

The body between metapsychology and mentalization. Lines of research in psychoanalysis, after Freud

Adelina Detcheva, Massimiliano Sommantico, Giuseppe Stanziano

Abstract

The authors reconstruct the question of the body in Freudian writings, indicating its multiple theoretical and clinical aspects, and highlighting its conceptual complexity through the various phases of evolution of psychoanalytic discovery, from the origins, with hysteria, to the silent manifestations of the dead drive: extreme vertices of the Freudian research path which, on the body, has indicated articulated elements of reflection and without a univocal and concluded systematization. In the multiplicity of theoretical guidelines issued from Freudian cues, the conceptual prevalence of the “economic” perspective, with the concepts of representation, affect and narcissism, characterizes the contemporary French contribution to the question. The authors argue the positions of some exponents, in particular Pierre Marty, André Green, Jean Laplanche and Christophe Dejours. It should be noted that this article can be defined as an essentially historical and theoretical review of *one* of the possible branches of literature in the field of psychoanalytic psychosomatics, which follows the thread of the economic coordinate starting from Freudian metapsychology. In order to insert the discourse in the field of the current psychoanalytic debate, the authors refer, in conclusion, to further reading vertices of the psychosome.

Keywords: body, metapsychology, psychosomatic, negative, mentalization

The question of the body in psychoanalysis constitutes one of the most complex and thorny references of Freudian discourse and appears to be welded, in the first instance, both with the epistemological foundation of the theory, referring to the investigation into the presuppositions of the psychism, and with clinical research, regarding the specificity of symptoms involving the soma. Freud's interest in this regard finds its first references in the clinic of hysteria, and then delineates its true metapsychological status; also in this case, the centrality of the clinical point of view is the foundation of the speculative perspective. In the last decade of the nineteenth century, the psyche-body paradigm is woven with the etiological reason, declined in the double physical and psychic meaning. If, on the one hand, the *sine causa* of hysteria, the lack of anatomical lesions, testifies to the failure of an organicist theory as the only interpretative model of the somatic, on the other it is precisely this hysterical «symptom-body» (Assoun, 1997, p. 25) to initiate the psychoanalytic point of view. Starting from these premises, the reflection on the body winds through the entire Freudian work, articulating questions that are not easy to solve, compared to which the path traveled by Freud, while maintaining a basic coherence, raises numerous in-depth questions from different perspectives by some post-Freudian authors. In this complexity, we propose to

trace some issues present in the evolution of Freudian theory and to indicate some specific subsequent reflections, proposed in particular in the French psychoanalytic tradition. The economic point of view is today frequently neglected by the research of the field, probably because: it does not reflect the semiotic directions today privileged by the psychological scientific community; it led some analysts to search for the «causality of biological mechanisms within the symbolism of unconscious ghosts» (Porcelli, Todarello, 1996, p. 72); it has led psychoanalytic research to confuse its object, mixing the *psy* part with the *soma* sphere and applying interpretations aimed at the *psy* part to the *soma* part *tout court*, following the traces of pregenital ghosts (*ibidem*). However, the economic coordinate is an integral part of the psychoanalytic discourse; it is part of metapsychology; it has been reread in the light of modern object paradigms, especially in the light of the narcissistic question (Green, 1983), more central than ever in today's debate.

The first Freudian topic: hysterical body and hypochondriac body

Hysteria is the clinical field in which Freud finds the psychoanalytic discourse, finding himself struggling with a body wrapped in the mystery of sensational and incomprehensible pathological manifestations; we recognize in them a double phenomenology: the hysterical event in the form of an acute crisis, the so-called *grande hystérie* of Charcot (1887-88), and the presence of lasting functional symptoms affecting the sensory or motor innervation (Freud, 1893, 1901, 1910a). The involvement of the body, in whole or in its individual parts, immediately raises the question of the differential diagnosis, or rather of a dual perspective, which takes account of the double symptomatic inscription: the reason for the mimesis of epilepsy and the physical symptomatological signs an «organic-like regime» (Assoun, 1997, p. 27) that disrupts the clinical framework, questioning the etiological linearity of the medical sciences. However, «hysteria (...) behaves as if anatomy did not exist at all or as if it had no knowledge of it» (Freud, 1893, p. 80), resulting in a significant paradox that marks a divergence: as if it used, for its action, another body that is subject to the laws of an «imaginative anatomy» (Assoun, 1997, p. 30). In the difference traced by the two operating regimes, that is a body-soma governed by anatomy and a psyche taken in the regime of the human soul's speeches, a psychic body is therefore emerging, capable of undergoing the pathological configurations of the different forms of hysteria and to stage something that should have remained psychic but which, instead, has fallen into the body: a “body-theater”, detached from its organic substratum, which assigns a physical reality to hysterical symptoms. In this middle ground, on the border between apparently foreign knowledge, psychoanalytic discourse is born, grappling with the hysterical body.

Freud's discovery of the meaning of symptoms introduces the alien and unacceptable presence of the ghost which, in hysteria, takes possession of a body that has become complacent. The «enigmatic leap from the psychic to the

somatic» (Freud, 1915-17, p. 234), activates an irreducible psychic conflict which, topically removed in the unconscious, appears on the body surface, positioning itself in significant areas of the body, as a buried ghost trace. Classifying itself as a psycho-neurosis, together with obsessional neurosis and anxiety hysteria, hysteria presupposes something more: a «somatic complacency» (Freud, 1901, p. 116), which refers to a weakness of the body that pre-existed the neurosis, originally «organic and constitutional» (*idem*), capable of expressing something symbolic in hysterical language. This Freudian idea raises questions of not simple solutions regarding the relationship and exchange between the soma and the body invested by sexuality, as well as their original onset.

The symptomatological construction is defined by the overdetermined sign of its manifestations, the genesis of which is to be found in infantile conflicts rooted in the sexual. Therefore, the modality of action of such a constitution must be framed, that is the question of the so-called attachment of the psychic on the organic (Freud, 1905): a sexual that, from the beginning, presents the tangential characteristics of a double inscription, qualifying as a psycho-sexuality (Laplanche, 2005). This theme calls into question a complex geography of the psychism that intersects in a liminal way the psychic and the somatic, the limit on which the drive is deployed. Generated from an organic background, it basically consists of a push, a «fragment of activity» (Freud, 1915a, p. 98) that triggers a certain work of psychic translation of the endogenous excitations, «as a measure of the operations that are required of the psychic sphere by virtue of its connection with the corporeal one» (p. 98). In the framework of the first topic, Freud postulates a drive dualism that sees sexual drives as opposed to those of self-preservation or of the Ego: on the one hand there are oral, anal, phallic and genital eroticisms, on the other the adaptation of the individual to reality (Freud, 1911). Partial sexual drives, *ab originem*, work to procure a particular kind of pleasure, an autoerotic and anarchic *Organlust*. They, in an ideally linear development perspective, reach a first bundle of units at the time of the phallic phase, and are then removed in the latency phase and re-emerge again in puberty (1). The drives of self-preservation, on the other hand, pervade the very structure of the Ego which, starting from a tension towards immediate satisfaction, appears increasingly capable of deferring it, opening up a dimension of planning. Infantile sexuality, perverse, polymorphic and autarchic, remains active in the unconscious even after its integration into a bundle of genitality, capable of detaching itself from this centrality and resuming its original autonomous trajectories. In this theoretical framework, it is possible to describe a twofold relevance of the organs: on the one hand their participation in the physiology of profit, involved in the satisfaction of need, on the other involved in the achievement of pleasure, as a source of libido. The possible pathological risk, of which hysteria constitutes a particular conformation, is that an organ can exaggerate its erogenicity and that the Ego can abdicate, due to this excess libidinal investment, its function of containment and deferral of solicitations (Freud, 1910a). The hysterical symptom

is thus configured as a complex between the abnormal needs of the libido and the defense against them, through an excessively extensive removal of libidinal tendencies, where the erogenous zones are used as «accessory and surrogate apparatus for the genitals» (Freud, 1905, p. 67) and the symptom of the hysterical body becomes «the [removed] sexual activity of the patients» (Freud, 1901, p. 188).

