

From the unreason of beliefs to the reasons of catastrophic change: a possible thesis on life crises

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Truth is the first victim of a war

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Introduction

Truth is fragile. No emotional environment is neutral, but it rereads and overwhelms any personal perspective. Interpretation's violence, known since P. Aulagnier (1975¹), compels the child to develop personal alternatives in order to preserve his authenticity.

In the face of domineering violence, the child change his own version of the facts, he splits it, forgets it and even distances him from it. Nonetheless, childhood marks survive and, if necessary, they become the foundation for an authentic return to the origin or catastrophic change, as called by Bion (1965²).

Before that, in repetition, an action – called concretion by Blos (1981³) - comes up, whose expression is usually read as bizarre or criminal.

This misunderstanding arises from a deep-rooted prejudice that stigmatizes action opposite word's expression. Nonetheless, it has to be added that action is an expressive language as well, even if racking one's brain is needed to find its keys.

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¹ Aulagnier, P. (1975). *La violence de l'interprétation. Du pictogramme à l'énoncé*. Paris. PUF, 2003.

² Bion, W. (1965). *Transformations*. London, Karnac Books, 1984.

³ Blos, P. (1979). *The adolescent passage*, NY, IUP. *La transición adolescente*. Concretion. Buenos Aires. Amorrortu, 1981.

Blos himself could describe the reason of concretion in the effectiveness of a relative infantile denial. Greenacre (1950⁴) had already observed that when word fails, action hands over regarding expression. But in those times, the already indicated prejudice didn't emphasise enough that action handled emotions when symbolic expression didn't manage to give an account of it.

The importance of pubescent masturbation as a children's mourning process setting, has been pointed out by E. Laufer (1984⁵), especially regarding the phantasm of the joint with the mother.

Body and erotic action are expressive vehicles of a conflict, where the pre-genital and genital meet and resend itself to each other. That libidinal movement entails the use of the body within a distance swing, and the transference temperature, which oscillates between intrusion's feelings and its defensive attitude, that isolates the teenager, and an intense demand of care that arise from its deepest and most infantile sources.

M. Lisman-Pieczanski pointed out a similar view concerning the sexual abuse model as a strategic defensive compulsion towards severe affronts to privacy in childhood.

These remarks urge us to think of the existence of a blurred clinic border, beyond words, where body, action and repetition offer an expressive scenario that reaches further than the already known hysteria's way of saying. In that repetition, the mumbling of the representative need of individual's experiences, thrives between the denial, the self-split and the formations of commitment that act as a border between those defenses and repression, such as concretion and beliefs.

Even if this clinic was initially observed in border and narcissistic disorders, nowadays, experience broadens its frontiers towards neurosis and growth crisis.

Blos was struck by the apparent lack of associative linkage in the concretion, but his analysis showed that this action - based on denial - derived from a complex system of fantasies, family myths and beliefs. It is worth noting that these beliefs are expressed and give a dramatic plot to concretion. The joint work of beliefs and concretion provides a mnemonic reservoir and an expressive function to these experiences, until a more sophisticated symbolic tool takes over.

Like concretion, beliefs are commitment formations that are placed in the psychic frontier, as they are linked to denial - personal or familiar - and to the split

⁴Greenacre, P. (1950). General problems of acting out. *International Journal of Psycho-Analysis*.32:264. 1951.

⁵Laufer, E. The adolescent's use of the body in the object relationships and in the transference. *Psychoanalytic Study of the Child*, Vol. 36. *Adolescence*, 1984, 2, 2:237.

of the Self. It is curious that after Winnicott's study of the false self, the fate of what is falsified has not been explored nor, to put it bluntly, the nature of that origin and what its possible recording consists of. That refuge is quite inclement, judging by clinical evidence, because its expression appears in the suburbs of reason, close to abnormality, madness or uprooting.

The dominant - social or family - post-truth leaves no space for a person's experiences and condemns them to a psychic ostracism, from which one comes out through clandestine action, bizarre acting, or, as we shall see, self-binding practices. To such a point that the individual loses contact with himself and believes that "what happens to him is normal". This observation leads us to the question of authenticity and rootedness in the origin. If he is disturbed by the imposition of the dominant power in the family or in society, he preserves himself in some transitory formation - here we will deal with the particular case of beliefs - until there is an opportunity for the expressive return of his roots. In that case, authenticity's strength has a sufficient intensity to break what is established in a life and to generate an emotional change that is settled in the origin of the self: the catastrophic change. In contrast, if the origin is disregarded or denied, the expression of what is based on that denial produces an usurpation and banality experience.

It is not a matter of establishing neither notarial truth nor accessing a relativistic effect of truth: these two extremes do not do justice to the personal conviction that arises in a psychoanalysis. Its finding is usually late, when the defensive artifice, full of rationalization, constructed in the irrational complacency to enigmatic family pacts, is dismantled. It is about accessing an isolated area rooted in the depth of a splitting defense that, although expressed in bizarre and unmotivated actions *-acting out-*, slips away from the initial analytical survey. Then, once that barrier collapses, facts seem to be simple and their previous incomprehension is astonishing. But it is justified by its fear - sometimes not clearly perceived by the patient - to the possible incomprehension of its motives by the analyst, whom he has always thought of as oblivious and not understanding towards these reasons. Concretion turns out to be an enigmatic message, raised in the action, whose text needs to be unraveled from the tangle of misunderstandings that the adolescent patient -although I have observed this same behavior in children- has with his environment, with respect to his person. Many times we will find families very dedicated and attentive to the behavior of their child, but in such cases it usually happens that such attention is only the first step for an operation and protocolized response without an appropriate emotional contact.

Studying beliefs puts us in a predicament: they have usually been thought of as an irrational obstacle or as a picturesque efflorescence, which must be isolated or treated with a benevolent attitude, waiting for reason to prevail over them. Something similar could be said of them in the analytical work: they are left aside, as a psychic fact of difficult approach, if not impossible. However, they show their effectiveness and are expressed within repetitive action, in symptoms, in transference and in everything that serves to get across its message, as strange and irrational as full of certainty. What makes them so present, universal and insistent? Why are they invariably next to the most sophisticated and brilliant production of a person? Why can someone discover dreams meaning and, at the same time, suffer a superstitious fear of traveling by train? What treasures its mystery? When Freud (1938⁶) went into the beliefs problem, he argued, not without reason: "I find myself in the interesting position of not knowing if what I have to say should be considered something familiar and evident or something new and amazing." Fetishism gives a model to known and trivial formulations that illustrate the effect of denial - *Verleugnung* - when an intolerable reality tears the self's experience - *Ich Spaltung* - in two opposite and simultaneous positions: "I know, but still". Given this fact, we must tend to think that either fetishism is more common than was supposed or *Verleugnung* is part of the usual defensive repertoire of neurosis. Beliefs constitute an archaic reservoir and retain a transference bond with the infantile experience. In them "desire acts distantly through the conscious material and manages that rules of the primary process get manifested" (Mannoni, O. 1963⁷). They are conscious formulas that express - through the split of the self that constitutes them - desires and fantasies that have slipped away from repression. And while its best known format is the fetishist belief in the existence of the maternal phallus, neurotic beliefs transcend this content. This reason raises questions about what form of castration anxiety *Verleugnung* faces in a non-fetishist case. The discussion is relevant, because on one hand there is a precise formula -the belief in the maternal phallus-, and on the other, we face the overinvestment of an object -the talisman- to which is attributed a magical, supernatural or sinister condition that, although it doesn't constitute an usual investment, is far from being a fetishistic condition in the strict

⁶ Freud, S. (1938[40]). Die Ichspaltung im Abwehrvorgang. *GW XVII*, 57, 59-62. The split of the Self in the problem of defense. Complete works. Buenos Aires. Amorrortu, 1979.

