Council of Psychotherapy (UKCP) and the British Psychoanalytic Council (BPC) a member of the EFPP.

Creating one statutory regulated profession has been politically and practically difficult.

The British Psychoanalytic Council (BPC)

The BPC is the umbrella organization of 22 psychoanalytic psychotherapy and psychodynamic member institutions (MI's). The MI's are vetted and the standards are evaluated and accredited by the BPC in regular intervals. The organization is managed by a board, a chair and a CEO with several permanent staff members.

Individual members of membership institutions are requested to hold membership of the MI as well as membership of the BPC.

BPC holds a register for qualified and accredited Psychoanalysts, Psychoanalytic Psychotherapists as well as Psychodynamic Psychotherapist. It supports an ethical committee, a professional standards committee, records yearly CPD (continuous professional development) and records 2 chosen clinical trustees for each registrar. The BPC invites the Public to "find a therapist" through their website. Therapists are organized by geographic place, specialization and language spoken.

On their webpage the BPC describes its mission as follows:

"We support safe psychoanalytic psychotherapy. BPC helps to protect the public by accrediting high-quality trainings, holding a public register of qualified Psychoanalytic Psychotherapist clinicians and investigates concerns"

There is a debate within the community in which some feel that the BPC should have strong statutory regulation because training standards vary. Others however feel strongly that voluntary regulation can provide adequate standards without the potential of damaging restrictions.

As mentioned above the Professional Standards Authority oversees the voluntary regulated institutions. Below an exert from an example of their inspection:

"A) The BPC register must define the meaning of "medically qualified" and develop mechanism to verify the registrants medically qualified status.

B) The BPC must document and develop a policy in which they formalize their organizational risk management process.

C) The governance web page must list the terms of reference, including roles, responsibilities regarding the various sub-committees on the board."

A short history

The major psychotherapeutic organizations in the UK came together in the 1990 (the Rugby conference) to exert pressure on the government in terms of regulation and the recognition of the profession as well as the title by statutory law. It soon emerged, however, that common ground was difficult to find. The BPC separated out from the UKCP in order to protect psychoanalytic psychotherapy and anchor it as a distinct clinical modality that required its own distinct identity. In recent years, the various organizational registers communicate and work together in matters of common interest.

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Italian Legislation on Psychotherapy

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This contribution is based on the EFPP presentation on the same subject on 24th March 2026.

1. Who regulates the psychotherapy profession in Italy?

In Italy, for a long time, Psychology and the practice of Psychotherapy had not been regulated by any legislation.

In 1989, Law No. 56 was created establishing the Professional Association of Psychologists.

This law also dictates the rules governing the practice of Psychotherapy. Article 3 stipulates that the practice of Psychotherapy is subject to specific professional training to be acquired after obtaining a degree in Psychology or Medicine and Surgery, through specialisation courses lasting at least four years that provide adequate education and training in Psychotherapy. These courses are activated pursuant to Presidential Decree No. 162 of March 10, 1982, at specialization schools or institutes recognized for this purpose by the Ministry of University and Research (MUR).

2. Who can become a psychotherapist in Italy?

Italy has a distinctive and clear legal framework. Psychotherapy is legally reserved to two core professions, **Psychology and Medicine** and it can be practised only after a recognised postgraduate specialisation in Psychotherapy.

Psychology and Medicine routes and Recent reforms

Psychology Pathway (typical structure)

The standard university route is organised as a **three-year Bachelor Degree** followed by a **two-year Master Degree** (Laurea Magistrale). In recent years, Italy has moved towards an 'enabling' model in which the final degree pathway incorporates a supervised practical component and a practical evaluation connected to professional qualification.

A key legal step is the reform that allows certain university degrees to become *qualifying*, meaning the degree itself (together with required practical training and evaluation) can lead directly to professional eligibility.

In operational terms, the system now references a **Tirocinio Pratico Valutativo (TPV)** that is commonly described as **750 hours** (linked to ministerial provisions on the practical training requirements).

After completing the qualifying steps, graduates proceed to registration with the professional body (Ordine degli Psicologi) to practise as psychologists.

Medicine Pathway (current enabling rule)

For Medicine, an important reform introduced an enabling mechanism: the achievement of the **single-cycle Master Degree in Medicine and Surgery (LM-41)** can qualify graduates to practise as Medical Doctors, subject to the acquisition of the required judgement of suitability in the practical training component referenced in the law. Medical Doctors then register with the professional body (Ordine dei Medici).

Why does this matter for the psychotherapy training?

There are two major implications for the psychotherapy training. First, the entry point into Psychotherapy is not a generic graduate pathway open to multiple helping professions (as in some other countries), but a **highly regulated professional route**. Second, Psychotherapy schools in Italy operate in a space that must continuously translate clinical formation into the language of ministerial requirements, while also maintaining the integrity of their theoretical model and clinical technique.

Because Psychotherapy training in Italy is postgraduate and restricted to these two professions, trainees arrive with a strong professional identity, a regulated ethical framework, and a baseline clinical formation. Psychoanalytic Institutes then build on this rather than replace it.

3. **What does the Psychotherapy specialisation entail? MUR recognition and the national minimum standard?**

In Italy, the Psychotherapy specialisation is delivered either by universities or by private institutes whose schools are **recognised by the Ministry of University and Research (MUR)**. A central ministerial reference is **D.M. 11 December 1998, n. 509**, which defines the criteria for recognition and the minimum structure of training.

Two points from this framework are particularly relevant to an international audience:

- **Duration and workload** - training must be **at least four years**. Each year must include **no fewer than 500 hours** of theoretical teaching and practical training activities.
- **Clinical training requirement - w**ithin those annual hours, **at least 100 hours per year** must be dedicated to **training (tirocinio)**.

Access is limited to graduates in Psychology or Medicine (with the expectation of professional registration according to the national rules).

This framework is intentionally broad. It ensures quality thresholds and comparability across orientations, but it does not, by itself, define what Psychoanalytic Psychotherapy must look like in its core clinical method.

What is specific about the psychoanalytic training school?

Here we arrive at the central tension and, in a sense, the central achievement of psychoanalytic training in Italy.

The ministerial framework defines **minimum hours**, **minimum duration**, and a general requirement for supervised clinical exposure. What it does not prescribe is what most psychoanalytic institutes consider foundational for psychoanalytic competence, particularly in work with children and adolescents, where the clinical situation involves knowledge of child development, family dynamics, multiple settings, and the therapist's capacity to think under emotional pressure.

The schools typically add a psychoanalytic "second curriculum" that includes, in varying forms and intensities:

- **Personal analysis / personal psychoanalytic psychotherapy** as a training pillar. This is not a generic ministerial requirement, yet psychoanalytic institutes often treat it as

essential for developing a psychoanalytic stance, emotional containment, and a capacity to use countertransference as clinical data (rather than acting it out).

- **Infant observation and observational training** (often inspired by, or directly aligned with, the Tavistock tradition in some institutes). This strengthens the capacity to observe development, micro-interactions, and unconscious communication before considering theory.
- **Intensive long-term training cases** with children and/or adolescents, combined with sustained supervision. The emphasis is not simply on "doing sessions", but on learning how the psychoanalytic setting is set up, maintained, and repaired with developing minds and anxious systems (patients, parents, institutions, and therapists).
- **A seminar culture** that treats theory as a living clinical instrument: case-based teaching, clinical discussion, and supervision that repeatedly returns to technique (frame, interpretation, play, silence, timing), and to the ethics of psychoanalytic work in high-stakes developmental phases.

In short, Psychoanalytic Institutes do not merely "add hours". They add a specific epistemology and a specific discipline of mind: the capacity to tolerate uncertainty, to think about states of mind rather than only behaviours, and to work with unconscious meaning in the presence of real developmental and family constraints.

4. What are the regulations in the public and private sectors?

In Italy, the public service offers psychotherapy to all residents, but at this moment in history, the services are overburdened and, as a result, are unable to meet the demand. There are not enough professionals in service, and consequently many patients turn to the private sector, bearing the full financial burden. In the public sector, however, there is a fee to be paid based on each citizen's economic situation. Private insurance generally does not cover the costs of psychotherapy.

5. Where is Psychoanalytic Psychotherapy situated in relation to other psychotherapies?

For several years now, there has been a decline in the interest in psychoanalysis.

Several factors have contributed to this situation:

• the rise of cognitive-behavioral therapies in both the public and private sectors

• the difficulty of undertaking therapy that requires a significant time commitment and financial investment

• the context of social instability

6. Is there any link between psychiatrists and psychotherapists? Who refers to Psychotherapy?

Patients arrive at the psychotherapist's consultation:

• by word of mouth

• via the media

• sent by other health, welfare and educational professionals, including psychiatrists, in particular (this referral route works both ways)

• via judicial authorities

7. **What are the regulations re confidentiality issues?**

The therapist is bound by professional secrecy and asks the patient to fill out some forms before starting psychotherapy. Specifically, they require informed consent to the provision and processing of personal data in accordance with EU Regulation 2016/679, which provides for and reinforces the protection and processing of personal data in light of the principles of fairness, lawfulness, transparency, protection of confidentiality, and the rights of the data subject with regard to their own data. When the treatment involves minors, parents or legal guardians will be required to sign the above documents.

The forms specify the data retention periods, which will be kept for the time necessary to manage contractual/accounting obligations and subsequently for a period of 10 years, while those relating to health status will be kept only for the period of time strictly necessary to carry out the assignment and pursue the purposes of the assignment itself and, in any case, for a minimum period of 5 years (Article 17 of the Code) will be kept only for the period of time strictly necessary to carry out the assignment and pursue the purposes of the assignment itself and in any case for a minimum period of 5 years (Article 17 of the Code of Ethics of Italian Psychologists).

Personal data may need to be made accessible to health and/or judicial authorities based on specific legal obligations, in which case professional secrecy would no longer apply.

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EFPP Groups Section Study Day on 29th March 2026

Beyond the Couch:
On the Transformative Potential of Group Psychotherapy

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A Question to Begin with

Think of a moment in your clinical work — individual therapy, supervision, perhaps your own analysis — when something shifted for you not because of what was said, but because of who witnessed it and how it was witnessed. Someone saw you. Someone understood. Or perhaps the very act of speaking something aloud, in front of another human being, gave it a different weight.

Now imagine that moment — multiplied. Not one witness, but five, six, seven, or eight. Not one perspective but a constellation of human experience, all in the same room, all responding to the same moment. That is, in essence, what group psychotherapy offers.

Today, I want to take you on a journey into what I have come to think of as one of the most underutilised and underappreciated modalities in psychoanalytic practice. My case is that group therapy is not a lesser form of individual therapy. It is a different animal altogether, and for many of our patients, it may even be more effective.

Why Groups? Setting the Stage

We were trained to think in dyads. Therapist and patient. Transference and countertransference. The couch and the chair. Our clinical vocabulary, our supervisory frameworks, our very imagination of what therapy looks like — it is built around two people in a room.

This is not wrong. Individual psychotherapy is profound. It works and will remain the treatment of choice for many of us. Historically, the classic psychoanalytic establishment principally sacred the dyadic therapy and rejected group therapy. Freud, in 'Group Psychology and the Analysis of the Ego' (1921), claims that the individual in the group undergoes a regressive process and enters

a 'primitive' state. In 1926, Freud reiterated his reservations about analysis within the group context. In a letter to Trigant Burrow, one of the pioneering fathers of group work in Europe, Freud writes:

> … At the present time I do not believe that the analysis of a patient can be conducted in any other way than… two people. The mass situation will either result immediately in a leader and those led by him, that is, it will become similar to the family situation but entailing great difficulties in the function of expression and unnecessary complications of jealousy and competition, or it will bring into effect the "brother horde" where everybody has the same right and where, I believe, an analytical influence is impossible… (Freud, 1926: 8)

However, the research literature is remarkably consistent: group psychotherapy is at least as effective as individual therapy for a wide range of presentations — depression, anxiety, trauma, personality disorders, interpersonal difficulties. Meta-analyses repeatedly show effect sizes comparable to individual work, often with better long-term maintenance of gains and significantly better cost-efficiency. Yet, referral rates to group therapy remain low. Patients resist it. Therapists hesitate to recommend it. Why? Well, the idea of people in distress sharing their miseries and agonies with a group of strangers has an oxymoronic quality. When distressed, we are accustomed to calling "MAMA" rather than "GROUP".