Since the last decade of the nineteenth century, Freud had identified another group of neuroses, classified according to the criterion of actuality: the main pathogenic reason was to be found not in the patient's childhood past, but in the present of his sexual regime. It deals first with the neurosis of anxiety and neurasthenia (Freud, 1894b), and later with hypochondria (Freud, 1914). The first two have a vast range of somatic symptoms in which psychic consistency seems to disappear: they are considered as alterations of physical excitations (accumulation and impoverishment respectively), whose nature is exclusively somatic (Freud, 1894a). The body, therefore, seems to completely exclude the psyche; the symptoms lose their meaningful qualification in psychic terms. The physical stimuli, coming from the organic background, appear not oriented to that drive and psychosexual translation process, but an «alienation between somatic and psychic» (Freud, 1894b, p. 41) seems to characterize the pathological process. The actual symptoms, in fact, say nothing, have no symbolic idiom and no language: the body remains mute, caught in an apparently senseless pathological process (Freud, 1915-17c).

The somatic excitements that cannot be psychically translated and the physical tensions that escape the management of the Ego first question the economic register. In the economy of the body «something must be distinguished - affective amount, sum of excitement - which has all the priorities of a quantity (...), something susceptible to increase, decrease, displacement and discharge» (Freud, 1894a, p. 134), whose nature is not strictly psychic, but undifferentiated, somatic, susceptible - through a kinetic operation of investments - to access psychism. It is possible to recognize two forms of manifestation of such an energy: one freely mobile, mostly dynamic and primary, and one linked, static and secondary (Breuer & Freud, 1892-95). The psychic link is what unites this energy flow to psychic representations, a condition for the processing of the body's internal stimuli. To a certain extent, even the Ego introduced before the second topic can be understood as an organization given by a constant investment (Freud, 1895b): «Therefore, where an Ego exists, it must inhibit primary psychic processes» (p. 228). In metapsychological terms, economics becomes affects (Green, 1973), constituting the engine of psychism, understood as the process of putting into shape that defines not only the psychic contents, but also structures its own instances explored and theorized with the second topic. Starting from the first Freudian references cited, it is possible to understand the work of psychism as a work of containment and limitation of a recalcitrant organic background that manifests its overwhelming excess, ready to become a symptom, through the

striking forms of hysteria, or to “silencing” the transformative work of the psyche, imposing a mute symptomatology, actual as apparently lacking a significant historicization and which refers to the crux of the question of somatosis. Affect has the property of composing the drive motion itself together with its ideic side (Freud, 1915a) thus constituting the true «drivenness of the drive» (Assoun, 1997, p. 96), to the extent that it is susceptible to detach itself from its representation and to be configured as brute, unbound, purely physical energy. If the representation can be removed in the unconscious, what affects the somatic structure, in the hysteria of conversion, are the vicissitudes of affect and more precisely of anxiety: the motive of the mechanism of removal can be understood as a modality of avoidance of anxiety. Therefore, the *belle indifférence* (Freud, 1915b) of hysteria paradoxically testifies, as a pathology, to the effectiveness of the removal process in reducing the emotional amount to silence.

The various alterations of bodily functioning, both in the order in neurosis and in the processes of somatization, are intrinsically linked to a psychosomatic economics according to which the consistency of the Ego is the significant figure of the investment regime and of their possible pathological implications. Therefore, the Ego's ability to link quantitative movements, in addition to its own energy tissue, must be taken into consideration. The theoretical framework of this psychic structuring requires a new foundation, capable of articulating a genetic moment of dynamics: with the essay on narcissism, Freud (1914) introduces and establishes the heart of metapsychology. Placed halfway between self-eroticism and object choice, narcissism presupposes a new unifying psychic action with respect to the fragmented and partial character of the various investments: the subject, before investing the other, «first assumes himself, to say his own body as an object of love» (Freud, 1910b, p. 386). Here the institution of an Ego is sanctioned and, in these terms, it is configured «first of all an Ego-body» (Freud, 1922, p. 297) on which, starting from the investments of the totality of the body area, all the sexual and self-preservation drives converge, while the Ego itself becomes the reservoir of libido - it is from it that libidinal investments depart (and it is to it that they return) (Freud, 1914). On the other hand, if the Ego is the reservoir of the libido, the differentiation between ego libido as a manifestation of self-preservation drives, and object libido as an expression of sexual drives, becomes superfluous, risking to shake the entire metapsychological framework, founded on the conflicting dualism of the psychic: the glimpsed risk becomes surmountable only thanks to a systematic revision of the psychoanalytic theory which, with the so-called “turning point of 1920”, leads to the second topic.

About the somatic sphere, the notion of narcissism is full of consequences: the so-called physical disease, which affects the organic body, acts on the distribution of the libido, disrupting its investments. The "real" patient, as long as his suffering lasts, ritires his libidinal interests from objects, in short, «stops loving» (Freud, 1914, p. 67). All his attention is turned to the area or body organ that absorbs it, like a «narcissistic aspirator» (Assoun, 1997, 86). Similarly, even the "imaginary"

patient par excellence, the hypochondriac, polarizes this same attention on some organ of the body, without however the organ being "really" damaged. But «hypochondria must be right» (Freud, 1914, p. 453), demanding a whole series of painful somatic sensations and paresthesia (Freud, 1894b); this is how it positions itself as the third actual neurosis in Freudian psychoanalytic taxonomy, alongside neurasthenia and anxiety neurosis. We are in the area of over-investment of narcissistic states, the most extreme condition of which occurs in psychosis. In fact, hypochondria can also prefigure itself as a psychotic *incipit*: similar to what happens in neuroses, the patient interrupts his relations with the external world but, unlike these, phantasmic objects are unable to perform their function of clotting investments, so that the libido flows back into the Ego, expanding it in a megalomaniac way in the form of secondary narcissism. Neurotic anxiety, on the other hand, is likely to turn into hypochondriacal anxiety, for which the reactive or phobic formations do not appear adequate to cope with it and the spectacular manifestations of delirium and hallucinations are configured as attempts, albeit unsuccessful, to reinvest words and representations of reality (Freud, 1914). «But then it happens that we have to be settle for words instead of things» (Freud, 1915c, p. 87), that the word representations fail to connect with those of thing: it is therefore possible to recognize in these psychic processes close and akin to psychosis a radical disinvestment of internal and external reality, as representations, or rather internal substitutive formations of external reality, have been lacking; in this sense, the representation is configured as the essence of symbolization (Green & Chiozza, 1991). Hypochondria short-circuits the representation, prevents its genesis, using the somatic and real body.

On the metapsychological level, the structure of the unconscious system consists of «pulsional representations that aspire to discharge their investment» (Freud, 1915c, p. 70) in repressed motions of desire which, were it not for the other systems, would be realized in the *hic et nunc*. These drives, although contradictory, exist simultaneously without negating each other, since one of the prerogatives of the unconscious is the absence of contradiction. In addition to this, we remember: the mobility of investments with respect to the various representations; the absence of temporality of unconscious processes; the replacement of external reality with fantasy. To these four prerogatives explicit in the metapsychological text, a fifth must be added, taken from the correspondence with Groddeck, which Assoun (1997) calls «the metapsychological secret»: «the unconscious act has an intense plastic influence on somatic processes, which is not never reached by the conscious act» (Freud, 1917, p. 17). It should be defined as «the active plastic effect of the unconscious act on somatic processes» (Assoun, 1997, p. 20). The result is a definition that configures the unconscious system as «the right link between the physical and the psychic» (Freud, 1917, p. 18), «the much sought-after missing link» (*ibidem*) between psyche and soma. But this does not at all mean that the somatic symptom is positioned on the same level as the other unconscious formations, such as a

dream or a lapsus, a missed act, a wit or a hysterical action. It goes beyond these meaningful chains that can be classically interpreted by the psychoanalytic device, as it does not have their same consistency. However, this implies that the unconscious act can intervene on the body, drawing secret enjoyments from this.