⁷ Mannoni, O. "I know, but still". Communication presented in November 1963 in the French Society of Psychoanalysis. Published in *Le Temps Modernes*, 1964. The other scene. Buenos Aires. Amorrortu. I refer the reader to that article for the discussion about the roles of *Verleugnung* and *Ich Spaltung* and their relation to repression and the Pleasure Principle in them.

sense. Possibly, that was in Freud's mind when he proposed to study beliefs in mourning and death. By the way, animism is an emergency situation, in which beliefs and rituals seek a -sacred- supernatural protection in the face of temptation and guilt derived from sexual life. Unconscious guilt is the cause of obsessive ceremonies, where the fear of moral agency coexists with the tempting sexual challenge to it. "Ceremonial and obsessive acts are born thus partly as a defense against temptation and partly as protection against the expected misfortune" (Freud, S. 1907⁸). The infantile sexual component illustrates the complex network of genital and pregenital factors, of the person's early relation to his sex and to his elders. At the same time, these factors show the importance of the parental role as the seat of a practical instance that sustains the conflict against the infantile sexual desire's empire. That would be, in my opinion, the sense in which the idea of child helplessness - *Hilflosigkeit* - should be understood; as an experience that refers to emotional dependence with the adult and makes him a necessary object of his transference (Lacan, J. 1960⁹; Porge, E. 1986¹⁰). This parental function's failure puts the natural function of transference in a predicament, and prevents it from carrying out its usual meaning to current experience's attribution. In these transference emergency conditions, the person lives in a semantic helplessness -similar to what would occur in the real absence of the adult-, which can only be saved by the above-mentioned beliefs and ceremonies, which replace the adult function with that of an animistic being. M. Klein (1929¹¹) studied this phenomenon in M. Ravel, L'Enfant et les sortilèges's work. M. Klein (1935¹²) noted that a current mourning updated and resolved a past one. In this way, a meaning is attributed to the current experience and a new elaborative opportunity is offered to a past mourning. This observation was confirmed many times and allows us to think that transference performs that simultaneous, regressive and progressive task, giving new meanings to past memory marks and to the current experience. When this attribution fails, beliefs offer a psychic repair and replace the failed function.

Without trying to solve the fundamental question regarding fetishism, here we describe the relationship of beliefs with changes - sometimes catastrophic - that move them, within life crisis and in evolutionary changes. In this way, the study of

⁸ Freud, S. (1907). Zwangshandlungen und Religionsübungen. Actos obsesivos y prácticas religiosas. *Ibíd.*

⁹ Lacan, J. (1960). *El seminario 8*. Buenos Aires. Paidós, 2008.

¹⁰ Porge, E. "La transferencia a la cantonade". Buenos Aires. *Revista Litoral 10*, 1986. E. Lacaniana de Psicoanálisis.

¹¹ Klein, M. (1929). Infantile Anxiety-Situations reflected in a Work of Art and in the Creative Impulse. *Contributions to Psychoanalysis 1921- 49*. Edited by E. Jones. London. The Hogarth Press, 1948.

¹² Klein, M. (1935). A Contribution to the Psychogenesis of Manic-Depressive States. *Int. J. of Psycho-Anal. 16: 146*.

beliefs in mourning carried out some years ago continues (Moguillansky, C. 2001[2016]¹³). ***The thesis of this work argues that beliefs play a double role in the crisis of life: they are a fortress of resistances to debut´s change, and they are also a reserve of experiences that did not achieve an adequate psychic representation. They sustain the experiences until they gain a transferential meaning of their own and with that they agree to be a personal communicable experience. Their resistances must be understood not so much as an expression of irrationality opposed to change, but as a need to preserve what with justice that person considers the most authentic of his or her life.*** If that last meaning is not understood, it usually falls into a misunderstanding with the patient and an unnecessary gap is increased, in which patient and analyst are left on both sides of the split -the belief itself- and see two different vertices of the same fact. The perspective reversal installed by this gap is not an attack on the analytic task. It expresses the legitimate desire to preserve the authenticity of an experience, which has not yet managed to obtain the expressive sophistication of other registers. Once again, there would be a subject to which, like the transfer, firstly thought as an obstacle and then seen as a tool of analysis. The cover-ups and false links of that clinic are part of the double nature of beliefs, halfway to a split solution, halfway to a repressive formation, at a point of hinge between both defenses.

Even though repetition always includes some degree of transformation, its respect for authenticity is the key to emotional experience and the cause of the profound changes that are faced in life. They do not always measure the emotional violence they generate and when they are very intense it is justified to call them by Bion´s term (1965¹⁴): catastrophic change. However, despite their intensity, they maintain a strong transference link with origin. If the origin were lost, it would fall into a plain and simple catastrophe. This transferential limit ensures the authenticity of the experience and, without it, psychic life would be futile and banal, close to what Winnicott called the *false self*. In this line of ideas, beliefs, despite their unreasonableness and their bizarre certainty, are a tool that sustains this authenticity, where experience changes surpass psychic tolerance. For that reason, beliefs are in a fertile tension with catastrophic change, especially in the psychic transformation that accompanies life crisis and evolutionary changes. Catastrophic change takes the emotional material settled in beliefs as a

¹³ Moguillansky, C. (2001). El papel de las creencias en la pérdida y el duelo. *Panel de cierre del Congreso de la Asociación Uruguaya de Psicoanálisis. El dolor y sus defensas*. Buenos Aires. Letra Viva, 2016.