Nevertheless, I would like to suggest that this dyadic frame may have blinded us to something remarkable that happens when the therapeutic relationship becomes plural. When it is no longer you and your patient, but you and a few of them, relating to each other and to you. Ditroi and Weinberg (2008) wrote:

> The one-to-one format enables the person to… divert attention from reality into the psyche… The individual sessions are rich with inner associations, memories, fantasies and early attachment to the primary caretaker… The group format enhances interpersonal and social performance exploration. It reminds the member that he or she is not alone in the world for better or for worse. It is an opportunity for growth beyond the dyadic envelope… Group meetings remind us that the world is not such a rose garden and that we need to deal with uncomfortable feelings and behaviors of ourselves and others…

Clinical vignette 1

Miri had been in the group for eleven months and had said almost nothing of substance. She arrived on time, she listened carefully, she offered brief, careful validations to others — "that sounds really hard" — and she deflected every gentle attempt to bring her into focus. The group had learned, without quite deciding to, to leave her alone.

She was forty-three. She had come to the group after years of individual therapy, referred by her individual therapist who felt, astutely, that something in Miri's isolation was not reachable in a dyad.

The session I want to describe began ordinarily enough. Daniel, a man in his mid-fifties, was talking about his adult son — the distance between them, the phone calls that went nowhere, his belief that he had somehow failed as a father without ever being able to identify the specific moment of failure. He spoke with the flat affect of someone who had told this story many times and was no longer surprised by his own pain.

Partway through, he stopped. He said, "I think the hardest part is that I don't know if he knows I love him. I've never been able to say it. Not to him. Not really to anyone." The group was quiet.

Then Miri spoke. Not her usual soft affirmation. Something else. She said, "My father never said it to me either. And I spent thirty years deciding that meant I wasn't worth saying it to."

The room changed. One woman, Ruth, who had a long history of difficulty receiving care, looked directly at Miri — something she rarely did with anyone. The silence was not empty. It was the silence of people recognising something. I did not intervene. The group held it.

Daniel said, quietly, "I never thought about it from his side."

Members began, without prompting, to speak about the things their parents had never said. Not as a complaint — as a discovery. There was something in the room that I can only describe as a collective loosening, as though the group had been holding its breath about this topic for months and had finally been given permission to exhale.

Ruth, who almost never disclosed, said she had always interpreted others' silences as evidence of her own inadequacy. "If you don't say something," she said, looking now at the group rather than at the floor, "I assume the worst about myself. I didn't know that was what I was doing." Miri looked at her and said, "Me too. I do that here. I've been doing it here for a year." Some members acknowledged that they had misread her, and one said, "I thought you didn't like us." Miri laughed — a real laugh, surprised out of her. "I was terrified you didn't like me."

In that exchange, "a disturbance in the matrix" (according to group analytic conceptualization) was repaired. A node of silence that had organised the group's communication patterns for nearly a year suddenly became fluid. Daniel found language for his son. Ruth practised receiving rather than deflecting. Miri discovered that her self-protective withdrawal had been its own form of communication — and that the group had survived her revealing this.

The Theoretical Map

There are four frameworks that I draw on most heavily in my group work, and which together offer a rich picture of why and how groups heal.

Yalom: The Therapeutic Factors

Irvin Yalom gave us the most accessible vocabulary for group therapy. He identified eleven therapeutic factors — mechanisms that are either unique to groups or significantly amplified in them. Let me highlight the four I consider most transformative for our concern today.

1. Universality

In individual therapy, a patient may understand on an intellectual level that they are not alone in their suffering. However, in a group setting, they experience this truth firsthand. Hearing someone else express the shame they themselves have never been able to articulate can provide a profound sense of relief—often immediate and deeply felt. I have heard the phrase, "I thought I was the only one," countless times during my 30 years of conducting groups.

2. Altruism

Many of our patients are depleted, convinced they have nothing to offer. When they discover in the group that their words help someone else, that their presence matters, that they can be a source of comfort rather than only a receiver of it, something fundamental shifts in their self-concept. A restoration of agency.

3. The Corrective Recapitulation of the Primary Family Group

In the group, members re-enact familiar relational patterns — rivalry, submission, invisibility, the need to please. But unlike the original family, the group can do something different: it can notice what is happening and respond otherwise. With skilled facilitation, old patterns do not just repeat — they are witnessed, named, and transformed.

4. Interpersonal Learning

Yalom considered this the most powerful factor in long-term groups. The group is a social microcosm — how a person relates outside inevitably emerges inside. Members receive real-time, emotionally attuned feedback from multiple sources. Not from one therapist whose perception might be partial, but from a range of human beings who each bring their own subjectivity. The opportunity for learning is exponentially richer.

Bion: The Group as an Organism

Where Yalom gives us the mechanics of group healing, Wilfred Bion gives us its depth psychology. Bion proposed that every group operates on two levels simultaneously. There is the work group: the rational, task-focused dimension in which members pursue the ostensible goal. And there is what he called the basic assumption group: an unconscious collective state that can hijack the work group when anxiety rises.

Why does this matter for individual practitioners? Because these same dynamics operate in all groups you encounter: your team meetings, your supervision groups, your organisations. Bion teaches us to read collective unconscious process. This is one of the most clinically generative skills a group therapy can offer.

Foulkes: The Group Matrix

S.H. Foulkes, the founder of group analysis, gave us perhaps the most philosophically rich conception of the group. For Foulkes, the individual is not the primary unit of psychological life. The individual is always already embedded in a network of relationships — what he called the matrix. We are social creatures not by accident but by constitution.

The group matrix is the web of communication and relationship that connects all members, including the conductor. Symptoms, Foulkes argued, are not located inside the individual — they are located in the disturbance of the network. Healing happens in the restoration of communication flow across that network. This has a radical implication: in a group, we are not treating individuals who happen to be in the same room. We are treating a living system, and every intervention ripples through the whole. In group therapy we learn to ask not just 'What does this patient need?' but 'What is this patient carrying on behalf of the group? What is this moment saying about the network?'

Interpersonal Neurobiology (IPNB)

Contemporary neuroscience has given us powerful validation for what group therapists have always known intuitively. Daniel Siegel's Interpersonal Neurobiology framework proposes that the mind is not simply brain-bound — it is a relational and embodied process, arising between and among individuals, not only within them.

This has profound implications for groups. When people sit in a room, they are not simply exchanging verbal messages. They are attuning to each other's nervous systems — through tone, gesture, facial expression, timing, silence. Mirror neurons fire. Co-regulation occurs. The window of tolerance widens — or contracts — in response to the relational field as a whole.

IPNB helps us understand why collective witnessing feels different from being witnessed by one person. The group creates a relational field that can contain, regulate, and transform in ways that are neurobiologically distinct from the dyad.

Clinical Vignette 2

Avi had a panic disorder. He had managed it for years through control — controlled breathing, controlled environments, controlled disclosure. In individual therapy he had learned to name his anxiety. Six months in, it happened mid-session. No clear trigger. His breathing shortened. His hands gripped his knees. He said nothing, but the group noticed before I did. Without any prompting, members slowed down. A woman uncrossed her arms and placed both feet flat on the floor — a small, unconscious act of steadying. The man beside Avi exhaled, slowly and audibly. The group's pace of speech dropped. The air changed. Avi looked up. He said, "Why do I feel calmer? No one has said anything."

Because **nothing needed** to be said. Avi's nervous system had been met by a few others. The co-regulation that Siegel describes — the way attuned nervous systems entrain to one another — had

happened spontaneously, collectively, without interpretation or technique. The group had become, neurobiologically, a container.

Afterwards, Avi said it was the first time he had ever come through panic without fighting it alone. "It was like the room breathed with me," he said.

So, What Groups Offer

I am not claiming that group therapy is always superior. There are evidence-based contraindications to group psychotherapy. I am only asserting that it is different—and that those differences are structural, not incidental.

Multiple Mirrors

In individual therapy, the patient receives feedback from a single source: the therapist. However, the therapist's perceptions, no matter how carefully managed, inevitably influence what they observe. In a group setting, feedback comes from multiple individuals, each bringing their own history, blind spots, and insights. This collective feedback, which Foulkes referred to as a "hall of mirrors" (1965), serves as a rich environment for the brain to exercise its plasticity.

The Laboratory

The group is a laboratory for experimenting with new ways of being. A patient can try out assertiveness, vulnerability, humour, directness — in real time, with real people, in a context that is both protected and genuine. This is qualitatively different from role-playing in individual therapy or discussing behaviour changes in retrospect.

Collective Witnessing

There is something particular about being witnessed by a group. When multiple people hold your story, when you speak your pain and are met by eight faces rather than one, the neurobiological and psychological impact is different. The weight of shame, in particular, often diminishes more rapidly in group than in dyadic work — because shame lives in the expectation of rejection, and the group repeatedly disconfirms it.

Belonging

Perhaps most fundamentally, the group addresses one of the deepest human hungers: the need to belong. Many of our patients suffer not only from symptoms but from a profound disconnection from human community. No dyadic relationship, however good, can substitute for the experience of being a part of something larger. The group, when it works, becomes a community — and that community heals.

Clinical vignette 3

Rafael, a thirty-one-year-old accountant, entered therapy while experiencing an acute existential crisis. His wife had left him after being unfaithful and carrying a baby that was not his. Despite his attempts to maintain his professional and personal routine, Rafael struggled to cope with the separation. He found himself oscillating between intense anger towards his wife's infidelity, referring to her derogatorily, and feelings of guilt, believing that his own behavior had contributed to her actions. This internal conflict led him to see her alternately as a 'whore' and a 'martyr.'

Rafael is an only child. When he was seven years old, his mother became pregnant again, and he remembers conversations in the house about the sister he was going to have. However, in the eighth or ninth month of her pregnancy, his mother went to the hospital and returned without the baby girl. His parents never talked to him about it. At the age of eleven, the family immigrated to Israel. Although he integrated well in school and even skipped a grade due to his high abilities, he still struggled with feelings of inferiority and difficulties fitting in.

Rafael's social connections reveal two significant patterns. He consistently strives to please those around him and often goes out of his way to help others, sometimes in an overly enthusiastic manner. However, he also tends to feel hurt and insulted by any indication of rejection or when he perceives that people relate to him in a frivolous way. In such situations, he often suppresses his anger and feelings of insult or disconnects from the person involved.

Working with Rafael in individual therapy has been a gradual process. From the beginning, it was evident that he had both pleasing and resistant-to-change aspects of his personality. Rafael tried hard to be a good patient—taking the process seriously and being cooperative—but he struggled to make progress in his life. Every few months, he would experience feelings of despair about his situation and therapy, considering the possibility of leaving due to the lack of perceived progress. However, after discussing these feelings together, he would come to realize the importance of continuing his therapeutic work and choosing to stay in therapy.

After two years of individual therapy, I suggested that Rafael join group therapy. He became a member of my group, which originally consisted of three men and two women, and gradually started to integrate into the dynamics. A few months later, a noticeable change occurred in Rafael's reactions within the group. He began to express his anger towards me in a direct and clear manner. This anger often stemmed from his dissatisfaction with how I treated other participants. In one instance, he believed I was being "too harsh" on another group member, whom he supported and felt deserved more acknowledgment.