The second topic and the death drive

The second topic places at the center of the discourse a model that is no longer topographical, but a structural model of the psychic personality, composed of Ego, Id and Super-Ego. The genesis of the Ego goes beyond the narcissistic moment (Freud, 1910b, 1914), to become a psychic function; it refers to the «psychic projection of the surface of the body» (Freud, 1922, p. 295) and derives from physical sensations, «especially from the sensations coming from the surface of the body» (*ibidem*), from a "touched" epidermis. But «if there is an Ego body, the Ego is not the whole body» (Assoun, 1997, p. 95): the body underlying this function, the real one, constitutes the generator of the drive life, in which the psychic apparatus sinks through the Id, «melting pot of seething excitations» (Freud, 1932, p. 185), but also a passage area, open «at the extremity towards the somatic» (Freud, *ibidem*), from which it receives the drive needs. In this perspective, the economic phenomenon has exclusivity: in the Id there are nothing but «pulsional investments that require discharge» (Freud, *idem*, p. 479). Furthermore, since the boundaries blur and a large part of the Ego becomes unconscious (such as the one that sets the defense mechanisms in motion), while the Super-Ego rests its foundations in the Id, it is the whole psychic apparatus that filters the pulsional demands from the organic, as an expression of the elasticity or inertia of the psychism.

The real novelty compared to the model of the unconscious system of the first topic consists in the importance recognized to the death drive (Green, 1973). It is aimed at the destruction of its organic home (Freud, 1932) and is in action to destroy the organism from the inside, to ensure that it «can go towards death by its own way» (Freud, 1920, p. 250); but its functioning is complicated and postponed by the sexual and life forces which, while seeking the illusion of immortality through the transmission of the germinal substance and the perpetuation of the species, finally, are reconciled with Thanatos. «But the place of the pulsional defusion would be the division of the organic from itself, (...) [a] intraorganic laceration» (Assoun, 1997, p. 100) which runs through the trajectory of the death drive in the form of original masochism, silently to a self-destructive end. In this new perspective, we observe a profound revision, whereby the new drive dualism works and shapes the organic in itself.

Between *Eros* and *Anteros* (Fain & Braunschweig, 1971) there can be a certain degree of defusion, as happens for example in states of ambivalence which, nevertheless, due to their universality, can be conceived as «an unfinished drive fusion» (Freud, 1922, p. 312). Or, this can go in the direction of extreme cases, where there is a risk that the death wish will be acted upon (melancholy, epilepsy)

(Freud, 1922, 1927). In the analytic setting, this mysterious self-destructive program can reveal itself in the negative therapeutic relationship: «when you give (...) hope [to this kind of person], when you are satisfied with the way the treatment proceeds, they seem discontented, and invariably their state gets worse, and they even react to the progress of treatment in an inverted way (...), they get worse (...) instead of improving» (Freud, 1920, p. 320). Here, the need for illness, the punishment of suffering, manifests itself as the strongest obstacle to the success of the cure, more powerful even than the impenetrable defenses of narcissistic psychoses. The punishment of the illness presupposes an unconscious sense of guilt that composes the composite advantage that the subject derives from his illness, «precisely what makes illness precious for the masochistic tendency» (Freud, 1924, p. 351). The silent enjoyment of pain, therefore, benefits pathological balances between instances of the psychic personality, in which the masochistic tendencies of the Ego are pressing to be satisfied from within, by condemning the Super-Ego. But the neurosis is not the only consequence of the attitudes of the masochistic Ego: «Against all theorizing and expectations, a neurosis that has challenged all sorts of therapeutic efforts, may perhaps disappear when the subject runs into the painful situation of an unhappy marriage, when he loses his substances, or contracts a dangerous organic disease» (*idem*). There can be a mysterious barter between the different forms of unhappiness, as long as there is suffering. There is therefore a certain economic law of suffering: a masochistic gain. The situation becomes complicated when the replacement of one disease with another becomes not an aggravating circumstance, but rather a remission: «Serious dysfunctions in the distribution of libido such as those that occur in the case of melancholia are temporarily eliminated if an organic disease intervenes, and indeed, that even a fully developed dementia praecox is susceptible, under these circumstances, to temporary remission» (Freud, 1920, p. 243). The perturbations in the libidinal economy of the body cause modifications on the psychic level (and vice versa); the inflammation of the organs, the injury of the body, intra- or extra-bodily injuries, attract the energy, absorbing it, binding it, at least temporarily. If the purpose of *Eros* consists in binding - «that unity, or tendency to unity, which characterizes the Ego» (Freud, 1922, p. 316) - it will be placed at the service of the pleasure principle which is being characterized by this quality of the drive. On the contrary, *Thanatos* can be conceptualized as the anti-erotic drive par excellence that goes in the opposite direction, towards the breaking of links, with the debonding of the defusion. Therefore, its ultimate goal is the reduction of excitations to zero degree, radical disinvestment, primordial inertia. This is not a principle of constancy, as this postulates a minimum of investment, but rather that of inertia which, already in the *Project* (Freud, 1895b), indicated the primary tendency of the organism to keep itself free of stimuli through the direct and instantaneous discharge of excitations, later redefined, in 1920, as the principle of Nirvana.

Pierre Marty and the Psychosomatic School of Paris

From a historical point of view, the vertex of the Psychosomatic School of Paris emerges from the vast general overview, site to important theoretical and practical developments on the subject, as well as a reference point for the psychosomatic tradition. As we have highlighted, Freudian indications offer psychoanalytic reflection a wide range of insights relating to the clinic of the body, in particular in reference to the model of hysteria, actual neuroses, somatic disease, as well as hypochondria. Each of these psychopathological forms outlines a common theory of the "psychosome", not understood either in a radically dualistic sense, as the Western biomedical culture states, or in the direction of a monism, that is to say the assimilation of the two terms, the psyche and the soma in fact, so that one is leveled on the other and vice versa. It follows, as Green argues in his reinterpretation of the Freudian corpus, that psyche and soma possess a «difference of structure (...), not of essence» (Green & Chiozza, 1989, p. 48). The theoretical hypothesis outlined identifies a significant definition in the "dualism of reunion": a "reunited" dualism, therefore, which implies a mind-body relationship that can be elaborated by the psychism and a system of representations that direct the processes of symbolization starting from the body and at different levels of complexity. In this sense, speaking of "body experience" means taking into consideration both these polarities, engaged in a continuous and reciprocal relationship, in which elements coming from the organic background are susceptible to undergo transformations in a psychic sense, or on the contrary, the components of the psychism are liable to "fall" into the body, making themselves not symbolizable in the mind's eye. The fate of this dynamic complexity depends on the organization of the psychism and its variable ability to fulfill those internal work requirements imposed by its own connection with the body sphere (Dejours, 1986).

One of the most fertile developments of the Freudian traces highlighted (2) is explored, around the beginning of the 1960s, in the francophone context: Pierre Marty, who in collaboration with Fain, de M'Uzan and David founded the Psychosomatic School of Paris, in is the main exponent. The focus of the investigation is somatic disease, or rather, the somatic symptom in its relationship with the psyche. It cannot be understood as a "broken piece in its own right", rather it calls into question the body in its entirety and in its intimate connections with the psychic specificity of the subject: *«it is therefore human individuals who are psychosomatic and not diseases, none»* (Debray, 2002, p. 27, cursive in the original). Therefore, in the absence of a unitary vision of the human being, no diagnostic, prognostic or therapeutic management is possible. The somatic symptom has its own specificity, being neither symbolic like the hysterical one, nor directly interpretable by the psychoanalytic device. The reference model refers to the reflections of Freud (1894a, 1895a) on actual neuroses: the psychic apparatus, which normally receives the somatic stimulus to bind and elaborate it with its own modes of functioning, does not detect the excitation of the body,

since this in the somatic ground. There is therefore a deficit of psychic elaboration when faced with a foreign body which the subject is unable to experience: «psychicity, where it should have been, is lacking» (Fornaro, 2007, p. 226). With this in mind, the Paris School emphasized the importance of the "mentalization" (3) function of bodily experience. In the psychosomatic model, this is equivalent to investigating the breadth of psychic symbolization, starting from the assumption that it is «the quality of psychic functioning that guarantees the integrity of somatic functioning» (Ferraro, 2010, p. 352). Basically, the somatic symptom, excluded from any elaboration, is placed «topically outside the psyche» (Debray, *ibidem*, p. 8), outside the unconscious (as a psychic system albeit profoundly extended) and, in the final analysis, outside the mentalization area of the body sphere.