¹⁴ Bion, W. (1965). *Transformations*. London Karnac Books, 1984.

transference bond with origin. At the same time, beliefs hold the tolerable edge of transformation, beyond which emotional turbulence or the breaking of transference tie threatens a meaningless experience. The rigidity of beliefs and the violence of catastrophic change explain the explosive clinical crisis, but this does not prevent them from having a deep emotional cooperation. The study of debut opened ways for a better understanding of the reasons that drive -from its unconscious matrix- to adolescent decision as the axis of that crisis. This line of work naturally leads to the study of life crisis, as an incident that may be independent from the age of the person. Debut and vital crisis have at their core an unconscious decision and propose a catastrophic change - in its nature and in its consequences - that introduces disidentifications and alters the linking matrix. That transformation is unconscious and these disidentifications occur in the demand that emanates from the desire for greater authenticity. This is perhaps the most difficult point to get across in an analytical experience's communication. Freud pointed out that it could only be experienced, being experienced. What is it that can only be experienced in the act of experiencing, being and recognizing that to be comes by being? In any case, how is it recorded? In this record lies the question of an experience, if it can boast of being authentic and unique and, from that place, provide the conviction that what it is, really is or corresponds to what one really feels, if that is possible, one is. This perspective does not attempt to break the subjective division imposed by primordial repression, but it glimpses a bit of what, as David Hockney said, is glimpsed between the memory of a misty morning and the perception of a sunny morning, not to hallucinate its memory nor overwhelm it with a banal perception.

The double way of knowing and experimenting -initially proposed by Bion in his thesis on *at-one-ment*- shows its validity in the psychoanalytic experience, when a person oscillates between his knowledge and his experience, in his search for a past, lived and understood certainty, in the heat of his life and in the vicissitudes of his own experience. It is not only about knowing who one is -in the drift of free association-; it is about experiencing that, that who one is, really is oneself and the same self that believed to be another self at some time, in another time and in another circumstance. Experiencing puts identity of the Self in a tight spot, and exposes its apparent consistency to a dizzying series of incidents that will show it unsettled, inconsistent, variable and open to an uncertain future. As J. P. Sartre would say, "we do not know who we are or who we will be and we only know who we have been". Vital crisis is the metamorphosis model of a person, when the potential of it is put into action and manifested in great decisions and also in small details of their ordinary work. This change, sometimes catastrophic, arises on a split matter

held in beliefs. Effects derived from the split and its subsequent integration are manifested in the explosive transformation, which as a whole, we call life crisis. Therefore, nothing better than the examination of a classic clinical material - the Jane case studied by M. and E. Laufer - to question this thesis.

Clinical material

A crisis can reach an apparent blind spot and lead the person to a terrible decision. The analysis of Jane (1984¹⁵) illustrates this situation and then, the processing transformation that arose in transference, in the relationship with the analyst, in her dreams and emotional ties. Laufer describes the relationship between an adolescent's analysis and her assumptions about sexual differentiation and the acute development's crisis -*breakdown* in original English. The story also illustrates the work of transference in its emotional elaboration of a deeply rooted belief, which can be described as a catastrophic change, by its emotional transformation's magnitude. Jane's emotional loyalty to her childhood experiences deserves to be framed within the wise defense of a certain abnormality, which Joyce McDougall recommended. Jane's *breakdown* occurred quietly at puberty, when "she felt compelled to have sex and came to the conviction that *one day someone would kill her*" (Ibid .: 32, italics are mine). That belief persistently appeared in transference and, in fact, contained the essential that has to be sustained in that treatment. In this paper I will try to follow its transformations until the appearance, in the middle of that analysis, of a key dream, whose semantic outcome marked a clinical turn of the cure. This analysis illustrates the double way of recording experiential material, which is first inscribed in a temporary space location and then enmeshed in other meanings in order to generate a personal meaning, inscribed in Jane's life. Like so many others, she had difficulties in performing this double task and had to wait for the arrival of a dream, after a painful transference course -in her emotional life and in her analysis- to achieve a closer representation of her emotions and her childhood experiences. They had been precariously inscribed in her beliefs and were being performed in a dangerous *autostop*, among other self-binding practices. Let us see the facts that illustrate this process, in the inevitable oscillation between fog

¹⁵Laufer, M., Laufer, ME. (1984). *Adolescence and development breakdown: A psychoanalytic view*. New Haven. Yale University Press. Reprinted London, Karnak, 1995. All the quotes come from the English text. The translation from this to Spanish is *Adolescence and development crisis*. ESPAXS, 1988.

and sun, between the distortion of the concealing memory and the core of truth that inhabits all subjective production, even in the thickest delirium. Jane's family life was imbued with violent and passionate scenes. His vindictive bond with her sister and her mother prompted his erotic performance with her father, and then with her sexual partners. In her seduction towards her father, she caressed him, exhibited herself, called him from the bathroom and went to bed naked with him. His incestuous acts were resisted by her father, although it must be said that they continued for a long time, which suggests an unconscious family complacency to the unrestricted circulation of what we would call an unconscious family pact of sexual surrender. The lack of a barrier to such enjoyment seemed to be important in the following clinic and also in the lack of limits that presided over her avatars. Laufer agrees with this interpretation: "In latency and for a short time in adolescence, the fantasy of seduction with his father continued, and perhaps he contributed to it. Jane spent time with her father in bed, hugging him and believing that she was capable of provoking an erection" (Ibíd .: 32). Not only the father contribute to this but the participation of the mother seems necessary in the giving of Jane to the father, which suggests a transitive enjoyment of her as well. This family constellation is usual in the clinic of adolescent abuse and rape, in which there is a severe confusion of languages between adult and infantile sex (Ferenczi, S., 1932¹⁶). In that confusion, the language of passion misappropriates the language of tenderness, a theme illustrated in Jane's analysis in the course of transference and in an exemplary dream.

However, Laufer implies that the real problem was that "Jane, as far as she could remember, felt that something in herself could kill or turn against her and kill her" (Ibid .: 33).

Intrapsychic violence was studied from different perspectives as the possible cause of suicidal acting: it may be the result of a narcissistic (Ertzerdorfer, E. 2001¹⁷) or sexual Perelberg (2001¹⁸) conflict, has been reported by a collective work done in England, which correlates the suicidal pattern with a history of violent behavior, and studied the role of massive projective identification and its consequences. Even

¹⁶ Ferenczi, S. (1932). "Confusión de lengua entre los adultos y el niño. El lenguaje de la ternura y de la pasión". Conferencia pronunciada en el XII Congreso Internacional de Psicoanálisis en Wiesbaden, 1932. <https://es.scribd.com/doc/95300714/CONFUSION-DE-LENGUA-ENTRE-LOS-ADULTOS-Y-EL-NINO-ferenczi>

¹⁷ Ertzerdorfer, E. (2001). "The psychoanalytical positions on Suicidality in German speaking regions". *Congress of Suicidality Hamburg*, 2001. Cita a H. Henseler (1974), who, following Kohut's ideas, studied the role of narcissism and "narcissistic catastrophes" as a suicidal factor. Suicide would act a fantasy of fusion to preserve self-esteem by meeting fantastically with a primordial object that ensures peace and salvation. Therefore, violence derived from narcissistic instability would be a risk factor for suicide.