Rafael was aware of this shift in his attitude towards me. Despite his fear that expressing direct anger could hurt me—stemming from concerns about potential retaliation—he expressed happiness about being able to react in this way.

I initially realized that Rafael felt safer and more protected within the group due to the presence of the other participants. I interpreted his act of direct aggression toward me as a reflection of his newfound power and courage, which seemed to stem from the support of the group. This led me to consider that the collective presence of the other participants provided a sense of reparation for Rafael, who had never experienced a coalition of siblings standing up to his parents in the home where he grew up. In the group, not only was a familiar self-state retrieved, but I also observed what I call an "imaginary self-state" emerging. This refers to a self-state connected to fantasies and wishes, rather than strictly to the patient's real-life experiences. The sense of power and strength that Rafael gained from belonging to the peer group allowed him to perceive himself differently, giving him the confidence to risk a direct confrontation with me.

Around that time, Rafael shared with me during one of our individual sessions his love for the romance "Les Trois Mousquetaires" by Alexandre Dumas. In that meeting, and in the subsequent ones, we primarily explored the Oedipal and romantic aspects of the story: themes of love, treachery, and the endless commitment of a man to a woman, even to the point of his own peril. Rafael's associations, as well as my own at that time, largely related to his relationship with his ex-wife and the dichotomy through which he perceives women—both angelic and harlot-like.

Later, I recognized a significant aspect of Rafael's life that the romance illustrates. The protagonist, D'Artagnan, joins the three Musketeers, and his life transforms as he is accepted into their group. Once he becomes 'their brother,' he gains a sense of power and purpose that he previously lacked. The three Musketeers, as protective brothers, look out for him, and in turn, he becomes protective of them. "Un pour tous, tous pour un" (One for all, all for one) captures the essence of their bond.

Reflecting on this aspect of the romance, a new thought emerged regarding the dynamics within the group. I began to consider Rafael's rebellion and resistance toward me not only in relation to the courage he gained from the presence of the other group members but also as a way to protect a sibling he never had. It seemed to me that a new imagined self-state had developed in Rafael—

the self-state of an older brother, guarding his little and weaker brother or sister. I envisioned seven-year-old Rafael waiting for the sister who should have come home but never did. I contemplated the disappointment and frustration he must have felt, emotions he likely never expressed directly to his parents.

I also reflected on how Rafael coped with this situation, which might have involved fantasies where he believed he was responsible for his sister's absence. On one hand, he may have thought that his feelings of anger and jealousy led to her death. On the other hand, he might have reasoned that his parents decided he was sufficient to meet their needs, waiving the desire for another child; thus, they regretted not bringing his sister home.

In Rafael's defense of his brothers and sisters within the group, I started to see an important development. He expressed both his anger at his parents for their insensitivity in dealing with a child, and his need for siblings—suggesting, perhaps unconsciously, that he relied on them for his own growth and development within the group. Therefore, he couldn't accept the idea that I, as the parent, would give up on the other patients and leave him once again responsible for shouldering the burdens of being the single child in the family.

In the following months, Rafael focused on integrating himself into the group. Although it remained challenging for him to feel like a true member, his ability to utilize the group dynamics effectively improved significantly. I believe that my capacity to perceive therapeutic processes as reflections of various and complex self-states enabled me to engage more deeply during my encounters with Rafael and the conscious and unconscious materials, he brought to therapy.

Closing Words

In a personal conversation with my good colleague and friend, Robi Friedman, I shared my reflections on my experiences in therapy. During my years of individual therapy, I realized how difficult it is **for me** to navigate my personal challenges. In contrast, my time as a group participant helped me understand how challenging it can be **for others** to engage with me.

My hope is that you leave today not only with information but also with a renewed curiosity about the possibilities that arise when we carefully and thoughtfully step beyond the couch and into the circle.

Thank you.

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Uri Levin is a clinical psychologist, group analyst, and organizational consultant. He is a member of the IIGA and the IAGP and has previously served on the board of the European Federation for Psychoanalytic Psychotherapy (EFPP). Additionally, he teaches at Tel Aviv University and provides supervision in both individual and group settings.

Uri primarily operates his private practice in Tel Aviv, where he works with adults, adolescents, couples, and groups.

EFPP Groups Section Study Day on 29th March 2026
On the Transformative Potential of Group Psychotherapy

Discussion of Uri Levin's paper 'Beyond the Couch: On the Transformative Potential of Group Psychotherapy'

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Thank you for inviting me as one of the respondents to the paper by Uri Levin. I am honoured and happy to have to think and formulate my thoughts.

What happened was – as so often before- that I was consumed by basic concepts in psychoanalysis and in group-analysis and how they are related. I will not pretend that I fully understand; but I will try to convey my present understanding and how it was initiated by Uri's paper.

But first Uri invited us to think about *'…when something shifted for you not because of what was said, but because of who witnessed it and how it was witnessed… and how the very act of speaking something aloud, in front of another human being, gave it a different weight.'*

I went back (in my mind) more than 40 years, when I was a student and later in my (first) supervision group with the same supervisor. I learnt to listen to patients associating and telling their inner thoughts – and to my reactions to them.

Then in my Group-analytic group starting a few years later, I came to speak more feely of myself; but the big change inside me came from my personal analysis. I do not think I would have been able to confront and contain my early shameful feelings so deeply, had I not already been exposed to them in a group setting where I could recognise them in my fellow group-members. I am also sure that some personal issues had never been worked through in that group as they have been in other experiential- and large groups later.

The realisation of an inner shift is an on-going process.

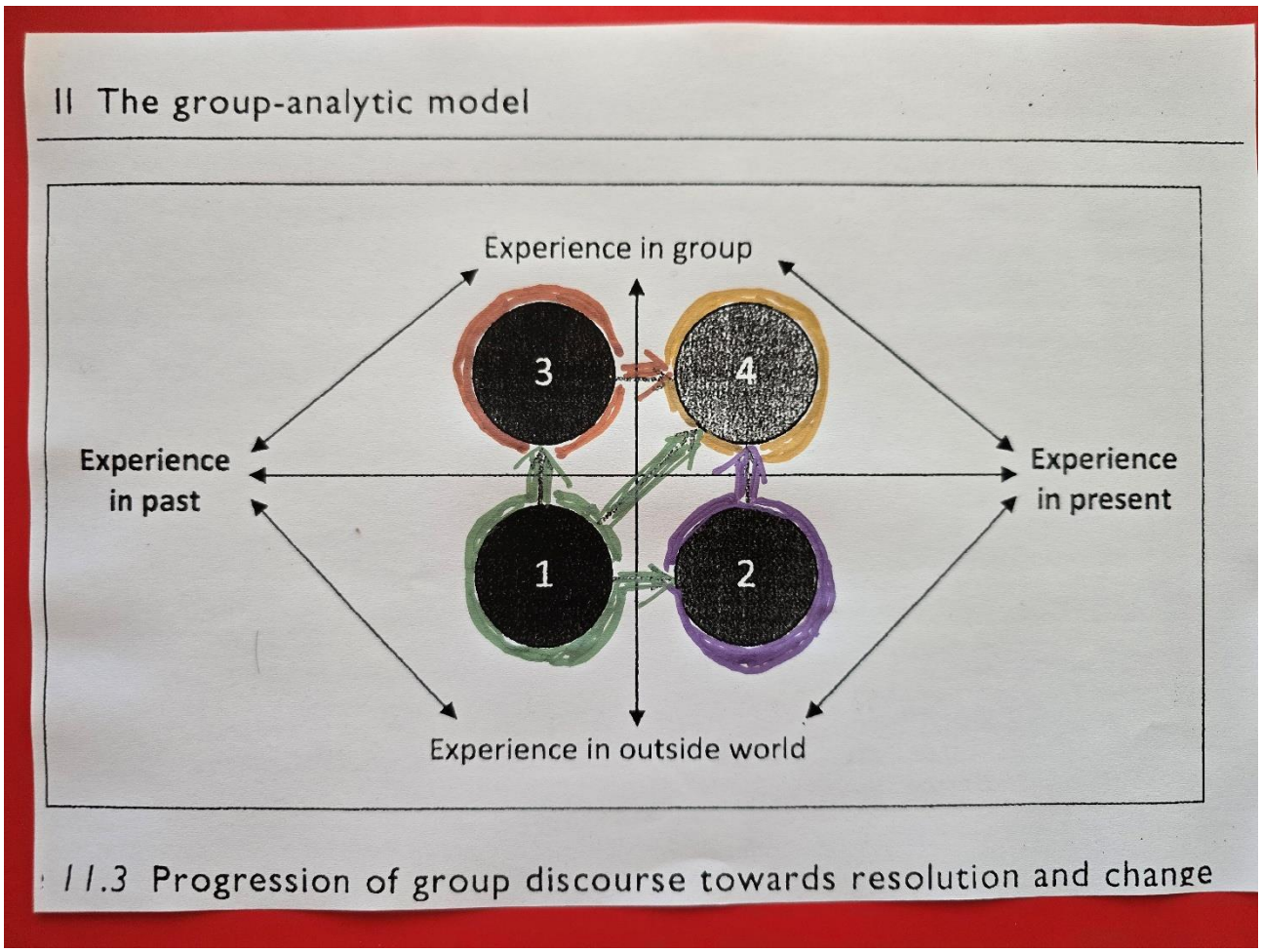
And it does go on in a Dream group during the past 25years.

I think that in **Clinical vignette 1** Uri (as conductor) is listening to the group. The group is listening and Daniel suddenly listen to the other in himself, when he says*, "I think the hardest part is that I don't know if he knows I love him. I've never been able to say it. Not to him. Not really to anyone."*

Miri resonates and understands, *"My father never said it to me either. And I spent thirty years deciding that meant I wasn't worth saying it to."* and by experiencing the loosening of feelings of isolation (and abandonment?) here-and-now in the group more members do understand their own relations outside the group and in the past.

Uri is silent and writes that the group 'contains it'. I think he also is containing as a member of the group-as-a-whole. I came to think of Quinondoz's paper 'Dreams that turn over a page'. How insight often is a few steps behind changes that has occurred in the unconscious. In this group it maybe happened during months of 'holding its breath' and by that influencing and preparing the Matrix of the group for the loosening up.

This can be illustrated by the group-analytic model by Pines and Schlapobersky (2025: 296)



They illustrate 'The thirdness' of the group situation as different to the first analytic one-person analysis (Freud) and the two-persons introduced with the development of object-relations thinking (Balint, Winnicott and others).

I think that in **clinical vignette 1** Miri has been working individually on 1 to 2 (past to present between two persons); but by being influenced by 3 to 4 (identifying with past in another person and experiencing it in the here-and now), she is having a new experience and changes in her intrapsychic understanding of herself.

This was already noticed by Foulkes in 1964 when he wrote about the conductor (with a reference to Alexander):

He treats the group as adults on an equal level to his own and exerts an important influence by his own example. He sets a pattern of desirable behaviour rather than having to preach…puts emphasis on the 'here and now' and promotes tolerance and appreciation of individual differences…(He) represents and promotes reality, reason, tolerance, understanding, insight, catharsis, independence, frankness, and an open mind for new experiences. This happens by way of a living, corrective emotional experience (Foulkes, 1964:57).

Transference and transference interpretations is a core concept in the transformative work in psychoanalysis and so it is in group-analysis; but the group analytic situation and the thirdness of the group demanded a new thinking about the concept of transference.

In 1975 Foulkes had refined the formulations and he formulates the difference between t and T:

Having spoken of the analytical attitude of the conductor, I will attempt, very briefly, to sum up the main points which this implies.