Psychosomatic research in psychoanalysis, according to the perspective introduced by Marty (1980), presents some theoretical presuppositions that it is good to explain. First of all, a body-mind relationship is supposed to play out along the entire diachronic arc of the life of the individual and which implies the action of the life drives and a push towards organization on the one hand and the death drives disorganization on the other. This conception of development is far from being linear, as it presents a progressive classification of the organization of the subject's functions. Through the definition of "multiple evolutionary chains", somatic and psychic, numerous processes of hierarchization are taking shape. In this sense, the model of oral, anal, urethral and genital drives, as described by Freud (1905), integrates with what Marty (1980) defines the "evolutionary process", so that the progressive movements of development include sexual phases, strengthening the "central evolutionary chain" along a mental axis including psychosexuality. On the other hand, regressive tendencies go in the opposite direction which, although omnipresent in the life of the individual, are characterized by the impact they are likely to cause from the overall organization, in turn supported by the constellation of fixation points. These can be sown along a mental axis (the "central evolutionary chain"), or along somatic lines of development and account for points of consistency with variable multiplicity. When a regressive tendency is activated, moved by a traumatic event (or situation), it proceeds backwards, wearing down the acquisitions of development, until it finds a point of fixation, placed on a mental or physical axis, sufficiently solid and suitable for stopping, containing and possibly relaunching it in the sense of a reorganization of the system. Clinically, if the involutory motion is stopped by a fixation point localized on the psychic line, in which the most advanced defenses are sufficiently strong, it is probable that some symptoms of a mental nature are activated; a "somatic solution", on the other hand, can appear in the case in which the fixation is placed along a physical trajectory. In the most extreme case, and in the absence of mental and somatic fixation levees, the regressive motion can theoretically lead to death (Marty, 1976).

Marty introduces, in particular, two new nosographic categories useful for the psychosomatic approach, to be positioned alongside the classic macro-categories of "well-mentalized" neuroses and psychoses: these are the neuroses of behavior and character.

Behavioral neurosis is characterized by the fragility of psychic defenses and by the lack of a sufficiently structured internal dimension, so that its functioning is regulated above all in terms of a recourse to action aimed at rejecting what the psyche is not capable of reworking. In this regard, we find in the Freudian text (Freud, 1913) the reflections on *agieren*, in opposition to the processes of symbolization that imply remembering and mentalization. Regarding the somatic symptom, Green (1973) broadens the reflection: what is expelled from the psychism (or what cannot be included at all) is not only the psychic representation, but something in the order of affect. In psychosomatic patients, in fact, it is this that does not find any kind of representability, making the experience impossible: it is an intruder to be expelled out of psychic reality. «The somatic crisis of psychosomatics (...) represents an authentic acting out. An outside action oriented towards the inside» (*ibidem*, p. 152) and aimed at liquidating the psychism. The affect, «not only unconscious, but precluded» (*ibidem*), thus becomes the essence of somatization. The acted out expulsion of the affect on the non-libidinal, purely biological body, takes the direction of the "in", correlative to the "out": "acting in" (Green, 1974), therefore, as a modality of evacuation of the affects in the body.

As far as the neurosis of the character is concerned, it also assumes its own physiognomy: the pathognomic trait is given by the instability of the psychic functioning over time, in the presence of a large number of fixation points, but not endowed with consistent solidity, either on mental axis, nor on the somatic one. This irregularity qualifies the neurosis of the character as a heterogeneous nosographic category that can be placed between two extremes: if on the one hand there are pathologies organized "in positive" (mentalized) and on the other those "in negative" (characterized by a deficit of mental processing), this nosographic picture can be positioned in the middle of the continuum, or rather on the limit. This particular location involves a "polymorphic symptomatological aspect" (Marty, 1980): psychic, somatic or psychosomatic.

The consideration of mental organization, according to the perspective proposed by Marty, goes in parallel with a particular attention paid to the psychosomatic economic coordinate and to the general balance of the psychism. In this sense, the somatic symptom appears as a real regulator of homeostasis in the specific psychic dynamics of the subject. These equilibria are defined on the basis of four different fundamental economic systems that articulate the state of the evolutionary and involutory mechanisms of the individual: there are thus the "apparent inorganizations", typical of behavioral neurotics, which register a type of regression that is established up to when there is no important change in external reality; the "progressive disorganizations", which can characterize both

the neurosis of behavior and that of character, imposing rapid or slow involitional motions, interspersed with fears, which can make us think of apparent phases of recovery, but in which the fixation points fail to stop disorganization on any level, so that «the passage from one somatic symptomatology to another, like the progressive worsening of general symptoms, is the rule» (Debray, 2002, p. 24); finally, there are the "total" and "partial" regressions, both of which can manifest themselves in any psychic structure (psychotic, neurotic or psychosomatic), which however present a positive mental symptomatology, such as to be able to stem somatic disorganization and sanction a reorganization of the system.

It is clear that «only the regular organization of an active psychic pathology (...) [can] be considered as a guarantee in the face of the risks of progressive disorganization» (Marty, 1980, p. 10). The absence of symptoms in a "positive" sense threatens drastically "negative" consequences, especially in reference to a particular match, or when a process of "progressive disorganization" is grafted onto a neurosis of character. In this case, the loss of developmental acquisitions, the progressive "subtraction" of psychic elements, the aggravation of somatic symptoms, can lead to devitalized states of existence, configuring a particular depressive situation, the so-called "essential depression", characterized from «a pure state, without symptomatic colouration, without a positive economic counterpart» (*ibidem*, p. 63), a picture made up of «functions in *minus*, without functions in *plus*» (*idem*). Without anguish and without sadness, without any self-accusation, without sense of guilt, nor delirium of inferiority, typical of more "mentalized" melancholy such as those described by Freud and classical psychoanalysis (Abraham, 1924), the patient manifests a vague perception of fatigue and asthenia. Pathology with "essential" outlines revolves around a void, a nothing that cancels the perception of one's life, as well as the most advanced structures of mentalization (symbolism, associative links, dreams, abstract thought, the affective tonality of discourse, metaphors). The functioning of the individual in reality, in this case, does not stop, but appears simply impoverished, mechanical, "operative" and anchored to the "world of facts" and to conformity. The more the Ego disappears, the more somatic disturbances are liable to aggravate, «whose value is almost always negative "here", since (...) [they denote] the presence of death instincts» (Marty, 1980, p. 68); «without desires and without pleasure, yet exposed to wounds and diseases, the subject in a state of operative life often suggests the image of a living dead» (*ibidem*, p. 110). An internal death, therefore, a sign of the silent action of the death drives that disintegrate the organism from within and that put in subjugation its functional bonds and its hierarchies, while «the field of life (...) remains covered by the only functions in a state of automation, the number of which is gradually decreasing» (*ibidem*, p. 119). In extreme cases, progressive involution leads to death, when the principle of automation, or the separate functioning of each system, has yielded «at the level of all the psychosomatic functions, including the primal ones, of the core of the unconscious» (*idem*).

André Green and the negative

To the perspective of the "symbolization deficit" in Marty's psychosomatic illness (1980), there is also the contribution of André Green (Green & Chiozza, 1989; Green, 1973) who thematizes a «somatic (...) devoid of meaning and, even more radically [a] somatic disease (...) outside the field of influence of psychoanalysis» (Ferraro, 2011, p. 351), focusing his attention on the difficultly definable diagnostic category of limit states, whose peculiarity consists in a considerable lack of organization and structuring. The lack of positive symptomatic production in these indefinite states, as well as in Marty's psychosomatosis, indicates a common egoic fragility, a difficulty of the Ego (and sometimes its inability) to treat representative formations and their affective components.

