JaPa

Laura Balottin / Luca Quagelli / Maria Vittoria Costantini

69/I

A BODY OF ONE'S OWN: FROM SELF-CUTTING TO THE CUTS OF SEPARATION IN AN ADOLESCENT SUFFERING FROM TRAUMATIC EARLY ABANDONMENTS

The treatment of adolescents suffering from early traumatic experiences inescapably involves the encounter with patients' concrete use of their bodies and actions. The clinical history of an adolescent girl reveals the relationship between traumatic transgenerational abandonments and self-cutting in the transference-countertransference relationship. Initially the patient's body and actions were the only way to communicate experiences that could not be conveyed in words and represented: the "skin for two" of the original psychosomatic envelope needed to be wounded, cut, broken concretely. The establishment of a boundary between internal and external, self and other, is the result of a complex process with roots in the quality of the encounter with the object. Gradually, in the encounter with the analyst, the young patient may construct a tenuous possibility of differentiation and begin to access the first outline of a representation of loss.

Keywords: adolescence, self-cutting, bodily and psychic skin, trauma, transgenerational, representation

The contemporary clinic increasingly confronts analysts and the analytic setup with the often neglected dimensions of body and action and strongly raises the question of how then it is possible to work

Laura Balottin, Post-Doctoral Researcher, Interdepartmental Center for Family Research (CIRF), Department of Philosophy, Sociology, Education, and Applied Psychology, Section of Applied Psychology, University of Padua; Lecturer in General and Developmental Psychopathology, University of Padua; psychoanalytic candidate,

DOI: 10.1177/0003065121993231

analytically at these levels of functioning. Here we explore the issue of body communication, in particular self-cutting, using as a clinical example a traumatized adolescent patient who suffered very early abandonments and discontinuities ("cuts") in the existence of her sense of self. Self-cutting emerges in its double potential value: the concrete repetition of contents that are still unthinkable and cannot be worked through and, at the same time, the communicative potential that will allow the analyst to give meaning, in the transference-countertransference relationship, to the patient's actions.

BODY COMMUNICATIONS

Along a hypothetical continuum along which we can place psychic productions according to the degree of their symbolic complexity, body and action are situated at the most primitive levels, while representational thought and language constitute the natural—and at the same time the most complex and most developed—end product of human symbolization. According to Freudian psychoanalytic theory, the most concrete material can be considered a *defense* from getting in touch with excessively painful thoughts or affects. According to other readings (Bion 1959), the less symbolically complex materials, among them actions and bodily symptoms, can be interpreted as destructive attacks, since such violent urges sever the links between thoughts and affects, deface representations, break the container, and can equally attack, through pathological projective identification, the analyst's capacity to think and feel.

Another interpretation, which embraces different theoretical models with an emphasis on the relationship, starting from Winnicott, for example, has stressed the importance of the sensorial, perceptive, and motor dimension in the encounter between the infant and the caring environment in the initial, decisive moments of mental life. The centrality and value of this preverbal dimension of the relationship, which has been highlighted by several research studies on child development (Bowlby 1969; Fraiberg 1980;

Italian Psychoanalytical Society. Luca Quagelli, École Doctorale Recherches en Psychanalyse et Psychopathologie, Paris Diderot University; Child and Adolescent Psychotherapist, Centre Médico-Psycho-Pédagogique M. Winburn, Courbevoie (Ile-de-France). Maria Vittoria Costantini, Training Analyst, Italian Psychoanalytical Society; Professor of Psychoadynamic Psychiatry and Psychoanalytic Diagnosis, University of Padua.

Submitted for publication November 24, 2017.

Stern 1985), has been acknowledged even more significantly in clinical practice thanks to the contribution of analysts who have become interested in the treatment of nonneurotic patients. Indeed, a more in-depth study of more primitive areas has led to a different way of "listening" and "feeling," at a countertransference level, the emergence of nonverbal material in the sessions. Indeed, analysts who embrace this theoretical perspective believe that in certain moments of the treatment, when the patient gets once again in touch with his most archaic areas of functioning, he has no other means available, no other psychic channels, to transmit his communications except his body and actions. Being unable to transform the most archaic products of his mind into words, thoughts, and affects, the patient presents them unconsciously to the analyst through gestures and bodily movement, in the equally unconscious hope that the latter can come to his aid, helping him give such material form and meaning. Such processes make use—in a preferential manner—of projective identification, and they make the analyst feel under pressure, in difficulty, and unable to think, feeling that the patient is introducing, in his or her mind and/or body, a sort of disfigured psychic material that is difficult to take in and even more difficult to transform. These transference dynamics often produce in the analyst deep levels of hatred or countertransference despair, and they may lead to long phases of impasse in which he has the clear feeling of being no longer able to gain access to his patient and his suffering.

What Kleinian and early Bionian models consider violent attacks on the object or on the setting represent instead, for Winnicott, at the most primitive levels of functioning, the emergence of a ruthless kind of love in which "if destruction is part of the aim in the id impulse, then destruction is only incidental to id satisfaction" (Winnicott 1950, p. 210; Ogden 2016a). Bergstein (2015) has suggested an original reading of Bion's notion of attacks on linking, which he considers "a patient's primitive attempt to communicate to an analyst the emotional experience he cannot do otherwise, . . . [an] experience in which [the patient's and/or analyst's] thought is being attacked in psychoanalysis [and] is thus a communication, and not an attack on communication" (p. 925). We subscribe to this reading, which considerably enriches the usual understanding of this notion and how it is put to clinical use. The self-injurious act certainly expresses violence and aggressiveness, toward both self and others, but within the transference-countertransference relationship we can search for other implications, in particular its relational communicative aspect. For patients with serious narcissistic and identity problems, the possibility of communicating and

sharing a primitive, insufficiently represented traumatic experience buried in the self can emerge only through the repetition of an act, however violent, within the analytic relationship. From this perspective it is worth privileging the communicative-relational aspect of such acts (e.g., self-cutting) in the interpretation, at least until the patient is better able to signify and represent it. In our opinion, the violent/aggressive act is not entirely the expression of destructive mental processes; it also contains aspects of life and potential linking.

In other words, the patient is believed to "act" because he cannot do otherwise. When communication passes through the body, through sensoriality, beyond words, this is because the patient tries to contact—and to introduce into the analytic relationship—psychic material that has never gained access to more complex forms of symbolization (Roussillon 1995a, 1999). This psychic material dates to a time where we can imagine that the narcissistic basis of the individual (primary narcissism [Winnicott 1954, 1962, 1988]) is laid down, that is, when object and subject were a single thing and no boundary existed between inside and outside, self and other—indeed, when inside and outside, self and other, did not exist at all (psychically) for the infant (Winnicott 1954; McDougall 1989; Ogden 1989, 2016a).[1] The concept of attack necessarily implies the existence of a separate other, an object, either external or internal, or maybe even the body itself, perceived as an object. The concept of attack is thus insufficient to understand phases of psychic functioning "before" self and other have been differentiated, "before" any form of attack can take place. When there is not yet a psychic limit between self and other, the very concept of attack makes no sense.