¹⁸ Perelberg, R. (2001). Violence and its absence in the psychoanalytical process. *Congress of Suicidality Hamburg*, 2001.

though the study does not explicitly mention the confusion, the implicit approach of these mechanisms makes it evident and, in fact, in the clinical cases presented, a severe confusion preceded the suicidal act. This topic will merit a detailed discussion later.

Jane's belief was related to what Laufer called her basic masturbatory fantasy: "There is a little man within her that forces her to masturbate, then she has the shameful fantasy of being trapped by a man who forces her to massage his body and suck his penis. Then she curls up and joins her mouth with her vagina" (Ibid .: 33). Her fear of being abnormal was sustained by her belief in being a lesbian and possessing in her vagina a harmful power, capable of destroying and killing. It is important to highlight the concretion of his belief, with respect to her power to seduce and harm, without any barrier to oppose. "She believed that hatred at her mother would never allow her to do anything but destroy man's penis." (Ibid .: 33). Laufer thinks that this belief altered the self's development, especially its perception - his corporal self-image- and reality test. This is a proven fact by many authors who studied adolescence (Greenacre, P. 1953¹⁹; Winnicott, D. 1953²⁰; Jacobson, E. 1964²¹; Blos. 1967²²). Laufer adds that these facts go around masturbatory fantasy, a fact that, like her beliefs, remained isolated from the associative trade and was reluctant to enter into the conversation of cure. Her beliefs and masturbatory fantasies only found their full expression in the actions that Jane repeated in the office and in her daily, emotional and sexual life (Mannoni, O., 1963[64]²³). However, they were part of the central course of the cure and they unleashed their suicidal acting six months after the beginning of analysis. The presentation in transference of those beliefs and fantasies is usual in those cases in which there is not yet a clear transferential transformation of them, because the effective metaphors that link that presentation to an adequate psychic representation have not yet emerged. These acts were for a long time reviled and stigmatized as an *acting out* against cure (Giovacchini, P., 1986²⁴); however, they correspond to the first repetitive movements that link these experiences to word and convey a potential future transformation (Moguillansky, C. 2007²⁵).

¹⁹ Greenacre, P. (1953). "Certain Relationships Between Fetishism and Faulty Development of the Body Image. *Psychoanalytic Study of the Child*. 8.

²⁰ Winnicott, D. Kahn, M. (1953). Review of Psychoanal. Studies of the Personality. *Int. J. Psychoanal.* 34.

²¹ Jacobson, E. (1964). *The self and the object world*. London. The Hogarth Press.

²² Blos, P. (1967). The Second Individuation Process of Adolescence. *Psychoanal. St. Child*, 22.

²³ Mannoni, O. *Ibíd.*

²⁴ Giovacchini, P. (1986). *Developmental Disorders*, J. Aronson.

²⁵ Moguillansky, C. La invención de la experiencia. *Psicoanálisis APDEBA* Vol. XXIX, N.º 2, 2007:341.

Jane could not make a decision. She did not know if the analysis was going to give her a solution or would destroy her and she waited, without the analyst knowing, for him to take her for her. The construction of this functional repository is a fact of vast consequences, because both in analysis and also in her sexual life, Jane expected someone else to take an active, often cruel and torturous role (Pichon-Rivière, E. 1957²⁶). That was her way of desubjectivating herself regarding her own desire (Cahn, R. 1998²⁷). Adolescent *subjectification* deserves to be thought alongside its opposite: what we might call **de-subjectivization**, when the young detaches himself or herself from his or her desire for defensive reasons.

As we will see with Jane, the difficulty in sustaining certain facts as a subjective experience is part of the debut's vicissitudes, along with its usual radical subjectivation movement. Here that de-subjectivation was accompanied by a severe *acting out*, in which Jane exposed herself to very dangerous experiences -physical and emotional- towards her life. This conceptualization overlaps with hypotheses of the passage to act and *acting out*. Even so, it is worth taking that risk, while the idea of desubjectivation proposes an act of disengagement with respect to one's subjective relationship with that experience, which is not necessarily present in the passage to act and in *acting out*. This hypothesis has a unique clinical value in the countertransference problem that this negative action generated in the analyst.

That provides an important lesson, each time the risk of that clinic, which so many times, as in this case, leaves the physical and mental security of the patient on the analyst's side. Here that risk is the expression of an implicit act of historical neglect -in this case parental- that the patient shows almost involuntarily and leaves it aside, almost forgotten, for someone to pick it up in the analytical interpretation or, so many other times, in the countertransference acting, as Klüwer describes, in the clinic of coercion. Jane acted those sadistic fantasies and took them to an extreme, inoculating and inviting her occasional partner to take on a sadistic role, really dangerous to her life. At the same time, she put the analyst in a bind, forcing him to witness his self-destructive *acting out* and to make an ethical decision: to take care, to prohibit or to interpret? De M'Uzan (1989²⁸) and Diatkine (1992²⁹) put the accent on the ethical act of analysis, to differentiate it from the use of that time - linked to the Ideal of the Self? - and of the implicit analyst's transference in his work. The inoculation of parental neglect is at the center of what the transference brings into play, by installing the parents seductive and careless double play in childhood, in a

²⁶ Pichon-Rivière, E. *Teoría del vínculo: clases 1956/57*. Buenos Aires. Ed. Taragano, Nueva Visión, 1985.

²⁷ Cahn, R. *L'adolescent dans la psychanalyse: l'aventure de la subjectivation*. Paris. PUF, 1998.

²⁸ De M'Uzan, M. (1989). Pendant la séance. *Conférence à la SPP*.

²⁹ Diatkine, G. (1992). Les limites du contre-transfert et l'éthique. *Rev. Franc. Psychanalyse*.

tension that is apparently split, but very evident in the transference presentation. The clinical problem worsens each time these roles unfold in different characters of the scene: the *autostop*'s sexual partner, the analyst, herself.

The *splitting* that explains that unfolding does not stop, however, from showing all its aspects in a set scene. Jane's subsequent dream will express those facts in a way that is more intelligible to her and to the analyst. The distribution in different characters recalls the description made by D. Meltzer (1973³⁰) of the personification in the adolescent group conflict: each young person gives the face to represent each one of the characters of the conflict and to conjugate their dynamics as well. Although none have a clear awareness of what is happening in such dynamics, their unconscious group valency (Bion, W. 1950³¹) enables them to solve the conflict in the alternating play of personifications in group life. This description illustrates the Kleinian model of projective identification as an useful tool to understand its use as a defense that generates confusion and also as an instrument of elaboration.