1) That he is receiving all communications, that he is non-directive, clarifying, interpretative; using predominately verbal means leading eventually to insight.
2) That the relationship which members of the group form to him and to each other is itself made the object of communication and of analysis.
3) That he is non-manipulative in the relationship, as he understands his position as a transference figure. He treats the interpersonal relationships in the spirit of a transference situation, even when Transference aspects in the strict sense of the term are not significant. It is this analytical attitude which enables the group-analytic conductor to deal correctly with transference reactions themselves and with all other events which happen in the same spirit. I prefer not to call all these reactions transference but if doing so to spell the noun at least with. Small "t" by distinction to *Transference* in the more correct sense, to be spelt with a capital T.
   This analytic attitude promotes ever increasing understanding and correspondingly tolerance and by itself alone furthers the freer development of the individual.

(Foulkes, 1975: 133)

In the **clinical vignette 3** I am sure Uri has made transference interpretations – and other interpretations as well during the two years of individual analysis with Rafael. In the group Rafael feels freer to express his feelings of anger towards the therapist (Transference).

Could it be, that the therapist perhaps also feels freer to receive the angry projections because he by taking the analytic attitude and as group-analyst feels freer and is seen and can behave in a more realistic role in the relation to other group members and by that fostering a corrective emotional experience for Rafael? You could say that the conductor is a member in the Matrix as the other members of the group.

The appearance of the transference allows – and demands- that the group-conductor defines and clarifies the group-analytic situation as being everything that happens in or outside the group during the therapy and must be understood as means of communication with the conductor as a transference figure.

From that understanding of the relations in the group follows the analytic attitude and how to make interventions in the group.

As an ending of my response, I want again to make a reference to Foulkes in 1975 he writes on psychoanalytic training pros and cons.

Foulkes leaves no doubt that group-analytic experience and training remain essential. His suggestion is to undergo group analysis first and then work this experience through in the two-person situation. I found it a fruitful way, though I found it myself.

I will end with Foulkes,

One thing is certain: one cannot learn this from books alone. It should however be stressed that we learn it either from experience alone. Intensive study and work are necessary, reading and thinking in addition to personal experience (Foulkes, 1975: 161)

Thank you for letting me study and think in parallel to my clinical work and the dream group.

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Discussion of Uri Levin's paper 'Beyond the Couch: On the Transformative Potential of Group Psychotherapy'

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Morris Nitsun on the 'anti-group'

Morris Nitsun was an Israeli-born British clinical psychologist, psychotherapist, and group analyst. He trained and worked in the British group-analytic tradition, including work in mental-health and therapeutic-community settings, and became known for combining psychoanalytic theory with the study of group processes. His main contribution is the concept of the "anti-group": the destructive, oppositional, or disintegrative forces that arise within groups but may also have creative and developmental functions.

Nitsun's main work on the anti-group is in two publications. The first one 'The Anti-Group: Destructive Forces in the Group and Their Creative Potential' (Nitsun, 1996) is the central and fiundational work on the concept. The second one 'The Anti-Group: Destructive
Forces in the Group and Their Creative Potential' (Nitsun, 2015) revisits the theory and its clinical application.

Nitsun's discussions of the anti-group also appear in his writings on group aggression, creativity, leadership, therapeutic groups, and group-analytic technique, as well as in chapters and articles in group-analysis literature.

What is the anti-group?

The anti-group is not simply a "bad group" or a particular subgroup. It refers to the counter-cohesive forces operating inside a group—processes that oppose cooperation, mutual recognition, shared purpose, and emotional containment.

These forces may include:
- hostility, rivalry, envy, and jealousy;
- scapegoating and exclusion;
- splitting into factions;
- attacks on the conductor or leader;
- attacks on the group's task or therapeutic purpose;
- silence, withdrawal, lateness, acting out, or refusal to participate;
- competition for attention, status, or emotional control;
- projection of unwanted feelings onto other members;
- destructive pairings or coalitions;
- attempts to destroy trust, boundaries, or the group frame.

The anti-group can be conscious or unconscious. It may emerge especially when members feel threatened by intimacy, dependence, change, loss of individuality, or the exposure of painful personal material. It can also appear during transitions, after a new member joins, when a member leaves, or when the leader's authority is questioned.

If unrecognised or poorly managed, anti-group processes can have negative effects:
1.Fragment the group into hostile factions.
2. Create scapegoats, often targeting a vulnerable, different, or outspoken member.
3. Undermine psychological safety, making members afraid to speak honestly.
4. Block therapeutic work through silence, intellectualization, acting out, or repeated conflict.
5. Damage the leader's authority or provoke counter-aggressive responses from the conductor.
6. Produce premature termination, absenteeism, or collapse of the group.
7. Reinforce destructive individual patterns, such as persecution, mistrust, or isolation.
8. Generate destructive enactments, in which members repeat traumatic relational patterns rather than reflect on them.

Positive and creative potential

Nitsun's important argument is that the anti-group should not be eliminated automatically. It can contain energy, information, and developmental potential.

When contained and explored, anti-group processes can:
- reveal hidden tensions and unspoken inequalities;
- challenge excessive conformity or false harmony;
- protect individuality and prevent pressure to conform - expose problems in the group's structure, leadership, or task;
- stimulate honest disagreement and deeper communication;
- help members differentiate themselves from one another;
- generate creativity by questioning established assumptions;
- enable the group to renegotiate its boundaries and goals;
- transform aggression into assertiveness, protest, or constructive criticism;
- lead to a more realistic and mature cohesion.

The conductor's task is therefore neither to suppress conflict nor to allow destructive acting out. The therapist helps the group contain, name, interpret, and think about the anti-group. The crucial movement is from enactment to reflection: members gradually become able to recognize that the conflict belongs not only to individuals but also to the group's shared emotional field.
In this sense, the anti-group is both a threat to group cohesion and a possible source of renewal, creativity, and psychological growth.

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EFPP Adult Section Study Day on 8th May 2026

Finding hope in creativity during the uncanny times of war and trauma

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Abstract

This paper examines the impact of war trauma and intergenerational transmission of Holocaust memory on Israeli society through psychoanalytic and interdisciplinary lenses. Four key concepts, Freud's notion of the return of the repressed, the hermeneutics of language, Dori Laub's reflections on testimony, and Marianne Hirsch's theory of post-memory, are brought together to illuminate the complex entanglements of individual suffering and collective history. A fictional case study of a young Israeli paratrooper illustrates how military trauma interacts with inherited family memories of the Holocaust, producing symptoms that oscillate between dissociation, repetition, and the need for testimony. Within therapy, dreams, silence, and narrative fragments become sites where unspeakable experiences re-emerge, challenging both patient and therapist to bear witness. Post-memory is shown to act as a haunting presence: an uncanny inheritance that structures subjectivity and resurfaces in moments of crisis, echoing across generations. By situating the clinical encounter within Israel's broader socio-political reality, mandatory military service, intergenerational trauma, and the ongoing conflict, the chapter highlights the ethical demands of psychoanalytic listening. It argues that psychotherapy, even when confronted with the apparent futility of words in the face of historical catastrophe, can create a transitional space where trauma may be mourned, witnessed, and partially transformed through creative engagement.

Introduction

This paper, which I presented as a keynote lecture at the EFPP Adult Section Study Day on 8th May 2026, is based upon my 2026 book *Creativity and Psychoanalytic Psychotherapy at Times of War, Exile and Trauma*, published by Routledge.

Before embarking upon the clinical study, which is the centre of this paper, I would like to make three preliminary remarks that would serve as a wider context for what I am about to share with you.

The first one is that I am writing from the point of view of a Jewish Israeli clinician working in a region which has been plagued by war and conflict for more than 100 years. I believe that this background is also shared by many of my European colleagues who live in countries which are also immersed in wars. What is happening over the last few years between Russia and Ukraine is an obvious and sad example.

One of the outcomes of the Second World War is that Israel has been established as a state for the Jewish people, the same Jewish people that the German Nazi regime and its collaborators tried to eliminate from Europe. It is perhaps uncanny, and this is first time I will mention this very important Freudian term, that I am a delegate of the Israeli Association of Psychoanalytic Psychotherapy which is part of the European Federation Psychoanalytic Psychotherapy. As we all know Israel is not part of Europe and its inclusion in this organisation as in many other European organisations is uncanny and perhaps presents the very complex relationship European countries have with Jewish people and with Israel over the centuries.

Might I venture a suggestion, a bold one, that Europe is still searching for a way of reconciling of having the Jewish people amongst her. It is trying to either expel or integrate the Jewish minority, as it has been in more recent times trying to expel or integrate other minorities who have found a way into Europe, partially because of the impact of colonial times, and the way Europe was at the time was maybe still is a dominant force in world politics, drawing boundaries for instance between nations in a way that did not resolve conflicts but further inflamed them.

The second preliminary note is about resilience. Resilience is very important and it is commonly used to describe the way individuals and societies deal with traumatic times. Thus, resilience is considered to be a good thing as it allows us to recover form distress and prepare ourselves for future distress, but it is also responsible for another interesting phenomenon, as it tends to encourage us to disregard and even forget the horrors that we went through. We are encouraged to overcome what we have been through so as to not sink into pathological states. In that sense, resilience itself is uncanny as it operates both as a reassuring defence mechanism, showing us our capacities but at the same time, it also features other defence mechanisms which allow or, one might even say, push away mourning processes deep into the unconscious, thus, in fact, creating a danger that we are not in fact really resilient but rather indifferent to what we have been through.

The third preliminary note I would like to make is to do with the fact that as therapists and, this is true for Israel, but I think it is also true for other countries like Ukraine and Russia at present, therapists and patients share the same potentially traumatic present that is changing the power relations in the room. It is very likely that in some situations, as happened also during COVID-19 the two people in the room, therapist and patient, are both sharing the same anxieties fears and even faulty defence mechanism when faced with a mutual traumatic experience.

Fictional Authenticity

The centre of this paper is the fictional clinical study of Vered, a young Israeli woman, who turned to therapy due to an anxiety attack during her obligatory Israeli Defence Forces (IDF) military service. Almost all Israeli citizens are conscripted to a two- to three-year army service when they turn 18, men and women alike. A lot of them continue to do reserve service after they complete their obligatory service. Many of them pay with their lives. Their families and communities they live in, also pay a heavy price.

Allow me to elaborate slightly on my choice of using fictional case study rather than actual clinical details. During my career, I have participated in several thousand therapeutic sessions. After each one, I write notes not merely for legal, ethical, or archival purposes but as an integral part of processing the therapeutic experience itself. This is part of my *reverie* and *working through*.

When it comes to sharing with others what clients tell me, beyond areas of supervision as mentioned earlier, I maintain the strictest confidentiality. Any use of therapeutic material outside a professional context constitutes, in my view, a problem concerning the trust clients place in me.

I was left with a dilemma. Since writing helps me as a therapist, how do I still engage in writing without betraying the client's trust? I was not prepared to take the path that Freud suggested and use the excuse of scientific need. I had to find a way to allow myself the *creative freedom* I need to practise my profession while maintaining confidentiality.

I have adopted a way of writing about my clinical experience which does not directly involve exposing my clients' stories. This I do by engaging in the theoretical and clinical issues that I am concerned with as well as my own process during my work. What I write about amounts to an elaboration of Freud's *self-analysis*.

What emerges is not autobiography and not pure fiction, but a fusion of both: what I call *fictional authenticity*. It draws on lived experience, filtered through the lens of therapy and transformed by the creative imagination.

The *Return of the Repressed*

The *Return of the Repressed* is one of Freud's earliest ideas, which he first introduced in 1896 and repeated in his book on dreams, later somewhat revising and developing it in one of his case studies, his letters to Ferenczi, and finally in his work on repression in 1915.

What remains constant in his description is the statement that repressed material will always seek a conscious expression and that it is indestructible – i.e. it is never lost to oblivion but only hides from awareness until such a time occurs which prompts its emergence as a symptom, dream, or creative expression.