FROM THE ORIGINAL "SKIN FOR TWO" TO THE CONSTRUCTION OF THE PSYCHIC SKIN

To comprehend very primitive psychic phenomena, such as psychosomatic pathologies and those that involve the body in other ways, as in

[1]We acknowledge the numerous developmental studies concerning the remarkable innate perceptive and cognitive competence of the newborn but, from our point of view, this does not mean that newborns are able to organize these cognitions in affective representations of the separateness from the object-mother. If the recognition of the object is indubitably present much earlier at a cognitive level (Greenspan and Shanker 2005), it is only gradually psychically represented at an affective level from the infant's point of view (see for example Greenspan's accurate description of the different stages of cognitive and subsequent affective development of the object recognition).

self-harming behavior, we can suppose with Joyce McDougall (1989) that each individual experiences, at the beginning of psychic life, certain states of undifferentiation with the object in which the only possible means of communication are tactile, sensorial, or proto-affective. According to Winnicott (1963), up to a certain point in the baby's development the mother exists only insofar as she is a containing environment, capable of meeting her baby's needs in such a discreet and syntonic manner that the child does not even perceive them as needs. This omnipotent stage, in which the infant might almost feel able to provide for his own needs, represents the basis for self-investment, confidence, and the future ability to look after his own person. Thus, the psyche is born of an area of primitive fusionality and undifferentiation in which a single body and single psyche for two people still exist (McDougall 1989).

The gradual organization of a boundary between self and other parallels the construction of an individual container whereby the original sensoriality is transformed and is linked to more clearly defined and differentiated affects and representations, but this is not to be taken for granted as automatic. The destiny of the construction of the self is inextricably linked to the quality of the encounter with the object, the environmental mother, whose task it is to digest, transform, and lend words to the baby's primordial sensory perceptions, turning them into "building blocks" suitable for psychic work. With reference to Anzieu's well-known concept (1985), a psychic skin, similar to the physical skin, needs to be developed which, when everything is fine, becomes the boundary for a subject capable of dealing—in an internal world—both with the excitement coming from the body itself and with stimuli coming from external reality.[2]

If, however, in the early stages of development the encounter between mother and child is not successful (neither the mother nor the baby fails; it is their encounter that does), "a certain amount of chaos enters into the construction of the individual" (Winnicott 1988, p. 155). The self of the baby is asked to develop too soon, against the onset of an essential, disrupting anxiety that threatens to overwhelm him. Certain "islands" of ego functioning are then formed, at the cost of amputating parts of the self that correspond to experiences of the self that could not be integrated. The subject is forced to split off from a certain amount of his experience,

[2]Generating a certain volume, a sort of third dimension—depth—the body-ego, or skin-ego (Anzieu 1985), is an envelope that encloses, and at the same time creates, the internal world of the subject.

which remains stored in the mind in the form of nonhistorical, nonsubjective, unthought traces (Winnicott 1974; Bollas 1987; Roussillon 1995b; Botella and Botella 2001; Press 2010). In other words, a sediment of inscriptions is established, which the mind cannot treat (i.e., transform, represent, symbolize). It can only segregate them, through splitting, into psychic prisons trying to limit their level of danger as much as possible. Once again, if we go back to the concept of the psychic skin, we could think that the container is then punctured, broken, amputated. Indeed, this concept seems particularly useful for representing something that has remained in the area of the "unthought known" (Bollas 1987), of the noncontinuity of experience (Winnicott 1960). The continuity of its surface is interrupted by areas that are either necrotic and anaesthetized or, conversely, too sensitive: psychic holes that might transform any possible encounter with the other into a catastrophic event in which one's fragile personal boundaries might implode or dissolve.[3]

Such individuals often seem to pass their lives according to a kind of survival logic, in which access to experiences of pleasure and creativity is either precluded or extremely limited (McDougall 1984; Ogden 2016b). In some circumstances, however, when these forms of functioning have not yet colonized the entire self, such subjects may happen to start an analysis, thus challenging to the utmost the capacity of psychoanalytic treatment for understanding and transformation.

In our experience, adolescence, in particular, is often a crucial turning point in which the original traumatic vicissitudes of the self may be worked through, allowing access to higher levels of symbolization, and thus fostering better integration of the experience, cohesion of the self, and consequently better ego functioning,[4] or, conversely, definitively crystallize (insofar as the term makes sense in understanding psychic life) in rigid ways of functioning unlikely to be transformed later in life.

THE ADOLESCENT BODY

Adolescence is a crucial (and stormy) passage in the life of each individual, in which many previous developmental stages, which were faced in a

[3]The psychic skin is very thin and, in certain cases, lacerated or perhaps never established, encysting in the mental space of the subject thin, two-dimensional units unable to gain access to any representation of difference and temporality.

[4]The suffering of the self contributes to ego dysfunction and maladaptive defenses (Stefano Bolognini, personal communication, 2017).

more or less satisfactory manner, may be reopened once again and given a second chance of being worked through more successfully. The potential for trauma is intrinsic to adolescence itself: bodily changes, the external object that loses its supporting role (the parent of infancy) and becomes potentially traumatic, threatening the object with loss or intrusion. Because of the complexity of the dynamics at play, however, construction of the delicate articulation between the internal and the external world, which is again at play in this stage of life (Jeammet 2004), cannot at all be taken for granted. This may occur both in the case of experiences (trauma/loss) that in this period can acquire particular significance and in the case of early traumatic experiences that have prevented the organization of a solid narcissistic basis. We will illustrate the latter situation in the clinical case to be presented.

The early traumatic experiences described above, which have not led to sufficient cohesion and narcissistic well-being in the self, may cause this inherently delicate process toward subjectivation (the subjective appropriation of experience) to get stuck and become pathological, leading the adolescent to resort to more primitive and regressive relational modalities of a defensively functioning ego. The "fear of breakdown" (Winnicott 1974; Ogden 2014, 2016b) and terror of passivity that characterize these forms of adolescent breakdown seem to reactivate very early motoric-perceptive-sensorial inscriptions of experiences of absolute helplessness the subject had had to deal with at the beginning of his psychic life. When the ego is invaded by pubertal excitement without being able to integrate it in a texture of affects and representations, the sudden change that takes place in the adolescent body occasions a second period of the early trauma, reactivating traumatic inscriptions that the infantile ego had been unable to work through and that therefore remained encysted and immobilized in the body (A. Freud 1965). Bodily transformations are felt, regressively and concretely, as an appropriation on the part of the object, and the difference between actual and symbolic reality is erased. Such shortcomings on the part of primary symbolization (Roussillon 1995a), in terms of clinical practice, often lead to an accentuation of the patient's acted-out behavior: behavioral disorders with undeferrable and compulsive acting out, which include drug addiction and eating disorders, as well as aggression toward others and self-harming acts at all levels, all the way to suicide attempts (Jeammet 2004).