The acting of that destructive aspect of herself-with her sexual partners-was the first sign of the mobilization of something cloistered in her destructive belief. That isolated and enigmatic aspect of her survived in her self's split, and allowed something personal of Jane to maintain its validity, while waiting for some transference movement to close a metaphorical elaboration. Curiously, in that passive act so risky to her own integrity, she hoped that the other - the analyst or the stranger who lifted her up in her *autostop*- would take charge of her and take for her the decisions that she could not adopt on her own. The negative transformation of her wish to be cared, led her to perform severe masochistic acts and put her life at risk. The split vital element was inoculated within the analyst: he describes in his clinical report many interventions in which he revealed his countertransferential concern. With A. Aryan (1992³²) we call negativism to this defense, in which the inoculation of an motor impulse in the projective depository predominates. This inoculation is common in risk behavior, especially in cases of self-punishment. The implicit de-subjectivation in that transference presentation exposes the analysis to inevitable countertrans-ferential and controversial issues about analytical or non-analytic attitudes, when the analyst is called upon to

³⁰ Meltzer, D. (1973). *Sexual States of Mind*. Harris Meltzer Trust. Karnac. 2008.

³¹ Bion, W. (1950). *Experiences in groups*. Reprinted Tavistock, 1961.

³² Aryan, A. y Moguillansky, C. (1992). Dificultades del establecimiento de la transferencia en el análisis de adolescentes. *Clínica de adolescentes*. Buenos Aires. Teseo, 2009.

assume responsibility for the life of his patient (Heimann, P. 1950³³; M'Uzan, M. 1989; Diatkine, G. 1992).

Klüwer (2001³⁴) studied implicit coercion in such pragmatic violence. However, despite these precautions, analytical interaction is impregnated with subtle affective and pragmatic proposals (Schaffer R. 1993³⁵) and illustrates that violence has many sources -violent, narcissistic, aggressive, sexual, and, I would add, desubjective.

Analyst's claims failed to break the transference circuit of that belief, in which Jane repeated her cliché with a character that lurked, tortured and abandoned her, on the knife edge of a game with death. The two aspects that appear in the report would not be so far from each other: both the joyful erotization with her father (and with her giver mother) and the deadly aspect that wanted to hurt her and kill her seem to be two sides of the same scene. Beyond the eventual oedipal commitment of his incestuous acting with her parents, her next drift in her promiscuous life illustrates an use of sex.

Lisman-Pieczanski talks about a search for abuse, which could well be described as close to the clinic of power and addictions. His sexual surrender to the partner's desire is a false pretender that replaces her genuine desire to be watched and protected by the act of one who only had eyes to desire her sexually. Her genital exercise spuriously resolves her pregenital sexual conflict with her childhood parents. This eroticization and guilt regressively transformed the desired protective parents into evil performers of torture as painful and self-punitive as accessible and available. All it took was to call dad being naked, or do an *autostop* to unleash a scene that agreed to the contact with who she was, until a moment before, an indifferent self. The mutation of the hurting scene of abandonment in the active scene of the seduction included the embezzlement of the pregenital desire in an eroticized, dominant and destructive genital acting. Freud described in *A child is being beaten* that guilt for the oedipal transgression leads to a masochistic act. This begins in a self-punitive act -, which satisfies moral masochism- and ends in an erogenous masochism -which adds its enjoyment to the guilty party-. The masochistic act conjugated her revenge towards her hated mother and her guilt for her incestuous seduction, but behind those aggressive elements was the language confusion and her desolation due to abandonment to two human beings who offered an eroticized climate to her pregenital protection wish. Laufer points out that "the pre-oedipal

³³Heimann, P. (1950). "On countertransference". *Int. J. of Psycho Anal.* 31: 81.

³⁴ Klüwer, R. (2001). "The psychoanalytic attitude and the treatment of suicidal patients". *Congress of Suicidality Hamburg*, 2001.

³⁵Schaffer, R. 1993). *The analytic attitude*. London. Hogarth Press.

relationship with the mother and identification with her were represented by the idea of the mouth and the vagina touching each other, that is, the mouth poisoning the vagina and vice versa, and also in the fantasy of the man who induced her to suck his penis "(Ibíd .: 34).

Laufer holds that in another moment of the analysis that fantasy could be understood in relation to her own penis fantasy and her mother's breast, which could have and contaminate that poisoning quality. Her vagina and body were the tormenting enforcers of her hatred and guilt. He insists that "if the case had been understood fundamentally in pre-Oedipal terms, treatment would not have affected the elaboration of the oedipal fantasy of destruction through the use of the vagina, and would have incited Jane to encapsulate her sexual disorder, dissociating and separating from conscience her feelings regarding his vagina "(Ibíd .: 34).

Controversy is not necessary, genital and pregenital tendencies coexist in the symptom, due to the pregenital bond's transformation in an eroticized genital expression. Laufer admits that: "perhaps some insight into her motivation could have been achieved", and adds: "but there would have been very few changes in her relations with men or with respect to herself as a woman". That is a false dilemma, the examination of defensive erotization includes the analysis of fantasies related to her vagina and the destructive power that she attributed to that organ. For the rest, Laufer seems to be right, indicating that the suicide attempt could arise "when Jane was forced to destroy the organ that contained and allowed to realize her incestuous desire" (Ibid .: 34). J. Maltzberger (2001³⁶) described as *objectification* the alienated projection of a denied wish by the patient, which adopts in the body itself, or in a part of it, the animistic condition of being a subject of desire, whose autonomous motivation transforms it into being a separate alien from the Self. This projection has vast consequences, since the confusion that goes with it generates an *acting out* that is particularly remote from reality, which mimics the conditions of psychopathy or psychosis, without really being so. This specific test reality disorder could explain its severe actions and Jane's suicidal attempt committed later, in which confusion would be the cause of judgment of reality loss.

The guilt for these fantasies was expressed specifically in her sexual life. She did not have orgasms in her sexual act with her boyfriend and she needed to masturbate. "The analyst had the feeling that she preferred masturbation when

³⁶Maltzberger, J. (2001). "The psychoanalytical positions on Suicidality in English speaking regions". *Congress of Suicidality Hamburg*. 2001.

she could experience in her fantasy the idea of being humiliated, surprised and sometimes raped" (Ibid .: 140). The masochistic aspect of her masturbation became explicit when Jane said that "she imagined that someone (she did not know exactly who) violently masturbated her and the only thing that mattered was that she climaxed" (Ibid .: 140). Here the objectification, proposed by Maltzberger, is very eloquent. That climate was unfolded in the *autostop* scenes, in which she was exposed to a violent and risky treatment with strangers, whom she aroused with caresses, although she did not consent to have sex. The same thing happened in her sessions: Jane accused her analyst of not preventing her from continuing with her compulsion. "She was bad, despicable, dirty and the analyst was not better if he listened to her and allowed her to attend the treatment" . The analyst feared to be thought by her "as brutal and cold and he forced her to bow to him" (Ibid .: 142). Masochistic fantasy entered the conversation and the analyst feared to be really involved in it. Jane complained that she could not give up sex with Bill, her boyfriend, because otherwise "she would be alone and abandoned and then try to get excited, which would be horrible and abnormal" (Ibid .: 142). Here Jane's relationship between her genital desires - with Bill - and her fear of feeling lonely and abandoned, and then tempting and accessing her masochistic masturbation became clear. Here we see how it is not possible to divide the clinic into genital and pregenital acts, because they are intimately related, through regression and projection. Jane says she is forced into an heterosexual act, when in reality, she is driven by an homosexual fear and behind it, the wish to be caressed and protected.