This is pertinent to this clinical illustration in the sense that it offers one possible interpretation to the question as to how events in the client's childhood, which at the time seemed unrelated to her direct sensory experience (and therefore minor in their impact), have left such a strong and potent trace as to contribute to her present-day predilection. The repressed but intact contents of undigested and perhaps indigestible mental content were only able to return and re-appear through dreams as well as disturbing symptoms and creative expressions.

The Hermeneutics of Language

The second key concept, *the Hermeneutics of Language*, bridges the gap between literature and psychoanalysis. Language is not simply a medium for the expression of the self; it is integral to the creation of the self. In the therapeutic setting, with its focus on talking as the principal means of communication, narrative and language are among the main ways in which individuals bring themselves into being.

This is particularly relevant to listening with the utmost attention to the complexities of the human voice of the client. The onus of this attention is placed upon the therapist, who must master a very complex attention span which stretches like a web almost infinitely.

The focus is of course the narrative of the client. But the narrative is never one dimensional and is refracted by the particular cultural tone which the therapist must recognize and become familiar

with. This may be true to all cultures, but working in Israel, the therapist must differentiate between not only several nationalities but also widely differing ethnic backgrounds, places of residence, and varying degrees of religiosity.

Another dimension would be the subtleties of the client's narratives as they alter from one session to another and within each session in relation to their emotional state and transference position. Interlinked with this last dimension is the therapist's own multi-layered narrative. The links between the two narratives create yet another dimension which extends the web of attention deep into the unconscious realm, where both voices form a new and yet-undiscovered territory.
The exploration of this unknown territory needs to be studied with the same minute and careful approaches that one adopts when reading a literary text which contains unfamiliar vocabulary and syntax. Thus, the therapist listens to the client's words, and his own, as to a text being written during the session. This text is a live event, linked to past occurrences. It is a dance of minds where the client's whole being interacts, consciously and unconsciously, with the therapist's. The text analysed, therefore, is not only what the therapist or the client says but the whole web, or matrix, that evolves during their time together. And in this web are caught words, images, memories, objects, and introjects.

Witnessing

The third key concept refers to Dori Laub's work on testimony in history and psychoanalysis. Laub (1937–2018), himself a Holocaust survivor and psychoanalyst who worked with Holocaust survivors, writes about the attention that is required of the listener in the cases of trauma. He states that whoever listens to the story of extreme human suffering requires themselves to deal with an unprecedented situation. By listening to the story of the survivor, the listener is acting both as a witness to the story itself and, perhaps more importantly, to the feelings associated with it, belonging both to the listener and the survivor. What they listen to most, at least initially, is the experience of the *absence of language* in the trauma.

The story, as it has not been told until then, is a mental gap. Without a human *witness*, it does not exist in tangible human and verbal dimensions and therefore acts as a force of nature, as a storm does. The listener is a participant in the traumatic event and is a partner in creating the emotional and cognitive space required for its verbal witnessing. In order to not let the forces of the trauma (the storm) transform the listener into being a survivor himself, they need to be able to remain somewhat separate.

Laub suggests that this position is attained by two paths: the first is a prior knowledge by the listener of the *territory* into which they are travelling and the second is their own ability to bear witness to their own process. Thus, the therapist who wishes to create a therapeutic environment which will facilitate the witnessing of an untold trauma needs to sharpen their listening so that they can become attuned both to the multiplicity and diversity of the client's narrative, conscious and unconscious, as well as to their own passage through the client's tale.

Post-Memory

The fourth and perhaps hardest to comprehend concept is the idea of *post-memory*. *Post-Memory* describes a significant event that happened before one's birth and has been passed on through multi-generational transmission to one's unconsciousness in such a way as to shape a part of it. It becomes a part of one's own narrative but is not quite conscious and shows itself through various indirect forms such as particular symptoms. An example would be various uncanny phenomenon

whereby one cries at certain films, feels anxious at other times, and is avoidant of familiar events without being able to understand the reason.

When does a *post-memory* come into existence? There must be some external stimulus in the shape of an artefact, whether a photograph, letter, film, or even a remembrance of a story once told. This stimulus evokes a sense of a forgotten memory which cannot be accessed but carries a strong emotion. Trying to gain more data concerning that memory begins the process of bearing a testimony. If successful, this kind of remembrance, not unlike archaeological digging, reveals links formed between that external stimulus and recollections of family stories which echo someone else's experience. A web of relations and association, a matrix of meanings and possibilities, is created, sending the individual in search of more clues.
This is not an ordinary search that one can easily abandon if it does not immediately yield satisfactory results. Rather, it is an obsessive search that becomes a goal in itself, leaving its subject matter somewhat in the shadow. A search that outsiders view with a slight worry, lest you dedicate unreasonable amounts of time, emotional and mental energy, and sometimes even considerable resources to it; a search that ultimately consumes you.

I am including this rather baffling concept on the basis of the work I have done myself with my own *post-memory* when studying the history of my maternal grandmother. Having had the fortune of being in possession of hundreds of letters and other items exchanged between three branches of the family in Paris, Tel Aviv and Thessaloniki during World War II, I was able to form a narrative around a haunting experience I had for years. I was lucky at that time to meet with Holocaust scholars who introduced me to the concept of *post-memory*, which served as the framework for my study, later published by Routledge.

In the following fictional case study, I will illustrate how these concepts come to play as an example of the special attention psychotherapists need to pay to stories which have not yet been told.

Being a Female Paratrooper

Vered was 24 years old when she was called up for her three-week reserve force assignment as a paratrooper in an elite unit of the IDF. At that time, she was still single though fairly active socially and quite pleased with the way her life was going. She was in her second year at university studying law, which pleased her family but was considered by her only as a stepping stone towards a professional future she was not yet sure about.

Vered was referred to me by a psychiatrist in the IDF with whom I had worked in the past. He thought that Vered needed to see a civilian therapist who was familiar with current military mental health practices in the army, as I was.

The Mental Health Department in the IDF has grown both numerically and qualitatively over the last few decades and in particular after the first Lebanon war in the early 1980s. It is significant to affirm that soldiers suffering from trauma and other mental disorders caused by and/or appearing during their military service are taken more seriously than in the past and treated accordingly.

When Vered made the first contact with me it was by email. The email arrived with nothing appearing in the subject heading, and its content was very brief. She wrote that Dr. Litvak, the military psychiatrist, had given her my number. When she did ring, a few hours later, she wanted to make an appointment straight away, as if the email brief exchange had established enough

contact. I sensed that she was delaying and perhaps avoiding contact but doing so in an elaborate and confusing way.

The association which I found myself contemplating after hanging up was that she had to prepare me for seeing her, and this she chose to do by employing a variety of communication methods, as if to make doubly sure that I could be reached. A slight sensation of being toyed with and perhaps even manipulated lingered on and evoked a mixed sense of curiosity and slight dread about our first session.

When meeting her for the first time, I was very aware of the fact that it was not *without memory and without desire*, as Wilfred Bion advocated. When Vered entered the room, the atmosphere that surrounded her was in stark contrast to all that I have described above. She seemed calm and collected, spoke with fluency and self-confidence, and related her complaint in a very leisurely manner. I felt ill at ease with my own pre-conceived judgement and almost paralyzed by the sense that I had been wrong in my initial assessment.
She told me that the last time she was called up for military service the small unit she was part of ran into some trouble in one of the West Bank refugee camps. During a routine patrol, stones were thrown at the armoured vehicle that they were driving in. One of the soldiers spotted a group of youngsters standing nearby who he thought were responsible, and the driver of the vehicle made an abrupt turn and sped forward in such a way which caused the vehicle to run down three of the youngsters.
When other Palestinians who were in the area noticed that hell broke loose. It was only a couple of hours later that they were able to pull out of the camp, aided by other armoured vehicles that were called in. During that time, once she had realized that they had run over the youngsters, she felt paralyzed and sat in the corner of the vehicle almost without being able to participate in the actions. Her fellow soldiers of course noticed her predicament but were too busy dealing with the situation themselves to do anything about it. Upon returning to base and following a briefing, she was immediately referred to the military psychiatrist, who then referred her to me after a few consultation sessions.
The story was indeed a harrowing story, and yet she told it as if she was reporting something that happened to someone else. I thought to myself *that a dissociative defence mechanism* was playing a part in the clinical picture to allow her to be so calm and so cut off from the content of her story. She carried on saying that since that event she was in fact in serious doubt as to whether she would ever want to go back to serve in the IDF.
She then said that she thought that her reaction at the time was an expression of something she had felt deeply a long time ago. She had always considered herself dovish as far as Israeli politics were concerned. Serving as part of the elite military unit as she did was justified by her as what all people of her age must do. After that incident, which she thought was the fault of the driver of the armoured vehicle, she was no longer able to justify being part of military actions whose sole purpose seemed to be to police and oppress the occupied Palestinian population. What she wanted from me, she said, was not so much therapeutic help but help in getting her off the register so that she could be dismissed from further military service.

Working with Literature

At that point, my heart sank. Not so much because I thought that dismissing Vered from further military service was a bad idea but because I was afraid that her retreat into a concrete solution, which was based upon even heavier repression, was a sad move. As she was not the first soldier I have treated in such circumstances, I thought of suggesting that we meet a few times for me to be able to assess her condition and see how I could respond to her request. She agreed but wanted

me to know that even if I did not provide her with the necessary documentation, she would nevertheless refuse to go back to military service, even if it meant going to jail.

All this took place in early 1996, a few months after the assassination of the Israeli PM, Mr. Yitzhak Rabin (1922–1995), by a Jewish right-wing terrorist. The period of early 1996, unfolding in the immediate, paralyzing wake of Prime Minister Yitzhak Rabin's assassination, represented a moment of profound collective trauma and psychological rupture for the Israeli populace. In the national unconscious, Rabin did not merely function as a political executive; he occupied the role of the ultimate imago, the primordial father figure, or paterfamilias, whose authority and historical gravity provided a psychological holding environment for the state. His murder by a Jewish right-wing terrorist was not just a political act but a literal enactment of the darkest Oedipal fantasy: the violent destruction of the father by the rebellious son. This catastrophic breach of the societal Superego mirrored Freud's myth of the primal horde in Totem and Taboo, where the sons slay the patriarchal leader, only to be immediately engulfed by an unbearable, haunting guilt. By shattering the ultimate taboo, the preservation of the leader's life by his own people, the assassin unleashed a torrent of destructive, unmediated drive energy (Thanatos) into the public sphere, violently destabilizing the collective sense of reality.

Consequently, the emotional atmosphere of the nation was entirely consumed by this traumatic acting-out, plunging the collective psyche into a state of acute crisis. The public did not merely experience grief; they were submerged in what Freud termed melancholia, a pathological, unresolved mourning where the ego is fundamentally impoverished and deeply identified with the lost, shattered object. Because the assassin emerged from within the "family" of the nation, the subsequent guilt and rage could not be easily projected outward onto an external enemy. Instead, the Israeli collective psyche fractured, employing primitive defence mechanisms such as splitting. Society violently polarized into absolute categories of good and bad, projecting this intolerable internal conflict and patricidal guilt onto political opponents. This created a schizoid atmosphere of ideological rigidity and deep mistrust. The loss of the protective father figure also triggered a profound castration anxiety within the national body—a terrifying realization of vulnerability and helplessness now that the omnipotent protector was gone. The impact of the assassination, therefore, extended far beyond a change in government; it induced a repetition compulsion within the Israeli political landscape, leaving the society trapped in a state of unresolved Oedipal conflict, struggling to integrate the trauma and perpetually mourning the loss of its own idealized self-image.