To proceed further, it is necessary to shift the focus from this "defect" of the Ego to the limit between the psychic and the somatic, on their edge of contact or alienation. Indeed, the concept of limit, as Green (1976) argues, consists of «a mobile and fluctuating frontier (...) both in normality and in pathology. [It] may be a fundamental concept in modern psychoanalysis. It is not a question of reformulating it in terms of figurative representation, but rather in those of transformation of energy and symbolization (forces and meaning)» (p. 108). Extending the psychoanalyst's considerations to psychosomatoses may prove useful in providing indications for the "borderline states" between psyche and soma, since here too we find a particular indefiniteness of clinical pictures, as well as a significant disqualification of the psychic space: the common denominator is precisely the "void" that settles in the internal reality, leaving nothing but a "white" in the functioning of thought, a clear sign of its absence. What marks the negativity transversal to these liminal pathologies is the death drive, in a certain sense the negative par excellence in psychoanalysis, aimed as it is at the «destruction of its own organic home» (Freud, 1932, p. 507). It silently carries out a type of "work of the negative" far from even the noises of hatred: its primordial tendency consists, rather, in making the psychic structures burnt ground, in the cancellation of their bonds, in pursuing a particular trajectory of anti-symbolization, according to its natural propensity towards inertia, the zero of excitations (Green, 1966-67, 1993). The negative is not only the subtraction of elements: it assumes its own status, a strong concentration in the Ego of agents capable of attacking and weakening it: «the work of the negative [is] considered (...) from the angle of the functioning of the Ego» (Green, 1993, p. 24). The consequences for the body potentially constitute a much more serious drama than that which characterizes pathologies positively organized: «there is a link between this psychic reduction and the vital risk incurred by the patient. Here death is not only psychic, (...) it seems to occur at the end of an internal disorganization» (*ibidem*, p. 22). If the psychism can sometimes sink into a bottomless hole, this suggests the lack of the fundamental internal object, and not only of its imago, but of the same relational function that organizes the links

between the different instances of the psychism. The involvement of the Ego in the processes of internal destruction covers and distorts the oedipal problem, recalling the moment of its own formation, which takes place between the meshes of primary narcissism.

Positioned theoretically in Freudian writings between the first and second topics, Green (1967b) proposes a metapsychological rereading of primary narcissism, placing it between *Eros* and *Thanatos*, at the heart of the second topic. If it is conceived, in accordance with Freud (1910b, 1914), as the moment of the meeting of the partial drives, hitherto autoerotic, which marks the birth of the Ego, it is easy for a conceptual convergence to emerge with Eros, which tends to synthesis ever greater (Freud, 1920). But the unitary Eros of the "narcissism of life" can only have a "reversed double" (Green, 1976b), so that it is accompanied by a "narcissism of death". This negative counterpart consists in the antilibidic factor of the deadly drive, which aims to silence Eros, pushing towards inorganic life.

This logical conceptual completion, moreover, can be found in the conceptualizations of Freud's work regarding absolute primary narcissism (Freud, 1932), understood as an extension of the intrauterine situation that continues in the primary relationship prior to weaning, and even further back, as highlighted, with the principle of inertia of the *Project* (Freud, 1895b), which postulated the primary tendency of the nervous system to remain without stimuli through the direct and instantaneous discharge of excitations. This primary aspiration, redefined by Freud in 1920 as the principle of Nirvana, is being modified by the action of reality (and the object that generates stimuli); the change consists in the principle of constancy, an attempt by the psychic apparatus to keep the level of excitations as low as possible: «it is secondaryization, commanded by the need to maintain a minimum of investment, that obeys constancy» (Green, 1966-67, p. 104). The secondary function, therefore, allows the system to retain a minimum investment. The Ego itself, therefore, in economic terms, is the product of a relatively constant investment, consisting of a sort of energy reserve.

The economic perspective refers to the topical one: the point is what is the origin of primary investments. Freud poses the solution to this question first in the Ego (1914), then in the Id (1932), then again in the Ego, starting from the assumption that this is only a part of the Id changed by the action of reality. According to Green (1966-67), however, the origin of primary investments can only be external and regard the primary object: the entire investment process exists only because the mother invests her infant. Within a common and primitive "Id" there are, therefore, these two polarities, mother and child, between which a current of investment is imposed «in the simplest [economic] way» (*ibidem*, p. 148). While Freud theorizes the fundamental absence of the object in the process of autoeroticism (and then of narcissism), Green includes its hidden presence. The simultaneity between the two events - the loss of the object and the overall perception of the object - precedes the infant's autoerotic closure. Green reinterprets infantile sexuality in relation to the figure of the object, linking it to

the vicissitudes of introjection: there is a transition «from the object of satisfaction “to the outside” to the search for an object of satisfaction, if not really “to the internal”, at least in the child's own body» (*ibidem*, p. 135). Therefore, «the autoerotic drive is a drive capable of satisfying itself, *in the absence as in the presence* of the object, but independently of it» (*ibidem*, p. 136, cursive in the original). But it is the disappearance of the primary object that plays a fundamental role in the formation of the infant's Ego: the mother, from a significant figure and center of the child's world, becomes a structural fund. The primary object exists and does not exist, in the sense that it is in its absence that the psychism is structured: «narcissism itself is nothing but the belonging behind which the shadow of the invisible object is always hidden» (Green, 1976b, p. 43). The mother's introjection is constituted as the "framing structure" of the infantile psyche, as the "matrix of future identifications" (Green, 1966-67), as the original background of psychic space, underneath the narcissistic structure of which it composes bases. Invisibility is fundamental: it is, in fact, subjected to a further process of "cancellation", such as to allow the emerging egoic instance to set up an autarchic regime, in the order of self-sufficiency. It is the "negative hallucination" (Green, *ibidem*, p. 152) of the total maternal image, which dissolves on the representative space. This negativization allows the narcissism of the Ego in formation, the consequences of which are full of meaning: the primary investments, internalized as the basis of the psychism, are directed towards the Ego, composing its energy tissue in a relatively constant way. The libidized Ego experiences an autarchic illusion, a dream of self-sufficiency. However, for this primary introjection to take place, «the love for the object (...) [should be] sufficiently secure to play a role as a container in the representative space» (Green, 1980, p. 294) - «it must be there to be disowned» (Green, 1976b, p. 79). What constitutes the background, in the wake of the mechanisms of negative hallucination, is an "empty field", white, capable of being filled by any type of fantasy, both in the order of the destructive and on the erotic side. And above all, «this void (...) [should] never be felt by the subject, because the libido has invested the psychic space, and plays the role of primordial matrix for future investments» (Green, 1980, p. 294). The void here is a living space and a blank canvas which, if it resists, becomes a guarantee of the subject's creativity; but if the vicissitudes of internalization undergo complications that make this inside unstable, it becomes clear that white will not be able to protect the narcissism of children, marked, therefore, by narcissistic faults and Ego wounds. If the object does not dissolve into the background, if the object libido does not become narcissistic libido - in other words, if the narcissism of life turns into the narcissism of death - «the destruction of the object can take the reflex form of self-destruction» (Green, 1976b, p. 65). In this case, the object is too present, too traumatic, absorbing and subtracting the necessary investments from the Ego economy. And this process has repercussions on the experience of the body: if the introjection fails to take place, the narcissistic folding movement does not

penetrate internally to the psychic organization. The object can then remain on the body limit: «the hypochondriac object is cut out on the body of the bodily libido of the psychic investment destined for the Ego» (Green, 1966-67, p. 156). The organ of hypochondria is given in the negative form of autoeroticism, since the negative hallucination has failed to relegate the object to the background. In this way, the (internal) object is absent, while a painful body is placed in its place, which must be controlled, scrutinized, self-observed. But the pathological process can go far beyond this hypochondriac form: an object that is too disappointing, that anticipates satisfaction, that cures without love, that intervenes when the infant's Ego has now exceeded its possibilities of waiting, can provoke the insistent and persistent presence of psychotic anxieties: «At the extreme of the possibilities of the psychic apparatus in the psychic sphere» (Green, 1979b, p. 177), the path of psychosomatosis can open itself. The regression thus proceeds backwards, in the absence of a psychic boundary capable of containing it. We are faced with the so-called «dementia of the soma» (1979b, p. 178), determined to destroy itself from within.