In the same way, the origin of her guilt is complex, because on the surface it seems linked to her sexual *acting out*, but soon we face her guilt for wanting to be loved.

Her agitation was increasing and Laufer indicates that there were elements that led to suspect that a serious crisis was coming. A woman told her that masturbating could be a good way to get rid anxiety. Jane took that phrase as a permission to continue masturbating herself, but her anxiety increased and she feared losing impulsive control. "The day before the suicide attempt Jane said she was losing control of herself and that everything had lost meaning for her... And when the analyst told her about the little man who encouraged her to do it, she replied that she could not talk about certain things" (Ibid.: 143). That inaccessible aspect of her personality could only be addressed much later, because "no one could and should not arrive; it was hers and she could not get rid of it "(Ibid.: 144).

Something intimate about Jane must survived, even in that suicidal moment. Her fear of emotional contact was part of the misunderstanding between being touched

emotionally and being touched sexually, which partly explained her symptom expressed in her genital compulsive behavior. Touch and contact were part of the knot of ways that expressed the emotional misunderstanding and opened the way for defensive sexual acting.

Jane was far from understanding that she sought protection every time she gave herself to a stranger, because eroticism and guilt covered up the affectionate contact she stole in those encounters. The deadly strength of his Superself was correlative to the guilt she felt by her wish to be protected and her seductive action. In the meantime, her beliefs kept secret and hidden her repeated wish to be protected, in spite of the pain her acting caused her. The painful misunderstanding that presided over her sexual childhood continued as a symptom in her adolescence, in her transference actions within analysis and in her promiscuous *autostop* acting. However, the unreason of her certainty had the sense of preserving in that belief the transferential bond with its infantile wish to be protected, even when it got covered up by the defensive transformation. The analyst's countertransference illustrates the intensity of that wish, inoculated and transformed into it as a clinical concern.

Jane expressed many times her fear of lack of control of her pulsional life (and we would add self-punitive). And, by the way, her lack of control was *in crescendo* until leading into the suicide attempt. The hypothesis of the addictive defense is strengthened against that passage to the final act, desperate and impotent. Jane seemed to be on the edge of her defensive strenghts, when her promiscuity brought her closer and closer to a deadly end. She believed that she had to destroy the agent of her seduction. That masochistic action would be the punitive act that would unite his guilty wish with her retaliative guilt. Jane reproached the analyst wishing to destroy her, by not sustaining her desire for focused attention. That attempt unfolded in transference her destructive masochist cliché. How to sustain that presentation, without denying the presence of the self-punitive Superself nor overacting it with an interpretation that Jane could understand as accuser? Given the intensity of this cliché that was combined in their actions, masturbation and transference, the real person burden (Greenson, R. 1976³⁷) could have played a trick on the analyst, as it is difficult to get the idea to represent a character so destructive in the game of transference. In any case, it is possible that the suicidal outcome was inevitable, due to the force of her guilt and the severe defensive transformation - masochistic - of her original motivation.

³⁷ Greenson, R. (1976). *Technique and practice of Psychoanalysis*. Técnica y práctica del psicoanálisis. México, Siglo XXI, 2004.

The suicide attempt caused a hospitalization of several weeks. The analyst and Jane saw each other at that time. He visited her and other times Jane went to his office. Jane and the analyst focused on "examining in detail her daily life; she began to understand to what extent she felt bewildered regarding her life in the last time "(Ibíd .: 144). Jane believed that she should die. The analyst felt that he didn't reach out to her. In those sessions, Jane admitted the importance of her wish to be close to her mother. Her hatred towards her, so intense at the beginning of the treatment, had given way, first, to her ambivalence and, later, to the recognition of her wish to be alone with her. Laufer holds: "it was like if then she really needed to be supported by her" (Ibid.: 147). This was a key moment of treatment: the incestuous aggressive tone of the sexual defense gave way and, in turn, the pregenital -lovely- bond with the mother arose. In those circumstances Jane had a dream, which she described as a nightmare: "Jane loves another girl and is loved by her. She thinks it would be nice to masturbate each other. " When she woke up, he thought it was better to die. She remembered that the previous day he had bought wine and had shared it with another patient; when drinking it, she felt in her vagina the sensation that something was going to happen. She wanted to hug the other woman and be loved by her: "I love her and I hate her. When I got drunk, I needed to grab her and be grabbed by her" (Ibid.: 147). Then she said: "When Bill made love to her, he seemed not to realize that what she wanted was to be held, just to be held and feel safe, nothing else" (Ibid .: 147). She had to make love, even though she did not want to do it, "otherwise she would want to be with other girls".

Before examining those productions of Jane, I would like to point out the coexistence of pregenital love's appearance within transference with the production of that dream, which for the first time gave clear expression to her love wish and her masturbatory drift, where the transit is still seen blurred between masturbating, grabbing and being grabbed, touching and making contact, getting aroused and feeling held. Dreaming and analytical transference are two ways of transference that sustain this new symbolic attribution and enrich the precarious transference bond maintained by the belief, which presided over the sexual acting out. For that reason, that time of analysis is a hinge point that transforms the unreason of belief into a catastrophic change. Thus begins a new symbolic warp and the elaboration and attribution of meanings at a more sophisticated semantic-transferential level is allowed.

These sequences illustrate the pregenital and genital desires labyrinth, between her defensive heterosexual desire and her underlying fear of homosexual desire,

confused with her wish to be held by her mother or by another woman to replace her. The growing expression of her wish to be loved and held by her mother and sister allowed her ambivalence between her desire to live and to die to fully enter transference, in a new perspective: Jane knew that her analyst was strong, but at the same time he had told her that he could not save her from her desire to die. She urged him: "You should tell me: I do not want to see her anymore!" (Ibid.: 148). However, at the end of the session she said goodbye saying: "Do not worry, I'll recover". The dream marked a turn in the clinic. Since then, Jane felt that it was not necessary to say: I must die. The superegoic mandate had yielded. At the same time, she began to be silent, in a new movement of greater distance and discrimination of the transference object. Her fears moved to the night and to her dreams. For a while she needed to take something in order to fall asleep and face what might arise in her dreams. At the same time, she trusted her analyst more and dared to dream and confront her "crazy part". The concrete merger with the murderer had given way, and she had finally managed to discriminate herself and now could not give in to her murderous impulse. The unreason of objectification and confusion gave way to thinking and reason. Jane could join the analyst facing the madwoman-herself-who wanted to kill her. She could make a discriminating *splitting* between her -who wanted to live- and her -who still wanted to die. And the analyst could establish with her an area of elaboration and thinking that could help her distinguish those two motions. Here I leave Laufer's excellent report, which continues with the transference development of the relationship with the father and the lack of a firm normative position. My interest is focused on illustrating the transference movement, from its initial beliefs to the dream and the subtle Superego transformation that took place between both expressions. Jane needed to give rise to the unreason of her self-punitive tendencies as a way of preserving the conflict between her desire to be held and the defensive expression of her heterosexual *acting out*.