Among these pathological manifestations, self-cutting has recently become particularly noticeable. We will focus our attention on them, first with some theoretical reflections and then, more extensively, with clinical material from the psychotherapy of an adolescent patient.

CARVING THE BODY

Reflecting on the functioning of the original mother-child "system," Winnicott (1960) initiated an epistemological revolution comparable to the introduction of wave-particle duality in modern physics: by means of a simple yet ingenious shift in perspective, he differentiates what can be stated and theorized "from the point of view of the observer" from what happens and is experienced "from the point of view of the child." This perspectival doubling was for us particularly helpful in understanding adolescent self-cutting. The psychic reality of the child is established as a relational texture between the child's temperamental contribution and maternal care (Fraiberg 1980). The infant is in fact highly competent at veridical perception (Carey 2009; Erreich 2003, 2015, 2017; Stern 1985). Nevertheless, "though the perception of an event may be accurate, the attribution of personal meaning to that event is often influenced by naive misinterpretation, as well as by wishful (or dreadful) thinking" (Erreich 2015, p. 249).

One can well imagine that the separateness between mother and child—which indeed exists for the external observer and for the child too at the cognitive level (Greenspan and Shanker 2005)—does not exist psychically at an affective level from the child's point of view (Ogden 2016a; Greenspan and Shanker 2005). Although the literature on this matter is scant, there is in it a theme that combines the most diverse theoretical reflections: cuts are described as "attacks" on the body. Interpretations then diverge regarding the unconscious meanings to be attributed to the act: masochistic erotization of an unbearable narcissistic suffering (Dargent and Matha 2011); attack on a hateful colonizing internal object (Lemma 2005); self-soothing behavior meant to decrease drive-related tension (Dargent and Matha 2011); an attempt to reconstruct a container that will allow the subject to feel he exists in his own body (Nicolò 2009). From the point of view of the observer, cuts can be, undeniably and inevitably, nothing other than attacks. Incisions wound the body, lacerate it, mark it, often indelibly. Such gestures resonate as aggressive acts, against

both self and other, in the transference-countertransference relationship. We will give an example in the case of a young patient who in session was scratching at the scabs that had formed over her cuts, causing her to bleed in front of her analyst.

But what of the patient's point of view? Between observed and observer, an ontological gap is created, which theory can bridge only in part, and in a manner that is always provisional and partial. Our intention is not necessarily to question the hypotheses proposed by authors who have preceded us. After all, self-cutting, in itself, is a behavior, and as such it can have as many unconscious meanings as there are patients who engage in it. More simply, we believe it is important to point out how, in an adolescent way of functioning characterized by narcissistic suffering intense enough to render patients' identity wavering without their lapsing into psychosis, cuts can take on a different meaning, one that until today has remained largely unexplored.

Through the re-presentation, on one's body, of the original laceration of the common mother-child psychic skin, cuts reactivate the primordial traumatic inscriptions[5] in the deeply unconscious search for an object capable of mirroring it, of giving it an initial affective form. In this sense, cuts would then be the instrument through which the subject actualizes (brings to the surface) the traumatic traces that have remained stored, buried in the self. Adolescence is a privileged time for this reactivation of this dissociated and buried experience, due to the sensoriality triggered and experienced by, and in, the adolescent body. Prompted by repetition compulsion (Roussillon 2016), these inscriptions, deposited in the mind in the form of sensations, proto-emotions, and perceptive fragments inaccessible via images and words, reemerge from the glaciation—to which they had been condemned "against" the traumatic invasion—in order to find a space (a container) capable of taking them in and transforming them. However—and this is a fundamental issue—this disfigured, unthinkable archaic material cannot but come back in the same way, and

[5]Neuroscientists claim that traumas are particularly harmful for the hippocampus, which plays a crucial role in recalling environmental experiences. It is the hippocampus that provokes the spontaneous tendency to relive and repeat traumatic experiences. Kandel (2018) affirms that the traces of the traumatic experiences inscribed in the soma (which possibly correspond to Bollas's unthought known) make us run before knowing why we are running. Damasio (2018) states that sensations and emotions from the viscera give a sense of self even before being joined to the central nervous system. He asks himself where these feelings are located and answers: in the body.

according to the same logic, that dominated the mind when the deposit was made. In other words, it returns just as it was, untransformed. No Nachträglichkeit has been possible.

As Le Breton (2003) writes, "The skin is the seismograph of personal history. It is the place of passage of meaning in one's relationship with the world" (p. 25). To wound the skin is the only way the subject has, at a particular moment, to "communicate" the fact that a part of the psychic skin has been pierced, broken, lacerated, ever since early childhood. The carved, disfigured skin, in other words, is neither a metaphor for deep, internal suffering nor an attempt to set oneself free through the enactment of unbearable affects and representations. Rather, it directly shows, without any transformation, the existence of a nucleus whose very interior has been abolished or, more probably, was never born.[6] These are areas in which the psychic skin is necrotic, dead, or perhaps has never really came to light. The scare quotes on "communicate" are therefore compulsory, since this is not the kind of communication that we observe in the words of the analysand, in dreams, or in the play of children (Ogden 2005). We are talking about primitive, virtual, potential communications (McDougall 1978; Roussillon 2008). They do not carry a symbolic significance that the other (object, analyst) can simply "translate" or "decipher." In a much more complex manner, the mind of the (external) object offers itself as the container for these potential messages, thus providing them with meaning—a meaning that until that moment literally *did not exist*—turning them into veritable (symbolic) communications. The crucial issue, then, is not to fruitlessly discuss whether the act of self-cutting is in itself the carrier of potential meaning or is instead pure and simple discharge-evacuation. This intrapsychic view of the issue is not sufficient. The gesture is in itself neither a carrier of meaning nor pure discharge. Its value cannot be decided a priori; the potential of the act itself contains both elements. Which of these two virtualities will determine its fate depends on the quality of the encounter with the object-analyst—on the way in which the object-analyst welcomes it (or rejects it) and transforms it (or expels it) (Roussillon 2016). It is the end of the process that gives meaning, a posteriori, to its beginning. It is the response of the object-analyst that determines, *après coup,* the nature and value of the act (Ogden 2005, 2016b).

[6]Compare the difference suggested by Winnicott (1957) between early and deep, and Girard's understanding of it (2010).

Our clinical example shows how self-cutting emerges in its double potential values.

CLINICAL CASE: ANGELICA

Angelica, fourteen years old, cuts herself. Her deep narcissistic anxieties, inscribed in infantile experiences marked by several traumatic abandonments, reactivated and awakened by pubertal transformations, violently resonate every time she separates from her analyst. In these moments, it is the patient's body and actions that "show" a suffering that cannot be conveyed by her words.