Vered had been raised by her parents in a loving and attentive way. Though both parents were busy professionals, they had been able to manipulate their work schedules so that Vered and her older sister were always in their focus. They also had substantial support from their grandparents, who were still active. Vered felt lucky to have them around when she was a child. In particular, she enjoyed the company of her paternal grandmother, whom she described as an eccentric but loving character. She said that most people found it hard to be around her as she was too direct and confrontational, but her grandmother spent many hours telling her tales of her early childhood in Slovakia. It was a happy childhood which was cruelly disturbed by the rise of the Nazi regime.

Dreams

Six months into therapy, Vered brought me her first dream.

Dream work is a key element in my concept and practice of psychoanalytic psychotherapy. I invite dreams both from my clients and from myself just as I invite other unconscious communication. Working with dreams means using both symbolic interpretations and relying upon *dream-work* to do its silent job of elaborating and constructing aspects of the multi-layered self. Thus, the ensuing

dialogue about the contents of the dreams and the arising associations, both by the client and by me, are primarily about weaving a web of connotations and meanings which facilitate and enable the transformative thrust of the therapeutic process.

In Vered's dream, she was flying or falling from a great height, above the earth's atmosphere but also from the 8th floor of her parents' house. The fall took a long time, and she wondered when she would hit the ground. At the same time, she was also down below on the ground, preparing the surface for her eventual fall. She tried to make the ground soft. While falling, she passed through the clouds and felt relieved because it meant the fall would soon be over. It seemed that the clouds were also softening the forthcoming crash by slowing her down. She reached the ground, and it was soft, like sand. Her parents had been observing her the whole time but were indifferent to her plight. She rolled on to the ground and then got up, unharmed.

The dream was recounted in an excited manner, revealing that something important was being communicated, though what it was she did not know. She just felt that it was an important dream. I waited for her to bring up more associations, but she remained silent and looked at me with expectation.

I had an idea or two in relation to the content but first applied my attention to interpreting her silence. I suggested that the speed with which she wanted me to resolve the dream was akin to the speed with which she was falling in the dream. She grimaced but remained silent for a minute or so. Then she said she was disappointed. What I had said meant nothing.

I felt moved by a sense of helplessness which permeated the room. I commented upon this and said that it seemed that the dream, her emotional response to it and my words, had created a powerful situation here and now that we should try and understand. To my surprise, Vered conceded and said that I was probably right. But she remained quite sullen until the end of the session.

When Vered did turn up for the next session, she said that she only came back to tell me something. After leaving the previous week, something dawned on her. She realized that she was disappointed with the intervention about the dream because it reminded her that therapy was *"just words and words meant nothing in the real world"*. She then directed her gaze at me and said, *"Just as my grandmother always used to say. All the good words are useless. What's the point of talking when death is out there?"*

I began joining the dots. I knew by then that her parents did not get along. They had remained together, but in her teenage years she had noticed that in fact they hardly spoke to one another in general, let alone show any affection or warmth. Nor did they seem to argue or fight much. They were just together, being there with not much going on between them. She could not bear to be a witness to an emotional reality that needed to be witnessed by someone. What needed to be witnessed – the reality of her parents' relationship – was just too unbearable for her. She would leave the room and often went to visit her grandmother, who lived in the building next door.

The White Hotel

She said that my interpretation of the dream reminded her that sometimes there is nothing you can say. This feeling corresponded to her position while crouching down inside the armoured vehicle while out there, children were dead because of a careless move her comrade had made.

She then pointed to a particular book on my bookshelf, *The White Hotel*, by D.M. Thomas (1935–2023), and said,

> *Do you know this book? My grandmother let me read it when I used to hide in her apartment from my parents. I think she meant well, but that book destroyed me. It was in that book that I found out how pointless talking really was. Only actions matter. It does not matter what you say, only what you do and what other people do to you that matter. That's what my grandmother used to say. And she should know. She survived the worst of humankind.*

Clients referring to books in my library is something I have gotten used to over the years, and yet each time it happens I deal with it differently depending on the varying circumstances.

D.M. Thomas's The White Hotel is a complex, multi-layered narrative that demands to be read through the dialectic of Eros and Thanatos, exploring the profound intersections between individual psychopathology and collective historical trauma. The novel is structurally fractured, mirroring the fragmented psyche of its protagonist, Lisa Erdman, a half-Jewish opera singer suffering from severe somatic manifestations of hysteria. Thomas constructs the first half of the novel as a pastiche of psychoanalytic literature, beginning with a sexually explicit, surreal poem and its prose expansion, which serve as the unmediated expressions of Lisa's unconscious mind. This is followed by a clinical case history authored by a fictionalized Sigmund Freud, who treats Lisa (dubbed "Frau Anna G.") for her debilitating chest pains and respiratory distress. Freud interprets Lisa's surreal fantasies of the "white hotel", a place of uninhibited sexual promiscuity and sudden, catastrophic death, as classic manifestations of repressed childhood sexual trauma, oedipal conflicts, and a profound struggle between the life drive (Eros) and the death drive (Thanatos). Through the mechanisms of dream analysis and the navigation of transference, Freud constructs a coherent, classical psychoanalytic narrative that seemingly resolves Lisa's neurosis by anchoring her terrifying visions strictly within the realm of personal, psychosexual aetiology.

However, Thomas's authorial intention extends far beyond a mere homage to clinical psychoanalysis; rather, he constructs this Freudian framework ultimately to subvert it, exposing the teleological limitations of psychoanalysis in the face of absolute historical evil. As the narrative shifts from the introspective space of the clinic to the brutal historical reality of the 1930s and 40s, Lisa's life is upended by the onset of the Holocaust. The harrowing climax of the novel occurs at the Babi Yar massacre, where Lisa and her stepson are systematically murdered by the Einsatzgruppen. In this devastating historical context, Thomas reveals that the visceral imagery of violence, suffocation, and sexual violation that Freud diagnosed as repressed hysterical fantasies were, in fact, clairvoyant premonitions of her actual historical fate. The author suggests that Freud's localized, individualistic reading of the unconscious was tragically inadequate; Lisa's psyche was not merely a repository for infantile psychosexual conflict, but a permeable membrane sensitive to the gathering, collective Thanatos of European fascism. By juxtaposing the intimate, theoretical violence excavated in the psychoanalytic session with the mechanized, mass atrocity of Babi Yar, Thomas critiques the inadequacy of psychoanalytic hermeneutics to anticipate or explain systemic historical trauma. The novel concludes with a surreal, purgatorial afterlife, a landscape of healing and maternal reunion, which serves as a final authorial assertion that the fractured human subject requires a redemption that transcends both the limits of analytical interpretation and the finality of historical annihilation.

What is the point of words?

Vered recounted its narrative to me and summed its impression upon her:

> *What's the point of all this psychoanalytic babble? At the end, after Freud treated her, she was killed by the Nazis! So, what good are all her insights? What does it matter that she understood how she was brought up this or that way? At the end she died of hunger by those animals! Psychotherapy is pointless when there's a war going on, and we are at war now and need to be at war forever so that they don't do this to us again.*

There was silence. Vered was upset in a way I had never seen her before. I had the feeling that it was not just her own words that she was speaking. I felt I was allowed to witness a part of her that was in conversation with her grandmother, the Holocaust survivor.

She described her grandmother, Edith, as the one person whom she could relate to in the family during her adolescence. She would sit in her kitchen, watch her cook, and listen to her stories about times past. Some of those stories were very pleasant stories and described the lifestyle she and her family enjoyed in pre-Holocaust Europe. But quite often, a bitter note creeped into her story, and she told of her struggles, her plight in the camps, and the many losses she suffered. She almost always made a point of ending those stories in such a way as to show her the greatness of the Jewish people that survived the Holocaust.
More than once, she was left with a horror she could hardly digest. It was then she felt paralyzed, contemplating what she could not witness, trying to think and picture what could not be pictured. Vered went silent. She looked down at the carpet and then looked up at me and said:

> *You know, you were right, it was like that in the armoured vehicle. I was sitting there on the floor, knowing we have just killed innocent civilians, and I felt I could do nothing. It was the same feeling of horror. I was a witness to something I did not want, did not need, to be a witness to. I only wish I could erase it from my mind. I only wish I could go back to a time when all this did not happen. But I can't. It keeps coming back, again and again.*

In time, she was able to see how her parents' quarrels and slight neglect pushed her to spend more time with her grandmother. Her influence was massive, but there was a price to pay. She served as Vered's haven, but within that haven she was exposed to tales of a world that frightened her. Hearing her mourn her dead relatives and hearing her tell of her time in the concentration camps and her survival filled her with admiration and horror. But mostly it filled her with a sense of helplessness. That sense had become lodged within her as an entity that felt suffocating, one she could not expel.

Vered felt that trying to get rid of that would amount to a betrayal of an integral part of her being. She had to keep it inside. It felt like a memory which did not belong to her but which she had formed a strong attachment to. During the following sessions, she recalled more and tried to understand.

The work I have done myself on my own family's survival of the Holocaust enabled me to understand emphatically Vered's discovery of her *post-memory*. I had one too. She had also come by some of the material I have published, and we were able to share grandmother stories.

My own Post memory

Ever since I developed a consciousness of being a part of a family, a part of a collective history, I have felt that the near annihilation of that Jewish community, and its branches elsewhere in Europe, was affecting me as if I were there myself. When my life's circumstances are examined, as I have done as part of my training and practice of psychoanalytic psychotherapy and as a writer

over the last thirty-five years, I have come to the conclusion that the traces of the haunting memories I remember are not of events I have experienced myself. The stories of the Holocaust that I had been exposed to since I was a child have moved me to be and act in ways it has taken me many years to make sense of. I have found that I was not just making life-choices based upon my own deliberations and options but also based upon deeper layers I was not yet aware of. It was as if I was obeying an inner dictum I could not comprehend, let alone control.

The Cohens were a part of the Salonica Jewish community, which numbered around 50,000 at the beginning of World War II (the Jews of Salonica comprised about two-thirds of the overall Jewish population in Greece, which numbered about 70,000). Two of the Cohen children, Leon and Isaac, moved to France during the 1920s, where they became a part of the Greek-Jewish community. The only survivor of the family, Rita, my maternal grandmother, moved to Palestine during the 1930s. Both Greek and French Jewish communities were subject to mass deportation and murder during the 1940s by the Nazis and their local collaborators. In both Salonica and Paris, it was with the active aid of local police and municipal workers, as well as ordinary citizens, that the Jews were taken from their homes, had their properties looted and were sent to their deaths in the concentration camps. Of the 50,000 Jews lived in Salonica before the war, approximately 40,000 died, about 90%. Of the 340,000 Jews lived in France in 1940, more than 75,000 were deported to death camps, where about 72,500 were killed, about 20%.

My *post-memorial* tale of the Cohen family and in particular of Leon Cohen (1901–1942), one of the two brothers who emigrated to Paris, is based upon the primary sources as found in the letters that were addressed to him and were found almost sixty years after he was murdered by the Nazis, along with his wife Bondy (Boena) (1905–1942) and their two children, Benjamin (1935–1942) and Eliane (Rachelle) (1939–1942), in Auschwitz in 1942.

It is a story of a post-memory and inevitably carries the faults of a story told from a distance. And yet, it is the only possible way left to tell this story. In her seminal essay about Claude Lanzmann's Shoah, Shoshana Felman (b. 1942) wrote that being a witness is about taking responsibility for what really happened. It is about obeying the legal pledge and the juridical imperative of the oath the witness takes. It is akin to testifying before both the court of history and of the Law, in front of an audience of readers or fellow human beings. It is not just a reporting of the facts, recorded or remembered. It is an act of conjuring memory to present another human being and a community. Giving testimony is a moral commitment to carry on narrating history beyond its personal dimensions.