Blos (1971³⁸) would not hesitate to call this conflict feminine sexual (pseudo hetero) *delinquency*, to accentuate its transgressive element as a reaction to homosexual fear of the dangerous emotional closeness with the seductive mother. The dream allowed transference investiture, which put together the transference experience - already performed in office and in the *autostop* - to a significant plot that gave access to the ambivalent amorous, pregenital and homosexual conflict

³⁸ Blos, P. *Psicoanálisis de la adolescencia*. Barcelona. J. Mortiz, 1971. The Nancy case report illustrates the development of an aggressive and promiscuous pseudo-heterosexuality as a result of her defensive reaction to her fear of contact with her seductive mother. Blos describes the sexual criminal act there as an extreme defense against homosexual fear.

with the woman -expressed in the series given by the other patient, Bill, the analyst, the sister and the mother-, as a fantasy underlying her promiscuous and incestuous symptom, acted in masturbation and in her genital sexual life. These figures gave opportunity for the establishment of metaphors with an increasing sophistication, which culminated in the dream. That investiture gave expression to her desire to be held alone by a woman or by a protector and continent-like Bill and the analyst.

Jane could understand that in her sexual life this wish for support was present in a silent and almost clandestine way. She wanted her wish to be guessed without words, because only the guilt that would accompany her more explicit request. The dream and investiture that accompanied the transfer movement expressed a conflict silenced by its repression and its selfic split. In that silence, her desire for support was only expressed in the masochistic acting and in her surrender to a sadistic superego that tortured, raped and vexed her, to the point of wanting to kill her. The confusion, which these objectified fantasies expressed, was conjugated in a suicidal act, in which the distinction between the hand that murders and the murdered body was blurred, as described by J. Maltzberger (2001³⁹). The suicide attempt was mounted on a previous confusion of similar tone, each time that Jane expressed the sentence of her Superego: that she should die.

The confusion established over the pathological Superego derived from the feeling of impotence that overwhelmed Jane. The journey possibly began in her attempt to achieve an emotional support-which was difficult to obtain-through her seductive activity, fostered by the family's incestuous climate. The failure of this attempt, which only achieved crumbs of support in exchange for her sexual surrender, was aggravated by the guilt that this provoked to her. The seductive power tactics did not provide the emotional revenue they had promised and Jane sank deeper and deeper into a swamp of promiscuous sexual surrender and severe remorse, into a two-time symptom that first handed her over to the torturer and then blamed her for having pretended a love that she believed undeserved. The regressive transformation of her wish for support in a seductive and aggressive sexual power strategy only resulted in a series of masochistic acts - moral and erogenous. Faced with this failure, her impotence was co-opted by the pathological Superego, which proposed an act of final and forceful power: she must die, only death would be her final support. That delusional conclusion presided over his self-accusations and then his suicidal decision, in a more confusing than psychotic act (Orgel, S. 1974⁴⁰; Mogueillansky, C.,

³⁹Maltzberger, J. (2001). *Ibid. Congress of Suicidality Hamburg*. 2001.

⁴⁰ Orgel, S. (1974). Fusion with the victim and suicide. *Int. J. of Psycho-Anal.* 55: 531.

2001⁴¹) that, if it were not for its severe contextual disorder, could be described as an extreme self-subjectivation. , after a long series of defensive desubjectivations.

The confusion

The implicit confusion within the *acting out* and in her self-punitive acts draws a double path that deserves to be pointed out: firstly, her provocation seeks an external limit that establishes a discrimination in that confusion, in the form of corporal or moral punishment or of a physical limit - such as the one that inoculated the analyst, who specifically prohibited the *autostop*, and how it was later unfolded, in a more elaborate way, in the last period of analysis-; and, secondly, it is the corollary of a series of confusions that concluded in her fantasy of having her own life-in which her confusion installed her in an almost divine role.

Suicidal confusion generates alienation and certainty conditions enough to decide a mortal act, which avoids the tough opposition of self-preservation. The disinvestment of the reality registers - altered by the denial and division of the Self - interferes with the judgments of existence and attribution, by removing the indispensable references that sustain them. The psyche faces a situation in which it is unable to recognize the body or life as their own and invested by narcissism. On the contrary, the narcissistic equalization without the real reference generates a generalized confusion: between justice and revenge, between the self and the frustrating object, between self and alloplasty. As a result, the logic of the predicate is overcome and the reasons for power over those of sexuality predominate, as was observed in Jane's self-injurious actions and accusations. However, these reasons do not yet have the strength to commit suicide. Only the addition of a severe confusion provides the economic condition for that decision. ***This confusion, which I will call syncretic or usurping***, is the result of an helpless experience, when external or internal reality exposes the future suicidal towards a situation of impossible elaboration, which goes beyond its practical possibilities. This attack on his subjectivity is solved with an energetic subjective movement that allows her to be, despite everything, the active subject of the events and to decide at least how the story will end. *Syncretic confusion* affects most of the higher functions of the psyche and seems close to the phenomena

⁴¹ Mogueillansky, C. Correlate to the paper of Klüwer, R. (2001): "The psychoanalytic attitude and the treatment of suicidal patients". *Congress of Suicidality Hamburg*, 2001.

described by Maltzberger as body's *objectification*. The body is treated as if it were an external being, alien or intruder. This narcissistic disinvestment allows the attack to the body, and concludes the projective task, by homologizing the body with the self lived as alien. In this way a projective depository is built. Jane treated her body in this way, especially her vagina, as she believed that she was an autonomous and alien subjective instrument, capable of destroying and damaging. Because of this confusion, Jane could think that "that vagina" deserved to be destroyed or killed. Her denial, bordering on negative hallucination, accounts to a projective movement in that part of the body and then generates a negative withdrawal movement. Both conditions are the foundation of the final act, whose delusional condition had a predominant projective and confusional reason. Confusion allows an idiosyncratic local law to prevail over the discernment of reality and causes madness. Thus, confusion as a theoretical instrument would contribute to demarcate non-psychotic suicidal episodes and would also provide a convincing explanation for those suicides that occur in people like Jane, with a previous non-depressive or psychotic profile, but with a tendency to self-split and to confusion.