Here we focus on four significant moments of separation marking a year of therapy with this adolescent patient, in order to show precisely how her actions around these separations were informed by the dual potentialities we have discussed: the concrete repetition of contents that are still unthinkable and cannot be worked through, and, at the same time, the communicative potential that will allow the analyst to give meaning, in the transference-countertransference relationship, to the actions of the patient.

Angelica was referred to the psychotherapeutic service for adolescents by her pediatrician, who was alarmed by marks she observed on the patient's body during a visit occasioned by headaches and stomach pains, for which no medical explanation was found, that the girl was increasingly suffering. The pediatrician saw scars left by the cuts, and the mother, too, was able to "see" Angelica's suffering in the concreteness of her body: this convinced her to take her daughter to a psychotherapeutic service for adolescents. Within a public health institution overwhelmed by demands and emergencies, this psychotherapeutic service tries to offer its patients—at least those with serious psychopathologies that might require some psychological work—psychotherapy sessions once or twice a week, within a setting that, unfortunately, is not always ideal for patients whose suffering is so deep and intense that at times more frequent sessions would often be required.

At the beginning, Angelica presented herself in a complacent and seductive manner, like a "good girl," a good student with just a few difficulties linked to her anxiety about doing well at school and to a few arguments with her mother (normal enough for an adolescent). When she arrived for her first meeting with the analyst, her long, blonde hair was

gathered in a bun and she was dressed inconspicuously. This image, along with the content and affective tone of the sessions, would later change, repeatedly and suddenly in the course of therapy, particularly the hair, which would change in color (purple, blue, gray, pink), length (she used hair extensions), and style (at one point she got dreadlocks), mirroring the development of her still fragile identity.

For a few months, Angelica would "fill up" her sessions talking at length about a boy she liked, her classmates and their afternoon outings, her holidays, and her "raids" in discotheques. She would present herself as an ordinary teenager, dealing with the sentimental investments that help start the process of moving away from the early objects of childhood. Even the arguments with her mother seemed light and inconsequential as she recounted them: frightened by getting in touch with her own aggression, Angelica felt, every time, the immediate need to "undo" it, by clarifying that the affection she feels toward her mother is stronger than any small conflict between them.

As she told her stories, the therapist began to feel a sort of fascination for her young patient, who spoke in an adult manner and at the same time managed to make her feel deeply immersed in an adolescent world of sharp, amorous pain and lively rebellion. This very fascination, however, alarmed the analyst: there was something too easy, unnatural, in the way Angelica presented herself. Could this be the quiet before the storm? What was preventing the patient from expressing, more directly, the intensity of her aggression, which the cuts on her arms so clearly attested? Would Angelica ever allow herself to show her suffering in a more authentic way within the framework of a limited, twice-weekly setting? These thoughts occasionally crossed the mind of the therapist, while listening to herself listening to these stories of adolescent crushes and various friendships. She thought, to herself, about all the anger and despair she had perceived in the initial therapy sessions. At that time Angelica, perhaps feeling the need to indulge what she supposed were the analyst's expectations, had told the story of her birth and childhood. The patient's tone of voice had sounded cold and detached, as if she were recounting the plot of a novel she had just read; however, on listening to her, the analyst had felt a sharp pain, a sort of desperate plea, from Angelica, not to *cut off* from her all those unbearable and still inexpressible affects, not to *cut off* the patient from her. Thus, Angelica had powerfully installed herself, from the beginning, in the mind of her therapist, who often found herself

thinking of her patient (and maybe *for* her), of her hitherto unsayable, still unbearable story.

During her mother's pregnancy with her, Angelica's father had kicked her mother's belly meaning to cause a miscarriage. He did not want her. That woman, who for years had remained by his side and brought up his elder daughter, who was not hers, "was not worthy" to give him a baby girl. But Angelica's mother had wanted her at all costs; the father had left. Angelica's mother seems to have preferred being abandoned than to abandoning her daughter—mortally wounding her, cutting her off from herself, aborting her. When the child was about a year old, however, the mother was "forced" to emigrate to look for work, and she left Angelica with her maternal grandmother for many years. Once again, it seems as if the cut of a violent abandonment, an impossible, unthinkable separation, was exactly reenacted by Angelica's mother, who was "forced" to leave her little child alone, just as she had been "forced" to face her pregnancy on her own, after her partner had abandoned her. In such a vortex of despair and abandonment, how could this mother see or mirror the feelings and affects of her newborn child?

Thinking about this violently traumatic story, the analyst sometimes felt discouraged and unable to get in touch with the suffering of her patient, as if something too massive, and at the same time undefinable and enigmatic, stood between them, keeping them at a distance. Angelica's birth seemed to have been marked by an act of ill-fated abandonment that her mother appeared to have worked through only in part, and that seemed to have in part been transmitted, neither changed nor thought, to her daughter, becoming an "unthought known" in Angelica's acting out. Could Angelica's cutting be understood, then, as a repetition transmitted from generation to generation, with no difference or transformation? (Roussillon 2016).

Despite these profound concerns, the summer holidays passed without any problems. When the therapy resumed, for a few months the patient again filled her sessions with light conversational topics, jokes, and seductive stories about her life as an "ordinary" adolescent. It seemed that even the summer separation had left no *mark* on her. And yet the analyst was struck by the total absence, in the patient's speech, of anything that might suggest the evident reason that Angelica was referred for therapy, the cutting, the marks of which she carried on her wrists, which she often tried to hide.

Then suddenly, without warning, she stopped coming to sessions. This went on for several weeks. The therapist, alarmed, wondered what might have happened. This was the first separation. When she came back, Angelica's appearance had changed completely: she now had long hair, dyed purple, and an aggressive look, and wore studded and fashionably torn clothes. The analyst noticed also that the emotional atmosphere in the session had changed. Talking about her life, the patient said at the end of this session: "Well, it is like waiting for a train that never comes, and in the end you can't bear it any longer and you leave, you stop waiting. And then you will never know whether the train has passed or not." It was the same hopelessness the analyst had felt while waiting for weeks for Angelica to return.

After a session spent listening to, and to some extent experiencing on her own skin, Angelica's angry despair, the therapist offered an interpretation: "On one hand you probably feel angry and desperate and you want to stop waiting, but maybe, if you are here, it means that on the other hand you still hope that the train will pass." As soon as the therapist uttered it, however, the interpretation sounded too "feel-good," somehow aimed at reassuring the patient (and herself?) not only about the risk of giving up waiting for the train once and for all, but also about the risk of the train's actually arriving, of an encounter, a last hope and at the same time a feared, overwhelming danger. "What if the patient threw herself under that train?" the therapist thought, feeling increasingly helpless. She felt incapable of helping this patient, who missed sessions within a setting, potentially not intensive enough, that forced her to let the patient leave, alone sometimes for a week or more, taking with her only a few feeble reassurances. Maybe this is also the way, the therapist wondered, that the mother of baby Angelica felt, when she left her alone and went looking for a job in another country.