Some brief references to liminal states, as described by Green, may constitute a useful contribution to the understanding of the psychosomatic question according to this specific frame of thought. We find in the limit states, with a certain regularity, a narcissistic fault whose stakes are not so much the dynamics of the drives, but the relationship with the "object-trauma", which occupies a prominent place in the psychic economy. The psychic organization is halfway: neither psychotic, nor neurotic, "neither yes, nor no" (Green, 1976a). The result is a type of organization that «tends to create a protective narcissistic armor and preventive of trauma, but at the price of a mortifying sclerosis that undermines the pleasure of living» (Green, 1979b, p. 192), producing ruptures both between the subject and reality, both within the subject itself. While the Ego remains devoid of cohesion and coherence under the blows of splitting, the relational configuration that unites it to its object takes on particular forms. Below this narcissistic withdrawal, unbeknownst to the subject, «the Ego brings the object back into its mesh» (*ibidem*, p. 185), reversing the direction of investments: the narcissistic object threatens the egoic existence itself, the Ego risks dissolving into the other too present. «The subject will be caught between the anxiety of separation, which means the loss of the object, and the anxiety of intrusion, [where there is] the danger of invasion by this» (*ibidem*, p. 193). Here the two faces of the object emerge - this two-faced Janus - which are always placed in the *aut aut*: the splitting of the object (as well as its omnipotence), which places it as very good or very bad, never whole and never good or bad simultaneously. The narcissistic organization subject at the limit thus shows the vagueness of the oedipal triangulation, while what constitutes its essence seems to be more of a "bi-triangulation" (Green, 1974) archaic at a phantasmatic level; in fact, the split narcissistic object rests on a cut, one on this side and one on the other side of the limit. What is missing is the presence of an introjection of the relationship with

the object that is sufficiently stable, since it «cannot be brought to a personal level, or in any case, it cannot remain there in a lasting way» (*ibidem*, p. 70). These bi-triangular relational configurations cause consequences at the level of thought formation: «since it is never absent, this object cannot be thought» (*ibidem*, p. 69), so that the psychic space is invaded by a perfect object but unavailable (as well as susceptible to being lost), and by a persecutory one who, expelled outside, risks returning to reality, mobilizing a whole series of defensive counter-investments that exhaust the resources of the Ego. Inaccessibility leads to depression, invasive presence to delirium: this is the scenery of the two trends in limit states. These references to limit states call into question the very formation of thought, implying a «paralysis of thought, which translates into a negative hypochondria of the body, particularly in the head: the impression of an empty head, of a hole in the mental activity» (*ibidem*, p. 70), ultimately, an absence of thought. It is what Green calls "white psychosis", apparently asymptomatic, or rather symptomatologically negative. The category of "psychic white" becomes the key to understanding liminal pathologies: under the noise of the subject's bi-triangular relationships, beyond the limit of the dual logic between love and hate, the horror of emptiness acts in a hidden way. In fact, if the bad object disappeared, only unoccupied space would remain, as the good object would only be able to occupy the psychic space for a limited time; what is played out is a very intense «"after" emptiness» dynamic: «the object is bad, but it is good insofar as it exists, even when it does not exist as a good object» (*ibidem*, p. 84). «The void has recalled the overflow, the overflow has caused the emptying» (*ibidem*, p. 70): what the subject fears is the sinking into nothingness - the Ego is not invested, the object does not become a framing structure here. The void, therefore, cannot be libidinally invested, it cannot become personal space, as it is devoid of a psychic background. The narcissism of life remains on the sidelines, while the narcissism of death sets its silent regime. In this scenery, even primary masochism tends to preserve the bond with the object through «the negativization of pleasure and the search for pain» (Green, 1969, p. 220). Therefore, the narcissism of death, which underlies the principle of inertia, pushes towards the cancellation of vital excitations, finding itself alien to any type of affect of any quality. It thus aspires to *nothing* against which the subject activates his own defenses in order not to sink into psychic death: «The coffin lid replaces the lead hood of psychic suffering. Because at that point it is a feeling of nonexistence, of a non-being, of an inner emptiness far more intolerable than what one had to protect against» (Green, 1969, pp. 230-231). Negative narcissism contains, among its folds, the economic consistency of the rarefaction of investments, «narcissistic withdrawal is the corollary of object disinvestment» (Green, 1979a, p. 185). The "work of the negative" of the death drive takes place along the edges, on the limits, between opposites - good and bad, the Id and the Ego, the Ego and the other - but also between psyche and soma, which are likely to de-differentiate, to become "the same thing", to end up in the primordial annihilation of differences. The destinies

of object desertification and psychic negativization make up that form of radical negative that can be brought into play in psychosomatosis, demonstrating the relationship between psychic reduction and the vital risk that could follow. Therefore, it is not possible to speak of psychosomatics without taking into consideration the disinvestment process of the psychic space that participates in it.

Jean Laplanche and Christophe Dejours: from the theory of generalized seduction to the enclavé unconscious

Within the French perspective, it is possible to read a certain continuity of thought compared to the theories presented up to now in the contributions of Laplanche and Dejours which relaunch the body within the framework of metapsychology. As previously reiterated, the complexity of the psychosomatic question requires going beyond pure research on the differential etiology between hysterical symptom and somatic symptom; the object of the discussion then becomes the body "experienced" by the individual, not strictly harnessed to the economic coordinates alone. Although the priority of the economic point of view appears decisive, it risks obscuring the significant potential of the psychic work of the experience of the body. Still within the French tradition, a further focus of investigation explores the ways in which the subject processes his own somatic states, outlining a subjective phenomenology of self perception. Similarly, the theory of phantasmal deficiency of the Paris School, in the declinations of "operative thought" and "essential depression", risks confusing the causes with the consequences: not all psychosomatic patients are characterized by a deficit of psychism, just as not all psychosomatic pathologies arise in a depressive context. This does not mean that there may be a function of the somatic symptom which makes itself an "aspirator" of the inelaborable states of the psyche, progressively impoverishing the psychic dynamics. In this direction goes the contribution of Dejours (2002) who, by recovering the more explicitly dynamic aspects of bodily and psychic experience, places the sexual at the center of the discourse. The emphasis here is no longer placed on mentalization deficits, but on the «impact of a mutilated or sick body [whatever the cause] on the demand and ability of work imposed on the psyche» (p. 101). This perspective, which recovers the metapsychological dimension in an exquisitely Freudian meaning, appears in continuity with the reflections of Jean Laplanche (2005).