The defensive role of beliefs

The unconscious defense forces the Self to be potentially in conflict with itself and encourages it to create formations of commitment between the different poles of the problem. This perspective of the Self offers a heterogeneous horizon, where psychic actions of different complexity and nature coexist. It illustrates different ways of being and of being of the Self, between its illusion of constituting itself as an identical being-throughout its history and its actions-and its potential to split, transform and change through its experience. Its double possibility - to be unique and multiple, identical and changeable - imposes itself a structure tension, when associating its different facets with each other, and when uniting them in a unified and coherent experience. Freud indicated this problem in the *Self and the Id* (1923⁴²), and pointed out the bizarre defenses that coexist in the Self along with its more sophisticated productions. From there, psychoanalytic observations have shown the importance of the irrational within the psychic function itself, both in the sphere of the Self and the

⁴² Freud, S. (1923). Das Ich und das Es, *G. W. XIII:237*. El Yo y el Ello. *Obras completas*. Buenos Aires. Amorrortu, 1979.

Superself and its relations with reality (Freud, S. 1924⁴³; Freud, S. 1924⁴⁴), in everyday life and in experiences related to religious faith (Freud, S. 1928⁴⁵). In this context, beliefs arise as mixed formations that bind and try to harmonize psychic elements of different nature and maintain their psychic integrity and survival, despite their mutual contradiction. Belief articulates animistic thought, which focuses on an omnipotent explanation of a supernatural power, with rational thought, which attempts to explain the same facts from a neutral survey (Moguillansky, C. 2018⁴⁶). Even in the most deeply rooted beliefs, animism allows survival of the irrational despite the dominance of reason. Although reason prevails over animism, it manages, through self-splitting, to take refuge from the demands of thinking and coexists with it. This avoids the cancellation that reason would normally achieve on his arguments, and maintains throughout his life a silent struggle with it to obtain power over conscience.

Beliefs generate an intermediate place, in which irrational coexists with reason. Thus they keep a record of experiences - sometimes bizarre, foolish, unsustainable or simply plain crazy - that have importance for the person, as they inscribe the personal and singular of their own emotional experience. In that case, the logical coherence and the demand for the unity and identity of the Self, yield to the need to preserve an emotional experience record. That record is the mark of something that, in the life of that person, testifies the experience of himself, without which he is, he is not or would not be who he is. This mark shows its specific effectiveness in personal crises that a person goes through throughout his life, in his youth or in his maturity. Crisis is precisely the fall, by disidentification, of a characterological bastion facing the pressure of those marks preserved in some corner of memory. They do not allow that bastion to be maintained, beyond its preservation was accompanied by comfort or vital, emotional or other type of convenience. Authenticity demand promotes a catastrophic change - in Bion's words - that breaks with family ties, with entrenched customs and with characterological reason in favor of a cause that concerns the singular of the person and their need to be who that person is. Beliefs and catastrophic change form a pair that mark a before and an after between preservation of a potential cause -which is inscribed in the belief- and the vital crisis that puts it into effect.

⁴³ Freud, S. (1924). Neurose und Psychose. *GW XIII*: 387. Neurosis y psicosis. *Ibíd.*

⁴⁴ Freud, S. (1924). Der Realitätsverlust bei Neurose und Psychose. *GW XIII*: 363. El juicio de realidad en neurosis y psicosis. *Ibíd.*

⁴⁵ Freud, S. (1928). Ein religiöses Erlebnis. *GW XIV*: 393. Una experiencia religiosa. *Ibíd.*

⁴⁶ Moguillansky, C. Del otro que nos funda al extranjero que habita en nosotros. *Psicoanálisis APDEBA*, 2018.

The reasons for one and the other are of such intensity that both belief and catastrophic change confront the Self and its links in a series of acts bordering on madness or scandal. Indeed, belief is part of the private follies - described by A. Green (2001⁴⁷)- and catastrophic change threatens to break the balance of a person, a family or a life project, who have been as such over many years. If change results in a psychic catastrophe, one of the poles of the conflict will prevail and part of the wealth that the conflict held in force will be lost (Moguillansky, C. 2018⁴⁸); if, on the contrary, an evolutionary change occurs, beyond its somewhat catastrophic manifestations, the result will be a more authentic and more confident person in his own powers.

Summary

The paper revisited a clinical material of Laufer. It discussed the roles of the beliefs and the catastrophic change in the adolescent debut and in the life crisis. The beliefs bring a crucial support to experiences, which had not been accurately meant by transference. The debut would be the catastrophic event when the transference would make this working-through process possible. It could do so because of its semantic function.

Key words

Debut, transference, beliefs, catastrophic change.

De la déraison des croyances aux raisons du changement catastrophique: une hypothèse sur les crises vitales

⁴⁷ Green, A. (2001). *De locuras privadas*. Buenos Aires. Amorrortu, 2008.

⁴⁸ Moguillansky, C. (2018). *Ibid.* This fight was thought by Bion as a variety of the bid between the K and -K links. Animism is opposed to the achievements of reason, in a bitter struggle for survival. From the perspective of animism, reason is an intruder who profanes the sacredness that he holds: something rooted in the identity tradition of the individual or a group. There lies one of the roots of the irrationality of the Ideal of the Self. Reason disbelieves from the sacred, puts into use the sacred set aside by animism and questions what animism installs as belief. Therefore, the dynamic tension between belief and reason is resolved in two predominant ways: either the primary function of animism is suppressed by the influence of reason, or, when reason does not achieve that suppression, the split of the self maintains coexistence in tension between both conceptions. Finally, if animism predominates over reason, the person or group go mad and participate in irrational rites, whose prevalent function is not to solve the real problem proclaimed, but to maintain the psychic cohesion of the individual or the group. As a result of the split of the Self or the subsequent madness, a segregated abject remain. That abject rest is conceived as an other - a silhouette of the individual or the group - or is treated as a foreigner, and is separated from the individual or group self.

Résumé

À partir d'un récit clinique on fait des références au rôle des croyances et du changement catastrophique au début adolescente et en général à la crise vital. Les croyances apportent leur singulière nature pour être le réservoir des expériences qui n'ont pas réussi une plus sophistiquée sémantisation dans le transfert. Le changement catastrophique du début serait une opportunité que le transfert pourrait profiter pour donner une solution à ce vécu mais pas encore bien représenté, à travers de la fonction d'attribution de signification psychique du matériel émotionnel actuel.

Mots Clés

Début, croyances, transfert, changement catastrophique.

De la sinrazón de las creencias a las razones del cambio catastrófico: una tesis posible sobre las crisis vitales

Resumen

A partir de un material clínico se hacen referencias al papel de las creencias y del cambio catastrófico en el debut adolescente y en la crisis vital en general. Las creencias aportan su singular naturaleza para ser el reservorio de aquellas vivencias que no han logrado una semantización transferencial más sofisticada. El cambio catastrófico del debut sería una oportunidad que podría aprovechar la transferencia para dar una solución a ese material vivido, pero aún no adecuadamente representado, a través de su función de atribución de significado psíquico del material emocional actual.

Palabras clave

Debut, transferencia, creencias, cambio catastrófico.

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