The following session Angelica started crying and for the first time openly showed her slashed wrists. She felt guilty, she said, for not having talked about it before. She felt guilty, too, for having cut herself again; she thought she had stopped. Full of anger and shame, she said: "These cuts will probably heal, but the deep ones will leave a scar. When someone sees them, in twenty years' time, they will ask me what they are, and what will I say? It's because I used to cut myself, I'm depressed, I'm a self-harming person! And people will leave me again, because this is disgusting and hurtful!" Angelica, the analyst thought, was asking her if she was

capable of looking at her without feeling disgusted, repelled by her despair, by her anger, and by all those painful, bad things (unthinkable and therefore perhaps experienced as formless and disgusting). These things, however, were beginning to take shape, if in a concrete, enacted form, through the cutting. "Maybe you wonder," the analyst ventured, "to what extent, here, together, we'll be able to look at these things, which you experience as so painful and disgusting, and to tolerate them." In fact, the analyst herself sometimes wondered if she would be able to bear all this for and with Angelica. Like her patient (because of projective identification?), she may have had the impression that anything she could give Angelica would not be enough; she wondered about her clinical skills and the adequacy of the limited setting that was all she could offer. Exactly like Angelica's internal mother, the analyst too must not be a "good enough mother" for the patient. And what wounded Angelica was perhaps the approach, the encounter with the therapist, her very existence as an object / other subject, imposing on her the cut of an impossible separation in the face of an equally unbearable closeness. Despair takes center stage in all its physicality. What is excluded from psychic working through, what cannot be thought (symbolized), comes back through the body and physical action. The difference that separation involves is unsustainable. It determines a rupture of the envelope that reactivates the original wounds of the psychic skin. All the weight of the symbolization work is conveyed to the analyst. From the patient's point of view, enacted behavior is meaningless, lacking access to thought and historicization.

Angelica alternated between periods of deep depression and angry despair, in which she would feel alone, humiliated, and hopeless (often after the cutting), and perods when she would feel exhilarated and contemptuous of the former, thus cutting off contact with her most fragile parts (Klein's manic defense). In the latter periods, Angelica would indulge in "stunts" that made her feel big and admired by her friends. She would secretly spend nights away from home and would drink to the point of drunkenness. The analyst gradually tried to keep inside her the composite parts of the self that Angelica alternately exhibited: the exalted, omnipotently autonomous and contemptuous part, and the helpless, fragile, and humiliated part.

After a few months of this, a long Christmas holiday (the second separation) was approaching. In a process of passive/active reversal, which could be compared to the earliest forms of identification with the

aggressor, Angelica missed two sessions, and then a third, preventing the analyst from talking about the upcoming Christmas break. When Angelica finally returned, she asked about the holidays herself. After receiving an answer, she made some associations with the serious rows she had been having with her mother, which frightened her. She said she didn't know what she feared more: her mother's angry screams or her absolute indifference. Struck by the sudden terror of Angelica, which resonated intensely within herself, the analyst tried to tell her that either the screams or the indifference of her mother made her fear their link was breaking down, and that maybe her greatest terror was that such a loss would be forever.

With tears in her eyes, Angelica talked about their latest furious argument: "Why couldn't I say this to you earlier? And yet I have wanted to see you for weeks, to tell you this. I am afraid that my mother might die. I am afraid to lose her, even for a little while, like when she is angry. Because that moment is forever."

The analyst replied: "Maybe also my silence during the holidays is a bit like a sort of disappearance. Maybe you are afraid that I might not think about you, and maybe also that I might be angry with you because you did not come to our meetings."

Showing her despair, Angelica recalled long periods in her childhood when her mother would remain silent for weeks, without talking to her: a mother who *cut off* communication. "Then I thought I had lost her forever. And even now it's the same. I am afraid."

As Winnicott (1968b) points out, primary love is ruthless. The infant expresses his destructiveness without considering the other person's otherness in any way. To place the object beyond his omnipotent control, the subject must be able to destroy it, but the object, in turn, must tolerate being touched by the force of this movement without withdrawing from the relationship or retaliating. The conscious and unconscious emotional experience of the mother is crucial for the infant or child, who is extraordinarily sensitive to her internal movements (Beebe and Lachmann 2014; Fraiberg 1980; Ogden 2016a; Winnicott 1960). The infant/child records and emotionally replies to the mother's pain when she is about to be "destroyed"—when she feels unable to be a good-enough mother and deeply suffers from it. It is necessary, then, not only that the mother be "destroyed" as a good mother but also that she survive the pain of being destroyed and communicate to her child that she has survived (Ogden 2016a). In this way,

the mother's ability to be actively transformed in response to the child's movements reestablishes contact with the infant's creativity, allowing its destructiveness to become "playable." This experience remains in the background in the unconscious memory and can be worked through in fantasy: indeed, fantasy is simply an attempt to represent the shared rules of affective communication that have been inscribed presymbolically (Bollas 1987; Ogden 2016b). Only if this occurs, in fact, can we determine whether the object has truly survived. Instead we can imagine that Angelica's mother was not able to oppose a creative response to her daughter's ruthless destructiveness, withdrawing into a deathly silence that her daughter probably experienced as a veto of the process of separation/differentiation (a veto that reactivated the initial abandonment, *aprés coup*): the object attacked in the fantasy was destroyed in reality.

Back from the holidays, Angelica told the analyst that on Christmas day she tried several times to pierce her nose. She showed her the outcome: a hole. The analyst thought that left to herself Angelica was without support, at a complete loss, as if she were without an object to rely on and hold on to, almost unable to breathe. Without the presence of the object, without its supporting gaze, separation and absence could become only a concrete hole in her body. Only a skin sensation could act as a primary container, able to organize and maintain the boundaries of body and self (Anzieu 1985; Bick 1968; Ulnik 2007). What the analyst felt inside herself was a deep, almost physical pain for her patient. Sometimes she felt she responsible for, even guilty of inflicting, the patient's wounds. Sometimes she felt exhausted, drained by the patient's impossible requests, and would angrily think she would not be able to help her, that Angelica would destroy her as a good therapist. She would think that Angelica herself, by being born, by existing, had "forced" her mother to be abandoned and to abandon her in turn: in consequence, a "hole" has remained across generations, the open wound caused by the cut of a still unthinkable abandonment. Followng Roussillon's formulatons (2016), we do not think that the present generation (Angelica's) can repeat indefinitely the unchanged impasses of the previous generation. Angelica repeats, through self-cutting, the impasse in symbolizing her own experiences of abandonment, but the subjective impasse of her mother (the previous generation) in integrating and symbolizing her own experiences of loss and separation may have contributed to her daughter's impasse. Angelica had to resort to narcissistic solutions, likely because her attempt to resort to the symbolizing function of

the mother had failed. She had therefore to cope alone with these painful experiences, developing her own modalities of self-relief and self-holding. These narcissistic solutions work against the automatic repetition of unsymbolized experiences or organize a repetition trying to suppress their traumatic nature, as in self-cutting, which repeats and controls (through reversal) the experience of traumatic cuts in the relationship and in the experience of the self.