The theory of seduction, hypothesized by Freud (1896b) as a possible etiological factor of hysteria, then abandoned (Freud, 1897) in favor of the phantom of seduction, is taken up by Laplanche, generalized and integrated with the Freudian intuitions of 1905 about the effect of maternal care on the child's body: «the child's relations with the person who takes care of him are for him an inexhaustible source of excitement and sexual satisfaction starting from the erogenous zones, especially since this person - usually the mother - reserves for the child feelings that derive from her sexual life, caresses him, kisses him,

cradles him: he takes him with evident clarity as a substitute for a full-blown sexual object» (Laplanche, 2005, pp. 123-124). There is always seduction as far as the one who takes care of the child is an adult with a sexual unconscious made up of infantile residues, with a polymorphic perverse predisposition more or less removed. Far from being a pathological circumstance, seduction thus becomes the rule full of effects on the level of the genesis of the psychosexual and, ultimately, of the drive. Laplanche introduces the context of the "fundamental anthropological situation" (2005, p. 852) to indicate the relationship that is established between adult and child, starting from the self-preservative register, thus providing the basis for a sort of "communication" that is rooted in the invisible. If on the biological side the exchange is soon given in a reciprocal sense, on the level of psychism it is oriented in a dissymmetrical way. Faced with the child's body and under the pressure of the instinct to suction, since the maternal breast is also an erogenous zone, the psychic constellation of the adult is characterized by movements of return of the removed: the infant mobilizes her ghosts, the history of infantile sexuality, the drives which, in turn, infiltrate self-preservative communication, "contaminating" it with sexuality. This is precisely the time of the genesis of the drive in the child's body: the ghost is inscribed, so to speak, «under the thin layer of consciousness, or "under the skin"» (Laplanche, 2004, p. 15) without being understood, standing there - waiting. In fact, the drive does not arise from the biological body, nor does it move through automatic motions from one area to another; the fact «that the drive starts on a limit, on the line of articulation between the self-preservative and the sexual, does not imply that it is itself a limit-being» (Laplanche, 1986, p. 363). The drive is not instinct, nor does it derive from it - its place of origin is the other adult, or rather, the other in the adult, his unconscious. Here there is a revival and a reworking of the model of Freudian attachment [of the psychical to the physical], stripped of any biologism: if the drive «arises by relying on [the] (...) vital functions of the body» (Freud, 1905, p. 81), it means that it undergoes a transformation in the erotic sense of the body, not immanent in it, but is imported from the breast-object at the time of breastfeeding. Therefore, there is no drive before relationality. By means of this transformation and through the seductive gestures of the sexed adult, the areas of the biological body, primarily the mouth, become erogenous zones; «the attachment [of the psychical to the physical] operates as a subversion» (Dejours, 2004, p. 778) founding psychic sexuality. Subsequently, the rest of the body is also involved in this movement of partial liberation from the biological, passing through the areas that delimit it, the sphincters, the sense organs, then the internal organs. Slowly, on the physiological body an erotic, sexual body is being built up, at the same time libidinally invested, which will act as a «geometric place from which subjectivity progressively unfolds» (*ibidem*, p. 780) in the register of desire. It is the «result of a dialogue around the body and its functions» (*ibidem*, p. 779) generated in the fundamental anthropological situation, the process of "anthropization" of the child within the sexual relationship. But the conquest of

this body «torn from its primitive masters» (*idem*) is never definitively accomplished, always remaining in the dynamic tension of the continuous rehash of the erotic order, under the threat of dis-leaning from the physical body, subtracting its libidinal potential. Therefore, the vicissitudes of the erotic body, with its implications of "covering" and disinvestment of the physical body, are necessarily connected to the intrinsically relational dynamics of the body-to-body of seduction, in the original time of passivity. In adult-infant communication, the adult is the sender of the messages, while the child is the recipient. Some of these are produced on the preconscious-conscious level, others are compromised by the unconscious of the adult, qualifying «the sexual dimension that overloads the message, giving it the status of an enigmatic message» (Dejours, 2010, p. 660; Laplanche, 2004). The surplus of excitement «implants» itself on the «surface of the psychophysiological dermis» (Laplanche, 1990, p. 454) in the form of the “enigmatic signifier” (Laplanche, 1986), of which the child, with his biological codes, does not possess (still) the key. The enigmatic can radically extend beyond the "implantation" to the "intrusion", «violent variant» (Laplanche, 1990, p. 454) of the process, in which what is transmitted is not removed, but rather precluded, a real *enclavé* (Laplanche, 2004) for the adult psychism, «virgin of all [its] translation» (Dejours, 2010, p. 661); what is given in formless form are «the states of the excited body of the adult» (*ibidem*). The radical preclusion to the elaboration of the adult's bodily states, however, now concerns the pathological circumstances of the «accidents of seduction» (p. 663), in which, within the situation of body-to-body with the child, is triggered a irrepressible and uncontrollable reaction: when, for example, the adult feels an inexplicable repulsion towards the infantile body that leads him to beat him; when, too excited, he acts his impulses in a sexual sense by abusing it, as happens in the circumstances highlighted by Ferenczi (1932); or when, after having sexually solicited him, avoids the worst, interrupting communication and leaving him alone with the arousal he caused (Dejours, 1988, 2010). The psychopathic, perverse or psychotic action of the adult comes, in turn, «from an ancient interclosed action of which any psychic elaboration has been excluded» (Laplanche, 2006, p. 696). The enigmatic messages, therefore, are implanted and/or intruded in the child's body, generating his drivenness. But «the drive is not the body in its totality» (Dejours, 2002, p. 84): the essence of the drive is rather partiality, a general disinterest in the bodily destinies as a whole, a pure search for the organ in its singularity. The «appeal to jouissance (...) therefore constitutes a potential threat to the cohesion of subjectivity in itself» (*ibidem*), in which the risk is precisely that of breaking the link between the parts of the whole, that is, the unbounding of the body in itself. The implanted erotic experience, even more so if intruded, destabilizes the fragile Ego in formation, shaking its foundations and thus causing a crisis: «Unbound sexuality, sexuality that can be said to be "unbound" in the sense of drive, that is (...) with the sole purpose of running as soon as possible towards his satisfaction and towards the complete lowering of

desire, e.g., the complete realization of his desire for the shortest routes» (Laplanche, 1986, p. 367) is given under a demonic aspect, subservient to the primary process. The *Todestrieb*, the Freudian death drive is, in fact, included by Laplanche among the sexual drives, taken in its partiality and purified from the biologism of the last Freud (1920, 1922, 1932). The destabilization that starts from the motion of the sexual death drive implies a new rehash, a second time compared to the drive inscription, a translation movement (Laplanche, 2004), capable of carrying out a new work of linking with the experience of the body at a different level of stability and balance (Dejours, 2002). The drive, as underlined by Freud (1915a), places a demand of work on the psychism, on the Ego that is being constituted in the same operation of translation. The psychic apparatus is complexed by virtue of the drive forces that induce psychic evolution from within. «The drive possesses (...), in relation to the Ego, this power to order the psychic apparatus to rework its own architecture in order to appropriate itself of the erotic experience and thus increase its own subjectivity" (Dejours, 2002, p. 86): the bonding work will bring the psychic organization to a different homeostasis, including «the (unedited) experience of the body» (*ibidem*, p. 85) as a whole. The increase in subjectivity, in turn, constitutes in itself «a highly specific pleasure experience» (*ibidem*, p. 87) that takes place in narcissism. The sequences «drive-demand for thought» and “breaking of the bond-bond” imply a continuous oscillation throughout the life span, while the experience of the body in which thought is rooted emerges in the foreground.

According to Laplanche (2004), in this second phase of the translation and active resumption of the sexual, the history of the adult-child relationship is organized topically. The message previously introduced from the outside is now reactivated from the inside, acting «as an internal foreign body that must be integrated at any cost» (p. 15). The translation proceeds towards the structuring of the psychic apparatus through the action of the original removal which, on the one hand, forms the preconscious and the Ego, essentially corresponding to the ability to historicize in a more or less coherent way, on the other the removed unconscious marked by sexual. In fact, this translation is always imperfect, because it is situated on two incompatible levels which are formed by opposition. Thus remains the rest that escapes the mass in meaning, "the shadow of translation" (Dejours, 2010). The untranslated rest «consists of the signifiers devoid of their original context, therefore largely devoid of meaning» (Laplanche, 2004, p. 16), very poorly coordinated with each other. This topical model refers to the partial failure of the translational motion which occurs in normal or neurotic psychism. Here the question arises of the extreme failure of translation, at the origin of non-neurotic pathologies. The intruded messages crystallize at the level of another type of unconscious - the interclosed unconscious or *enclavé*, the area of the radical untranslatable, of the untreated impossible to symbolize. Unlike the removed that remains in relationship with the preconscious, the interclosed unconscious remains «on the edge of consciousness (...) maintained by a thin

layer of conscious defense, which functions according to an apparently logical, "operative" mode» (*idem*). The prevailing defense mechanism is no longer removal, but negation: logical thinking is often the negative equivalent of the renegade. Among the messages included, it is also possible to place the Super-Ego ones, as far as the instance is rooted in the untranslatable as a "non-metabolizable foreign body" (Laplanche, 1990). Finally, this type of unconscious is the same original surface of inscription of the messages, so that here also what is awaiting translation crystallizes (Laplanche, 2004). The Laplanche hypothesis thus goes in the sense of a unified theory of the psychic apparatus, starting from the assumption that the two types of unconscious live side by side in each individual. There is always the removed, just as there is always a precluded, taking into account the heterogeneity of the contents of the *enclavé* unconscious (messages awaiting translation, superego, as well as those that cannot be translated). If anything, what can vary is the breadth of the topic: more extensive removed in the neurotic, increased interclosed for the non-neurotic. There is therefore a «double unknown» (Laplanche, 1990, p. 21) in all human beings, internally separated by the mechanism of splitting, understood «not as a barrier to conflict, but as a separation between the two defense processes» (Laplanche, 2004, p. 19). The limit of the split is generally maintained between the two unconscious, managing their transits, but its consistency is likely to become more or less permeable depending on the trajectory of the motions of the pulsional removed which, imposing a work of translation on the preconscious and on the Ego, is also capable of conveying the contents of the interclosed into its own field of action.