The role of the testimony bearer is not one carried with ease. It is not only a burden but also a privilege. It is a burden due to the necessity of carrying it. It is a privilege as it positions the narrator along the long familial line, thus renewing and perhaps even somewhat healing a sense of continuity severed by the Holocaust. It is a possible way of combating the oblivion of forgetfulness. It is a process whereby the burden of the transmission of the traumatic memory does not turn into a haunting and crippling post-memory but lends itself to post-memorial work. In his 2019 essay on post-memory, Stephen Frosh (b. 1954) wrote that in our time, the future has collapsed. We are overwhelmed by what we have to witness. This is what haunts second and third generations – the ongoing transmission not of the experiences themselves but their dark shadows. It is an uncanny experience, both alien and deeply familiar, lying deep in the unconscious. Struggling with those shadows can be as daunting as with the concrete realities that have cast them.

The Road to Recovery

Vered's therapeutic journey spanned four intensive years, unfolding not as a straight line, but as a circuitous and deeply emotional excavation of both her past and present. What initially presented as a classic manifestation of combat-related shell shock was gradually unveiled as something far more complex: the cumulative impact of an intricate cluster of injurious events, deeply intertwined with her personal, familial, and national history. This profound road to internal recovery required navigating layers of deeply rooted pain. By the third year of treatment, a pivotal milestone occurred with the passing of her grandmother. Rather than regressing into historical patterns of emotional entanglement or shutting down completely, Vered managed this loss with remarkable, newfound resilience. She was fortunate to spend meaningful time with her grandmother in her final days, having processed the ambivalent and sometimes heavy impact the older woman had on her during her adolescence. Equipped with stronger emotional boundaries, Vered was able to offer genuine comfort while maintaining a safe psychological distance. This delicate balance was a profound testament to her healing; she no longer felt like a paralyzed, defenceless soldier trapped inside an armoured vehicle, terrified to witness the unpredictable dangers of the outside world.

As her internal landscape shifted, so did her approach to her external reality and her ongoing military service. Vered no longer sought to completely escape or be dismissed from the military, which marked a significant departure from her earlier state of overwhelmed avoidance. Instead, she exercised a cultivated sense of self-preservation and agency. She advocated for herself by requesting a transfer to a different unit where she would be safely distanced from the direct combat operations that had exacerbated her trauma. This pragmatic decision represented a highly adaptive compromise, serving as a reasonable and mature solution to what had once felt like an entirely insoluble and suffocating situation. It proved she could remain integrated in her society while still fiercely protecting her mental well-being.

In the therapeutic profession, it is a rare privilege to witness the trajectory of a client's life once formal treatment concludes and the clinical door closes. With Vered, however, fate provided a deeply moving epilogue inextricably linked to the very concept of healing. Outside of my clinical practice, I am an active participant in "The Road to Recovery," a remarkable Israeli voluntary organization born out of profound tragedy. It was founded by Yuval Roth, whose brother was brutally murdered in a Hamas terrorist attack in 1993. Facing an abyss of grief that so often breeds an endless cycle of hatred and revenge, Roth chose a radically different path. He dedicated his life to forging tangible connections through compassionate action, establishing a network that now oversees hundreds of Israeli volunteers. These citizens use their private vehicles to drive Palestinian children and adults from military checkpoints around the West Bank and Gaza to Israeli hospitals for life-saving medical treatments. Each of these journeys across physical and ideological borders is described by Roth as a "little peace," a quiet but defiant act of shared humanity amid an ongoing, bitter conflict.

It was within this powerful context of restorative justice that our paths serendipitously crossed once more. During a routine gathering of our volunteers, I was astonished and deeply moved to see Vered in attendance. Her presence there was far more than a mere coincidence; it was the ultimate, living manifestation of her personal road to recovery. The young woman who had once felt entirely defenceless, paralyzed by the violence of her environment, had not only stepped back into the world but had chosen to actively participate in healing its deepest wounds. By volunteering for an initiative that required navigating the very checkpoints, borders, and complex realities that once represented her trauma, Vered demonstrated a monumental reclamation of her agency. Engaging in this profoundly empathetic social activity signalled that she had not just survived her

psychological injuries but had transformed her pain into a catalyst for extending grace, life, and a "little peace" to the perceived other.

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His research interests are multidisciplinary, encompassing psychoanalytic social work, photography, hermeneutics, the relationships between language, creativity, and the sense of self and belonging, as well as the impact of the Holocaust on second and third generations.

Rony represents the Israeli Association of Psychoanalytic Psychotherapy (IAPP) as a board member of the World Council of Psychotherapy (WCP) and the European Federation of Psychoanalytic Psychotherapy (EFPP). He is also a founding member of the Israeli voluntary organization *The Road to Recovery*, which helps hundreds of Palestinian children from the West Bank and Gaza access medical care in Israeli hospitals, serving in various capacities including Chairman of the Board in 2022–2023.

As well as practising psychoanalytic psychotherapy, he engages in still photography and filmmaking, with a diverse portfolio spanning theatre, disability, street photography, and documentary work. He has published fourteen books and numerous articles, including two volumes of poetry (2004 and 2023) and two novels (2000 and 2022). More information is available at www.ronyalfandary.com

EFPP Adult Section Study Day on 8th May 2026
Discussion of Rony Alfandary's paper 'Finding hope and creativity during the uncanny times of war and trauma'

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Thank you so much for this very interesting presentation. I would like to start by expressing my deep concern for the people who are currently living in countries at war now, like Israel and Ukraine, countries that are members of the EFPP.

Listening to your presentation made me even more aware of the huge consequences wars can have, not only on the people who experience the conflicts every day, running back and forth to safe rooms, fearing for their lives and those of their relatives, but also on future generations. It made me think about the impact that the multiple scars of these wars will have on these upcoming generations, on the babies and children who are not yet born and who will grow up to become adults living with this history, even if we sincerely hope that they won't have to experience the war themselves.

As you explain, in the case of extreme trauma, like in the holocaust, the subject can be overwhelmed, to an extent where it becomes impossible to fully grasp what actually happened. I wondered, in reference to Wilfred Bion, whether the alpha function of a subject undergoing such experience would be completely overwhelmed, leaving them with massive untransformed experiences. These traumatic experiences would then be impossible to put into words, yet would leave the subject searching for an object, a human witness who could hear, contain, transform and, together with the subject, bring some meaning to it.

I also wondered whether a helpful, benevolent internal object could be of some assistance in the face of the trauma. Could good internal objects provide support or make the subject more resilient, acting as an "internal witness" if I may put it that way.

I will come back to the topic of resilience, but my first question concerns projective identification. In the case where the trauma has not been put into words, could it be shared with an object through projective identification? And could these projections have an even greater impact on the object because their content is "raw", untransformed? I was then thinking about the projections onto family members, such as a grandchild in your clinical case.

I considered it in the light of what Juan Manzano, Francisco Palacio Espasa and Nathalie Zilkha describe in their book *The Narcissistic Scenarios of Parenthood*. According to them, this concept includes parental projections onto the child and parental counter-identification. These unconscious movements are often acted out in the relationship. Depending on the situation, they may help to structure the developing psyche but if, for example, the narcissistic element is excessive they may become pathological. These projections and counter-identifications can affect the child's narcissistic organization and identity development.

Based on clinical material, they suggest that these narcissistic scenarios help us to understand the influence of parents over children, one form of which is transgenerational transmission.

Could Edith, Vered's grandmother, have projected a figure from the past, a member of her family or some part of herself, onto her granddaughter? I began to wonder what Vered represented for her grandmother. Who did Edith think Vered resembled for example? Did Vered's grandmother also take care of her when she was a small child which would have made the impact of these mechanisms even greater?

I was also very interested by what you said about resilience. Resilience is indeed a trendy word, usually considered as a very positive thing and very much used in our post liberal ideologies.

Listening to you, it was not difficult to see that there could be a price to pay for this resilience. I wondered whether keeping whole parts of one's experience out of conscious awareness could have a serious cost on the individual's functioning. The question was also: "Does resilience imply repression or denial? Or even some form of splitting?".

In this context, I wondered if the children of people who were resilient after experiencing extreme trauma could be just as affected as the ones of less resilient individuals. Could it even be worse for them? Could the return of the repressed, the stories, the silences, be even harder to understand in that case?

I observed a form of resilience in a family who had to migrate because of a war and a genocide in their country in the early seventies. They seemed to be coping well, having very good resources and family ties abroad. However, I noticed that in order to do this, they had to use a strong form of splitting which allowed them to idealize their country of origin, while disregarding the country in which they were living now. This made it very difficult for the children, who later became adults, to truly settle and develop a sense of belonging in the country where they were going to live their lives. They could not explain why. "That's just the way it is". This splitting was transmitted to the next generation who remained confused about where to settle. It came at a high cost for all of them, some giving up careers or potential partners because they felt they were just, "in the wrong country".

Hearing about Vered who spent a lot of time with her grandmother during adolescence also made me think about what Evelyn Kestemberg, a French psychoanalyst, wrote about the construction of identity through identifications during adolescence. I wondered if Edith, the grandmother had become an identification figure for Vered who may not have found one in her mother. I assumed that the grandmother was probably a positive identification figure, helping Vered to grow up and move towards adulthood, but that through this identification process she may also have introjected parts of her grandmother's life, such as this feeling of helplessness, as parts of herself.

I could go on with many more questions about this fascinating topic, but as a member of the EFPP board, I would like to conclude by saying I hope that, across boundaries and borders, we can continue working together and creating bonds that will enable us to think about and transform traumatic experiences.

We might sometimes experience a sense of helplessness and impotence with our *psychoanalytic babble* as your patient puts it. But this is probably where our creativity is most needed. Thank you again.

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EFPP Adult Section Study Day on 8th May 2026
Discussion of Rony Alfandary's paper 'Finding hope in creativity during the uncanny times of war and trauma'

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Reading Rony Alfandary's well-organized and thoughtful paper, beautifully illustrated with clinical material, evoked in me many associations, thoughts, and memories. My work with refugees immediately came to mind. I was haunted by the part of the title, 'during the uncanny times of war and trauma,' which stirred childhood memories of my father's narratives about the resistance during the German occupation in the Second World War, as well as the brutality of the Greek civil war that followed.

Rony writes,

'Therapists and patients share the same potentially traumatic present that's changing the power relations in the room… both sharing the same anxieties, fears and even faulty defence mechanisms when faced with a mutual traumatic experience.'

I am deeply aware of the immense efforts that our colleagues in Israel must make as they strive to maintain a reflective capacity, working tirelessly to find a ray of hope under a bleak sky, to remain creative, making use of the countertransference feelings in understanding the shared post-memories of the Holocaust. At the same time, I cannot avoid thinking about the current war, where the realities of war open the way to primitive states of mind. Under such conditions, one is forced to experience a sense of helplessness and failed dependency. Thus, a state of persistent anxiety might occur. The need for an available therapeutic container to detoxify the unbearably exaggerated emotions is there, waiting to be met.

Rony Alfandary writes his paper in the shadow of war, presenting a compassionate testimony of his therapeutic stance. Though presented as a fictional clinical case of a different era, as "all this took place in early 1996" it reveals how therapeutic work is conducted in Israel, "under ongoing war, political tensions, military trauma". He offers us the here-and-now of the clinical encounter within Israel's socio-political reality, illuminating the unconscious conflicts involved in maintaining a humane stance, as a state of war becomes part of everyday life.

Presenting the clinical material, Rony Alfandary gives us a vivid picture of his feelings when his future patient, Vered, contacted him. He describes her double way of relating as "she initially made contact via email, and a few hours later she rang demanding an appointment straight away". He writes, "A slight sensation of being toyed with and perhaps even manipulated lingered on and evoked a mixed sense of curiosity and slight dread about our first session". In contrast to his first impression, when she arrived, she gave a different impression. She is described as 'calm and collected' speaking with 'fluency and self-confidence' and related her complaint in a 'very leisurely manner'. The therapist described himself as 'feeling ill at ease with the pre-conceived judgement' and he almost paralyzed that he had been wrong in his initial assessment. By reading the rest of the clinical material, I wondered if Vered was already communicating in her well-functioning posture an encapsulated transgenerational trauma, as it came later in her therapy to be understood as 'post-memory'.