The analyst then said to the patient, very gently: "This scar on the nose perhaps is showing us something about the hole, the emptiness that you experienced during this long holiday period, when I was not here." Angelica took out a a sheet of paper and began drawing. The gentle face of a girl started to appear, her features initially suggesting those of the analyst. But then the face gradually changed: cuts, holes, and punctures appeared, one after the other, perhaps an attempt by Angelica to link, support, and feel every part of her face, by piercing it. "The nose. . . . I must feel where the nose is. . . . Where is the nose in a normal person?" She carefully examined the analyst's face, looked at her nose, and drew it, at the end exclaiming, "I know what is missing! The dimples!! I saw them when you smiled." She then added them to the portrait of her face—of her analyst's face.

Angelica was able to start "using" her object, and her object's body, to construct a more cohesive image of herself. The transitional phenomena, of which this drawing may be an initial draft, "appear after the object has been destroyed/found. The discovery of the object's exteriority is a breakthrough . . . in primary narcissism and the illusion of self-generation and/or self-destruction which characterizes it" (Roussillon 1995b, p. 160). The analyst's interpretations, which came from her intense countertransference experiences, allowed the patient to start building a more coherent self-image, thus promoting the emergence of transitional phenomena. *Après coup,* holes in the body began to be transformed, allowing access to an initial meaningful form, however small.

A third critical moment took place around the separation at the Easter holiday. As happened around Christmas, Angelica missed sessions and finally came back demoralized and angry. She screamed and cried desperately, saying the work done so far was totally useless, since her past experiences could not be changed. She had cut herself again, repeatedly. Having decided to stop coming to sessions, she had come to the session only to say this. The separation (the holiday) had wounded her newborn

hope to the core; it was an abandonment. The object was not perfect because it was not there when Angelica most needed it. And if it is not perfect, it might as well not be there at all. The analyst, overwhelmed by so much anger and despair, felt the patient might indeed stop her treatment. During the holidays, Angelica had once again experienced loneliness and abandonment, and now she threatened to decide everything herself (self-holding); remaining alone was the only guarantee she would not be abandoned yet again and fall into the void. Once again, even more than before, the analyst felt helpless, unable to provide Angelica what she needed, just as Angelica thought her mother might have felt. Perhaps like the mother with her infant daughter, the analyst was experiencing a sort of angry desperation about not being able to help her patient.

Winnicott (1947, 1968b) refers to the crucial importance of the real pain, at times even real hate, that the analyst (like the mother with her infant) experiences in response to being destroyed as an analyst by the patient. In rereading Winnicott's words, Ogden (2016a) remarks that it is the patient's perception of pain and her/his response to make the analyst (as the mother) real to the patient (child). The patient can thus gradually enter into a relationship with the analyst as a separate individual, a "real" object. Faced with such a dramatic experience, both the mother's and the analyst's desire to take revenge is somehow natural; as Winnicott (1968b) writes, "These attacks may be very difficult for the analyst to stand, especially when they are expressed in terms of delusion, or through manipulation which makes the analyst actually do things that are technically bad. (I refer to such a thing as being unreliable at moments when reliability is all that matters, as well as to survival in terms of keeping alive and of absence of the quality of retaliation)" (p. 123).

Analyst to Angelica: "I think that our job is not over. It would be important to try to understand, together, the meaning of all this anger, which is emerging here, just when we meet again, after my having been absent for two weeks."

"How can I stop if you keep my hours, then?! You told me to tell you what I really thought, but what's the use, if you then ignore it?!" replied Angelica, almost screaming.

The analyst spoke to Angelica about the possibility of listening to the other person's point of view, while maintaining one's perspective. But Angelica was so furious she could not speak. The analyst's sense of helplessness, almost despair, gradually turned into a deep sadness for the

patient's suffering. She felt she had wounded Angelica with her words; a certain difference had painfully set in between them. Only at this point was she able to see what was happening. In silence, her lower arms hidden by the desk between them, Angelica was intent on tormenting and scratching her wounded wrists to the point of bleeding.

"Are you hurt by the things we have discussed today? Are you hurt by the fact that we don't agree?"

"Yes, it's all your fault!" Angelica answered, finally able to speak. "What do you think you are achieving? That I will stop cutting myself? Do you perhaps believe that I am thinking of you while I am cutting myself?! I only think about cutting myself. What should I be thinking about? Yes, I am thinking about my analyst now. Bah, what purpose would that serve?! I do not think about you!"

Angelica could now express her anger toward her analyst; her cuts had "moved" into the transference relationship. In that moment she was able to deeply, painfully, feel the difference between them, and in that difference to feel the presence-existence (albeit negated) of the other: "I do not think about you." If it is possible to be together and at the same time to think differently (differentiating each other), then separating can begin to be different from disappearing, from dying. At the time of the third separation, the cuts had more directly entered the transference relationship, with an explicit reference to the analyst. Negation revealed a new possibility of bearing the difference, opening a symbolic gap between the experience of separation and that of disappearance. Along with destructive anger, a deep sense of sadness blossomed in the treatment through the countertransference of the analyst. At this point Angelica could better express her destructiveness in the session, with actions, tantrums, and violent words that dizzily followed one another, in a relationship continually challenged by her furious rage (Roussillon's destroyed/found object). We may perhaps assume that what happened to Angelica is similar to what Winnicott (1968b) imagined with respect to that initial moment of passage in which the subject can start using the object (insofar it is real/separate): "the subject says to the object: 'I destroyed you', and the object is there to receive the communication. From now on the subject says: 'Hullo object!' 'I destroyed you.' 'I love you.' 'You have value for me because of your survival of my destruction of you.' 'While I am loving you, I am all the time destroying you in (unconscious) fantasy'" (p. 120).

From this moment on, Angelica indeed stopped cutting herself: even in the most challenging periods of separation that followed (the summer holidays), Angelica no longer resorted to cutting or making holes in her body to convey the violence of the emotions she experienced that might overwhelm her. As the summer holidays approached (the fourth separation), Angelica once again disappeared for several sessions, and once again the analyst feared she would not see her before the break. Angelica did return, however, and the first thing she wanted to do was count the number of sessions before "her" summer holidays. As it turned out, she was planning to leave before the analyst was due to go on holiday. This reversal mechanism was still necessary, but its sense started to be accessible. Angelica was able to say that missing sessions made her feel "free and powerful," because she could finally decide on her own. She felt that asking others for help put her in a position of unbearable inferiority. Once again, separation from the analyst triggered the fear of losing the self (the original cut), which occasioned a manic defense (self-holding).

In her last session, Angelica spoke at length about her project of getting a new stretched piercing during the holidays. She described the procedure in great detail. The analyst talked about the possibility of closing and opening holes together, of absence, and said that Angelica might feel that absence is expanding in an apparently irreparable manner. The patient responded by minutely describing all the dangers that she might face during the holidays. She was afraid of the moment when they would have to separate. When the analyst interpreted the patient's worry, Angelica calmed down and said, unexpectedly, that she was not sure of being able to manage alone. For the first time since the beginning of therapy, Angelica was now able to live and experience in the space of the treatment her fear of losing her object forever, which corresponded to losing herself. Whereas earlier the analyst had to feel such affect as unbearable, "on the patient's behalf" (in projective identification), and Angelica could do nothing else but act it out with her cutting and absences, now fear could be shared in the relationship.

Before the end of the session, Angelica expressed interest in the analyst's holidays. She wanted to be reassured that she would not travel too far. She then looked at the analyst and said with conviction: "No way. . . . You, abroad?! You'll certainly go as far as a seaside resort near home. Why do you always wear the same shade of makeup? And why is everything you wear coordinated, even your earrings? You're really a creature

of habit! Well, at least I know that when I'm back you will still be the same as you are now. . . . You won't dye your hair purple, will you?"

"Maybe," the analyst responded, "it is difficult to be away for such a long time, and you wonder if you'll find me just as I was before, or if you might be unable to recognize me anymore; this might frighten you." She was a bit worried about the long separation imposed on Angelica, which she feared might exceed her capacity to maintain a stable and reliable internal object. At the same time, within herself, the analyst could finally experience some hope that they could continue working after the holidays; she could face the anger and emptiness experienced by her patient. "After all, even if your hair might have turned purple or blue, as has happened in the past, and even if you might have changed a bit during this period, it will always be you, Angelica, even after the holidays, and you'll be able to talk to me and tell me about what happened in the meantime" "I believe I will have a lot of things to say, just like last year, perhaps even more," she answered.

As the long summer holidays approached, the patient seemed to get in touch with her identity fragility, which she showed by means of constant changes in her body and particularly in the color of her hair. She seemed to search for stability and integrity in the image of the analyst, with a definite hair color, always the same. Angelica was afraid to find that her analyst might have changed, the day they would meet again after the holidays. In the possibility of thinking of an analyst who goes on holiday but who at the same time does not go too far away and maintains her habits, Angelica certainly was showing the need for her object to be constant and reliable, but she was also showing she might be able to accept the differences introduced by the dynamics of separation/recovery. The analyst might leave (differentiate herself), but not too much. She must be a predictable "double" (Botella and Botella 2001), someone to rely on in order for the patient to follow a path leading to the representation of the absence.

At the end of the session Angelica ran to the door, turned around, and said: "Well, I've got your phone number anyway!"

The experience of this last moment of separation clearly condenses the transformations the patient had accessed during her months of psychotherapy. Although reversal mechanisms were still active, Angelica had been able to build a new symbolic tissue, a first psychic skin, however fragile, that protected the physical body, a first step toward the transformation of perceptions and sensations into affects and more clearly

differentiated representations. In this last session before the holidays, Angelica seemed more able to authentically contact her identity fragility and accept, at least partially, her dependence on the analyst, now experienced as a more separate object. Her self-cutting had begun to be replaced by words used as vehicles to express intense, fearful emotions, which could now be shared in the therapeutic relationship.

CONCLUSIONS

Our clinical example shows that in adolescents with significant narcissistic-identity issues, sometimes only the concrete act of self-cutting can express the pain of a traumatic experience, a cut in the mind and in the psychic functioning—which has not yet accessed another way of being communicated—at the crucial moment of adolescent subjectivation.

Only through subtle analytic work in the transference-countertransference can these adolescents learn to make use of a second transformative moment, in the relationship with the analyst, to repeat and recover the early traumatic self-experiences, hitherto unthinkable and thus inexpressible in words. A timely intervention is able to produce modifications precisely because the adolescent period, so delicate and so open to change and to a revisitation of the subjectivation process, opens new possibilities for the rediscovery of parts of the self, hitherto cut off from the possibility of being thought. The limited frequency of sessions in Angelica's case (twice a week), though due mainly to the practical needs of the psychotherapeutic service, shows how in adolescence it is possible to profoundly mobilize a patient's psychic functioning in a shorter time than in work with adults. Sometimes it is indeed possible to work with a lower frequency simply because of the propulsive forces and modifications physiologically produced by adolescence itself.

As the clinical case shows, the work in the transference-countertransference intensified particularly on separation, which is metaphorically close, although initially only in the mind of the analyst, to the concrete precursor of the self-cutting. The concreteness of a cut that lacerates the skin seems linked to something that cannot be thought about, since it is passed on transgenerationally, deformed and unrecognizable, between mother and daughter, as an alienating identification (Faimberg 1993) that leads the daughter to act out on her skin a traumatic laceration that is unthinkable by mother or daughter.

The more the patient's symbolizing functions are organized, the more the self-cutting decreases in intensity and frequency. The cuts, being at first the expression of unexperienced and unlived parts of the self (Ogden 2016a), can be progressively interrogated in the transference as phenomena with meaning and communicative value rooted in the patient's past experience. The lacerations of the original psychic skin, traumatically registered by the psyche without being experienced by it (Faimberg 2013; Ogden 2014) and violently exhibited by concrete signs on the body and projected into the analyst's psyche-soma, are gradually replaced by words and emotions with more defined contours, which allows development of symbolization processes in areas of the mind in which they had been frozen, or perhaps never been born.

ORCID iD

Laura Balottin https://orcid.org/0000-0002-7427-9302

REFERENCES

Anzieu, D. (1985). *The Skin Ego,* transl. C. Turner. New Haven: Yale University Press, 1989.

Beebe, B., & Lachmann, F.M. (2014). *The Origins of Attachment: Infant Research and Adult Treatment*. London: Routledge.

Bergstein, A. (2015). Attacks on linking or a drive to communicate? Tolerating the paradox. *Psychoanalytic Quarterly* 84:921–942.

Bick, E. (1968). The experience of the skin in early object-relations. *International Journal of Psychoanalysis* 49:484–486.

Bion, W.R. (1959). Attacks on linking. *International Journal of Psychoanalysis* 40:308–315.

Bollas, C. (1987). *The Shadow of The Object: Psychoanalysis of the Unthought Known*. London: Free Association Books.

Botella, C., & Botella, S. (2001). *The Work of Psychic Figurability: Mental States without Representation*. New York: Routledge.

Bowlby, J. (1969). *Attachment and Loss: Vol 1. Attachment*. New York: Basic Books.

Carey, S. (2009). *The Origin of Concepts*. New York: Oxford University Press.

Damasio, A. (2018). *The Strange Order of Things: Life, Feeling, and the Making of Cultures*. New York: Pantheon Books.