Approached from a different angle, in contemplating Vered's initial contact, and the multi-purpose function of projective identification, I think of normal projective identification not as a symbolic form of communication, but as '

Thinking about patients with transgenerational trauma, we need to focus on the obstacles in their capacity for symbolisation. They might have a similar quality to Winnicott's 'false self '(1960), or what Herbert Rosenfeld called 'psychotic islands in well-functioning neurotic patients' (1987) and Sidney Klein described as 'an almost impenetrable cystic encapsulation of the part of the self, which is cut off from the rest of the personality, manifesting itself as thinness, or flatness of feeling (Klein, 2015).

Vered was 24 years old when she was called up for her three-week reserve force assignment as a paratrooper in an elite unit of the IDF. During a routine patrol, in one of the West Bank refugee camps, stones were thrown at their vehicle. One of the soldiers spotted a group of youngsters who he thought were responsible, and the driver of the vehicle made an abrupt turn and speeded forward running down three of the youngsters.

Vered's initial description of her family was that she had been raised by her parents in a loving and attentive way. As was revealed later in her therapy, that was not what she had experienced. She enjoyed the company of her paternal grandmother, whom she described as an eccentric but loving character, who spent many hours telling her tales of her early childhood, which was cruelly disrupted by the Nazi regime.

Vered had to come to terms with being part of a group of soldiers who had run over and killed three young Palestinian boys during this 'otherwise' routine patrol; she had to be able to face the irreparable damage, accept and mourn for it, as mourning is an integral element for psychic growth. She had grown up identifying with her Nazi-victim grandmother, who went through extreme human suffering, and survived, carrying the trauma of the concentration camp. How could she now see herself on the side of the aggressor? Up until that incident she had considered herself as dovish enough, part of an elite group, who were just patrolling the Palestinians in Gaza. How could she now see herself as part of a group who killed to avenge stone-throwing at a patrol vehicle? Faced with this unbearable experience, Vered felt paralyzed. Did this psychosomatic reaction correspond to a 'psychic retreat' (Steiner, 1993) that could provide her with 'peace and protection from strain' (ibid: 1) as the possibility of meaningful contact with what she experienced was threatening.

When surrounded by war, how does the psychic state adapt? What are the principles worth fighting and dying for? After that incident, Vered was unable to justify being part of military actions whose sole purpose seemed to be to police and oppress the occupied Palestinian population. She declared that she did not want therapy, she only asked for the therapist's help in getting her off the register so that she could be dismissed from further military service. What she experienced had upset her ethical beliefs, had overturned her trust in the state. A 'failed dependency' occurred. In pursuing her immediate request, she agreed to stay for a few sessions to assess her state towards her request. Rony Alfandary writes: "She agreed but wanted me to know that even if I did not provide her with the necessary documentation, she would nevertheless refuse to go back to military service, even if it meant going to jail".

In the ancient Greek tragedy 'The Suppliant Women', Euripides explores the question why war is necessary, when war is just by "giving a poetic insight towards understanding politics as the struggle to bridge the irreducible splits, which are inherent in humans and their polis … holding unbridgeable contradictions and impossible links leading to impasses" (Manolopoulos, 2022:9). Is

then war a way to transform a passive experience of massive trauma into an active repetition? (ibid).

When Vered brought her first dream, it was recounted in an excited manner, revealing that something important was being communicated, though, what it was she did not know. She just felt that it was an important dream. In the dream, she was flying or falling from a great height, but at the same time preparing the ground to land on, softening it. She was also falling from the 8th floor of her parents' house. Her parents had been observing her the whole time but were indifferent to her plight. She rolled on to the ground and then got up, unharmed. The therapist waited for her to bring up more associations, but she remained silent and looked at him with expectation.

Rony Alfandary recalls,

"I had an idea or two in relation to the content but first applied my attention to interpreting her silence. I suggested that the speed with which she wanted me to resolve the dream was akin to the speed with which she was falling in the dream. She grimaced but remained silent for a minute or so. Then she said she was disappointed. What I had said meant nothing. I felt moved by a sense of helplessness which permeated the room".

Bion uses the term 'hyperbole' (from the Greek word υπερβολή), to describe the binding of constant conjunction of increasing force of emotion with increasing force of evacuation (Bion, 1965).

He commented upon this and said that it seemed that the dream, her emotional response to it and his words, had created a powerful situation here and now that they should try and understand. To his surprise, Vered conceded and said that he was probably right. But she remained quite sullen until the end of the session.

Rony Alfandary's emotional availability in a receptive awaiting was evident. It reminded me of the therapist being present as a '*live company',* the way Anne Alvarez described the work of the therapist with troubled, traumatized and suffering children in her book 'Live Company' (Alvarez, 1992).

Vered came back still disappointed with her therapist's response to her dream and attacked him with her words, "Just words and words meant nothing in the real world." The therapist focused on his patient's subjective experience without imposing an interpretive stance that could be perceived as an attack on her sense of self. Then she spoke through her grandmother's words, "All the good words are useless. What's the point of talking when death is out there?" The introjective identification with grandmother's trauma came to the forefront. She could also describe the helplessness of witnessing the non-affectionate relationship between her parents. The interpretation of the dream reminded her that sometimes 'there is nothing you can say'. This feeling corresponded to her position while crouching inside the armoured vehicle, while out there three children were dead.

The understanding or misunderstanding of the projective identification depends not only on what is projected, but also on the therapist at the receiving end, the effect on the object is part of projective identification. The mental state experienced by the therapist, because of the projection, provides a kind of 'meta-understanding', in Steiner's words. Meltzer goes further, suggesting that even intrusive projective identification can be communicative, depending on the receptor (Spillius and O' Shaughnessy, 2012).

The therapist was then able to start joining the dots. In relation to the dream, more material was brought up. It was revealed that her parents did not get along, in fact they hardly spoke to one another in general. She could not bear to be a witness to an emotional reality that needed to be

witnessed by someone. What needed to be witnessed – the reality of her parents' relationship – was just too unbearable for her. She would leave the room and often went to visit her grandmother, who lived in the building next door. Rony Alfandary allowed his patient, through the interpersonal involvement of the psychoanalytic process, to come to know her own 'truth'. This is an experiential truth, one which, via activation and enlivening of emotion, liberates and expands thought (Freud, 1937).

Rony Alfandary has the gift of making a fictional case come alive. His remarkable storytelling brings to mind George Seferis' poem 'Last Stop', October 1944:

"And if I talk to you in tales and parables
it's because it's more gentle for you that way;
and horror really cannot be talked about
because it's alive,
because it's mute and goes on growing
drips by day drips in sleep
memory-wounding pain."

Relating to a book in Alfandary's library 'The White Hotel,' by D.M. Thomas, on a woman's psychoanalytic treatment and her life ending in the Holocaust, Vered asked, "Do you know this book?" And added,

"My grandmother let me read it when I used to hide in her apartment from my parents. I think she meant well, but that book destroyed me. It was in that book that I found out how pointless talking really was. Only actions matter. It does not matter what you say, only what you do and what other people do to you that matter. That's what my grandmother used to say. And she should know. She survived the worst of humankind".

Vered later exclaimed: "What's the point of all this psychoanalytic babble? Psychotherapy is pointless when there's a war going on." She was left with a horror she could hardly digest, but this contact with the indigestible horror was a necessary psychic step towards a testimony and a working through,

"You know, you were right, it was like that in the armoured vehicle. I was sitting there on the floor, knowing we have just killed innocent civilians, and I felt I could do nothing. It was the same feeling of horror. I was a witness to something I did not want, did not need, to be a witness to. I only wish I could erase it from my mind. I only wish I could go back to a time when all this did not happen. But I can't. It keeps coming back, again."

What is Vered communicating to her therapist? What is she unloading onto him, projecting forcefully into him? If there is a mind which can cope with the received projection, there is a sense of transformation of the projection (Bion, 1965).

Bion referred to 'transformation' as the stage beyond containment, where the feeling in the analyst is returned in a transformed manner to the patient. This is because '…an emotional experience is transformable in innumerable ways. In such cases, we may need to use the intensity of our feeling in intensified ways' (Alvarez, 2012).

Rony Alfandary illustrated how therapy could offer more than understanding and thus facilitate creative processes, both in the consulting room and beyond. After all, as Winnicott wrote in Playing and Reality, what life itself is about is that a meaningful life is a creative one'.

Another association comes to mind in relation to transgenerational trauma, where the treacherously transferred trauma functions as a ghost in the nursery, haunting the following

generations. I refer to D. W. Winnicott's case "The Piggle." It is interesting that, even though at that time, Winnicott's theoretical and clinical interests were less in favour of the classical preoccupations with infantile sexuality, in the case of 'The Piggle', he thinks more about Oedipal conflict rather than the family's unspoken and repressed Holocaust trauma.

Nonetheless, themes of loss are evident in the material of little Gabrielle (aged 2 ½ years), nicknamed Piggle, whose full name was Esther Gabrielle. She was given the name Esther, after mother's aunt, who was murdered by the Nazis in a concentration camp. Gabrielle was referred to therapy by her parents, who described a child troubled by anxieties that disturbed her sleep and affected her relationships. Owing to distance and Winnicott's full schedule, he offered to see her intermittently in what he termed "psychoanalysis partagé", involving close parental participation through correspondence before and after sessions.

Together, Winnicott and the parents attributed Gabrielle's distress primarily to sibling rivalry and Oedipal concerns, rather than to the prolonged maternal absence surrounding the birth of a new baby. The mother, herself trained as a child psychotherapist, maintained detailed correspondence with Winnicott, later included in the published case. Yet the text contains indications of the parents' unconscious contribution to the child's difficulties.

Subsequent reconsiderations, such as those in *Finding the Piggle* (Masur, 2021), suggest that the mother may have been unconsciously preoccupied with Holocaust trauma, limiting her emotional availability to her eldest daughter, significantly, as the child was named after the murdered maternal aunt. From this perspective, early maternal absence becomes central to Gabrielle's experience of the new sibling.

As Angela Joyce has observed in the material, the infrequency of Winnicott's sessions may have echoed these early absences. Gabrielle's primitive anxieties persisted in phantasy, expressed in nightmares of the "black mummy" and "Babacar," figures experienced as hostile and annihilating. During a prolonged break in treatment, she came to experience Winnicott himself as "black." He later understood this "blackness" as signifying absence, specifically maternal psychic absence, functioning as a denial that concealed and preserved the memory of the lost object.

This leads to what Rony Alfandary describes as post-memory. He writes: "When does a post-memory come into existence? There must be some external stimulus in the shape of an artefact, whether a photograph, letter, film, or even a remembrance of a story once told. This stimulus evokes a sense of a forgotten memory which cannot be accessed but carries a strong emotion". Trying to gain more data concerning that memory, the process of bearing a testimony begins. Vered's post-memory, echoed the therapist's own post-memory when studying the history of his maternal grandmother, bearing a testimony that allowed the working-through of a haunting experience of ancestral traumas.

Britton (1995) writes,

"The reconciliation is not based on denial but on the recognition of psychic reality; it is not just an acknowledgement of wrongs done but also of difference and of dependence. Reparation can begin only after the belief in what has happened is achieved, since a belief cannot be relinquished unless it is first fully acknowledged".

In this paper, Rony Alfandary illustrated the use of 'experience-near language' to facilitate and intensify his empathetic identification with the immobilized trauma of his patient. He also emphasized the importance of freedom of creative imaginative movement up and down the path of life, to the past and back to the present. Therapist and patient could identify the shared trauma of the transgenerational horror of the holocaust. By finding new meanings in the relived experience, a further understanding could be given to the past.

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