Dargent, F., & Matha, C. (2011). *Blessures de l'adolescence*. Paris: PUF.

Erreich, A. (2003). A modest proposal: (Re)defining unconscious fantasy. *Psychoanalytic Quarterly* 72:541–574.

Erreich, A. (2015). Unconscious fantasy as a special class of mental representation: A contribution to a model of mind. *Journal of the American Psychoanalytic Association* 63:247–270.

Erreich, A. (2017). Unconscious fantasy and the priming phenomenon. *Journal of the American Psychoanalytic Association* 65:195–219.

Faimberg, H. (1993). Le télescopage des générations: A propos de la généalogie de certaines identifications (The telescoping of generations: On the genealogy of certain identifications). In *Transmission de la vie psychique entre les générations (Transmission of Psychic Life between Generations),* ed. R. Käes. Paris: Dunod, 2003, pp. 59–81.

Faimberg, H. (2013). *Nachträglichkeit* and Winnicott's 'Fear of breakdown'. In *Donald Winnicott Today,* ed. J. Abram. London: Routledge, pp. 205–212.

Fraiberg, S. (1980). *Clinical Studies in Infant Mental Health: The First Year of Life*. New York: Basic Books.

Freud, A. (1965). *Normality and Pathology in Childhood: Assessments of Development*. New York: International Universities Press.

Girard, M. (2010). Winnicott's foundations for the concepts of Freud's metapsychology? *International Journal of Psychoanalysis* 91:305–324.

Greenspan, S.I., & Shanker, S. (2005). Developmental research. In *The American Psychiatric Publishing Textbook of Psychoanalysis,* ed. E.S. Person, A.M. Cooper, & G.O. Gabbard. Arlington, VA: American Psychiatric Publishing, pp. 335–360.

Jeammet, P. (2004). *Psicopatologia dell'adolescenza (Adolescent Psychopathology)*. Rome: Borla Editore.

Kandel, E.R. (2018). *The Disordered Mind: What Unusual Brains Tell Us about Ourselves*. London: Robinson.

Le Breton, D. (2003). *La peau et la trace: Sur les blessures de soi (The Skin and the Trace: About the Injuries of the Self)*. Paris: Métailié.

Lemma, A. (2005). *Under the Skin: A Psychoanalytic Study of Body Modification*. London: Routledge.

McDougall, J. (1978). Primitive communication and the use of countertransference: Reflections on early psychic trauma and its transference effects. *Contemporary Psychoanalysis* 14:173–209.

McDougall, J. (1984). The "dis-affected" patient: Reflections on affect pathology. *Psychoanalytic Quarterly* 53:386–409.

McDougall, J. (1989). *Theaters of the Body: A Psychoanalytic Approach to Psychosomatic Illness*. New York: Norton.

Nicolò, A. (2009). Pelle per comunicare, pelle da danneggiare: Riflessioni su scarificazioni e self-cutting in adolescenza (Skin to communicate, skin to be damaged: Reflections on scarification and self-cutting in adolescence). Www.Centropsicoanalisiromano.It.

Ogden, T.H. (1989). *The Primitive Edge of Experience*. New York: Aronson.

Ogden, T.H. (2005). *This Art of Psychoanalysis: Dreaming, Undreamt Dreams, and Interrupted Cries*. London: Routledge.

Ogden, T.H. (2014). Fear of breakdown and the unlived life. *International Journal of Psychoanalysis* 95:205–223.

Ogden, T.H. (2016a). Destruction reconceived: On Winnicott's 'The use of an object and relating through identifications'. *International Journal of Psychoanalysis* 97:1243–1262.

Ogden, T.H. (2016b). *Reclaiming Unlived Lives: Experiences in Psychoanalysis*. London: Routledge.

Press, J. (2010). *La construction du sens (The Construction of Meaning)*. Paris: PUF.

Roussillon, R. (1995a). La métapsychologie des processus et la transitionnalité (The metapsychology of process and transitionality). *Revue française de psychanalyse* 69:1374–1519.

Roussillon, R. (1995b). *Logiques et archéologiques de cadre (Logics and Archeologies of Setting)*. Paris: PUF.

Roussillon, R. (1999). *Agonie, clivage et symbolisation (Agony, Splitting, and Symbolization)*. Paris: PUF.

Roussillon, R. (2008). *Le transitionnel, le sexuel et la réflexivité (The Transitional, the Sexual, and Reflexivity)*. Paris: Dunod.

Roussillon, R. (2016). Beyond the pleasure principle: Repeat to integrate. Acts of the 7th meeting of the Venetian Psychoanalytic Center, Italian Psychoanalytical Society, International Psychoanalytical Association, December 3–4.

Stern, D.N. (1985). *The Interpersonal World of the Infant: A View from Psychoanalysis and Infant Observation*. New York: Basic Books.

Ulnik, J. (2007). *Skin in Psychoanalysis*. London: Karnac Books.

Winnicott, D.W. (1947). Hate in the countertransference. In *Through Paediatrics to Psycho-Analysis: Collected Papers*. New York: Basic Books, 1975, pp. 194–303.

Winnicott, D.W. (1950). Aggression in relation to emotional development. In *Through Paediatrics to Psycho-Analysis: Collected Papers*. New York: Basic Books, 1975, pp. 204–218.

Winnicott, D.W. (1954). Metapsychological and clinical aspects of regression within the psycho-analytical set-up. In *Through Paediatrics to*

Psycho-Analysis: Collected Papers. New York: Basic Books, 1975, pp. 278–294.

Winnicott, D.W. (1957). On the contribution of direct child observation to psycho-analysis. In *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. London: Tavistock Publicaions, 1965, pp. 109–114.

Winnicott, D.W. (1960). The theory of the parent-infant relationship. *International Journal of Psychoanalysis* 41:585–595.

Winnicott, D.W. (1962). Ego integration in child development. In *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. London: Tavistock Publications, 1965, pp. 56–63.

Winnicott, D.W. (1963). The development of the capacity for concern. In *The Maturational Process and the Facilitating Environment: Studies in the Theory of Emotional Development*. London: Tavistock Publications, 1965, pp. 73–82.

Winnicott, D.W. (1968a). Contemporary concepts of adolescent development and their implication for higher education. In *Playing and Reality*. London: Tavistock Publications, 1971, pp. 186–203.

Winnicott, D.W. (1968b). The use of an object and relating through identifications. In *Playing and Reality*. London: Tavistock Publications, 1971, pp. 115–127.

Winnicott, D.W. (1974). Fear of breakdown. *International Review of Psychoanalysis* 1:103–107.

Winnicott, D.W. (1988). *Human Nature*. London: Free Association Books.

Laura Balottin
Interdepartmental Center of Family Research
Department of Philosophy, Sociology, Education, and Applied Psychology
University of Padua
Via Venezia 8
35131 Padova
ITALY
Email: laura.balottin@unipd.it