Even the last Freud (1938) had identified the mechanisms of splitting that affect the psychic apparatus, indicating their consequences in perversion, especially in fetishism. Laplanche (2004, 2006) and also Dejours (1986, 2002, 2004, 2010) - Dejours specifically of an exploration of the relationship between the double unconscious model and the physical body - therefore propose a reflection that hesitates in a "Third Topic" or "Topic of splitting" which reorganizes the first Freudian topic «according to a geography centered on splitting» (Dejours, 2004, p. 785). According to Dejours, there is a correspondence between this topos of the unthinkable and the somatic registers of the subject: subjectivity, insofar as it is constructed by the translational motion of the Ego in front of the work demands that the drive has induced, is placed on the side of the sexual belonging to the preconscious-removed relationship, «topical guarantors of the erogenous body» (*ibidem*, p. 785), "representatives" of the libidinal subversion of the physiological body. On the contrary, the radically interclosed is called the «amental unconscious» (*ibidem*, p. 784), an unthinkable extreme that constitutes the «topical equivalent of the areas of the body excluded from libidinal subversion» (*idem*). These cold zones are, in fact, "proscribed" (4) to the erotic order: they are anesthetic zones, paresis or paralysis unsuitable for participating in the «expressive action» (*ibidem*, p. 776) of subjectivity, unable to mobilize in the

encounter with the other. The amental unconscious, therefore, contains «impossible registers of functioning of the body» (Dejours, 2010, p. 664), devoid of erotic potential. The proscribed, purely physiological parts of the body become electively vulnerable to somatic decompensation: in fact, here «partial drive agenesi» (Dejours, 2004, p. 782) crystallizes, which is accompanied by the absence of thought, to thought without a body. The uninhabited body, experienced as dead or indifferent, finds itself in extremely serious psychopathological experiences: "essential depression", neurasthenia, amenzy, hebephrenic schizophrenia, apragmatism. In this sense, we find the question of the void of representation and affect that is opposed to a lived body, to thought rooted in the body. And again the prevalence of conventions, stereotypes and objectifying and impersonal rationalizations, conforming to a dominant social imaginary; «to be able to think you need an emotionally inhabited body, a body that first of all lives» (Dejours, 2004, p. 776).

The proscription of areas of the body is nothing more than the "anatomization" of the history of the adult-infant body-to-body relationship in the fundamental anthropological situation. This "constitution" of the body, however, is not defined by direct and linear transgenerational transmission of the unthinkable. Or rather, there is no mechanical, phylogenetic inheritance, delivered to the offspring; rather, between each transmission the translation of the adult is interposed first, then that of the child, in a singular exchange, capable of accepting or rejecting the discontinuity of the unexpected. Although certain family histories may be marked with a «common seal» (Laplanche, 2006, p. 696), the lineage admits any variation. The bodily symptom, therefore, whatever its nature, manifests itself as a demand of work, as a starting point for the development of thought. In the case of the somatic symptom, in order to think the sexual it is necessary that the physiological body is in a good state, otherwise the motions of desire, anxiety, even elaboration, risk being absorbed by the somatic fault which acts as a magnet for the affective states, preventing the drive from arising and "appropriating" the physiological body in its erotic motions.

Towards a possible mentalization

The theoretical and clinical implications of the new metapsychology that takes the body into consideration are manifold. In fact, the bodily symptom imposes itself by asking the Ego for new attempts at translation, new symbolizations, showing how there are elements in the two unconscious produced by the «decay of the processes of communication, signification, translation» (Luchetti, 2010, p. 115) crystallized starting from the fundamental anthropological situation. Whether the decay is partial or radical, it always remains an untranslated remainder that sooner or later imposes itself. When the removed returns, it does so in the form of "irruption", but the only idea of "return" implies that something has been there and then has moved away. The removed returns to the present, has had a past and requires a future, a work on the part of the Ego. It breaks in more

or less deformed, crossing a space-time limen, in a more or less familiar and extraneous way, that is, perturbing. The interclosed-amental, however, cannot return, and having never been present, it is completely "out of time". Rather, it is a question of «the actual that insists... [in] the time of immetabolizable enclaves» (*ibidem*, p. 116). Here, «instead of *irruption* there is the *emergence*» (*ibidem*, p. 117, cursive in the original) of a repetition that is not deformed, but in any case unrecognizable - never translated - which essentially arouses disorganizations within the Ego, clitical unbounds, somatizations or violent or perverse actings (Dejours, 2010). The interclosed that emerges, does not go beyond spatial or temporal boundaries, only imposes itself in the «actual self-presence» (Luchetti, 2010, p. 117).

From the clinical point of view, the phenomenology of the body acquires different configurations, posing to psychoanalysis the question of the differentiation of the physical symptom, compared to a topical model capable of distinguishing the removed from the precluded. In this sense, somatic disease prevents subjectivity from erecting on the body, causing the «capture of intentionality» (Dejours, 2002, p. 70) and the limitation of expressive action. It desexualizes the states of the body, absorbing their contents. The symptom is precisely what prevents the work of elaboration, causing impasse circumstances. Thought, then, can reemerge when a new moment of translation intervenes, capable of reactivating and welcoming the movements of the body through the transference, allowing the game of parental seduction to continue where it had previously crystallized. In this way, the permeability of the split between the two unconscious can be increased, by accessing the process of «elaboration through the dream» (Dejours, 2010, p. 665), in which the work of the dream is not limited to deforming the removed contents before to the preconscious, rather it indicates the movements of the precluded towards the area of the symbolizable, expanding the action area of the sexual. To do this, the analyst must «acknowledge receipt of lived body movements» (Dejours, 2002, p. 75) without replacing the dream; it is in fact it which produces «the representation of meaning. Not (...) the analyst» (*idem*). In the hysterical symptom, however, the circumstances are different: the erotic body is present in its appropriation of the biological body, but the bodily states struggle to constitute themselves affectively, precisely because of their tendency to "fall" and dissolve in the attraction of the symptom. For this reason, the analyst must unbound them through interpretation and allow a new movement of translation, a new work of bonding. The hypochondriac symptom fits halfway between the somatic symptom and the hysterical one, indicating a profound disturbance in the ability to experience the affects and states of the body in relation to otherness. This is a serious perturbation in the perception of body states in the context of an "egocentric closure" in which the body tends to make itself felt as dead or inert. More than the actual neuroses, hypochondria approaches psychosis, with the risk that melancholy or persecutory delirium will arise, severely breaking the bonds between the body and thought. The questions raised from the point of view of

clinical practice delineate psychosomatics as «one of the ways to explore the space of dementalization» (Smadja, 2001, p. 174), insofar as there is a correlation between the loss of positive expression of the symptom and the interruption of mental functioning. It therefore appears clear that, within the setting, the exploration of states based on the void of symbolization and thought cannot take place through the analysis of psychic contents and of classical interpretation, which could, on the contrary, saturate that same void (Green, 1974), invalidating potential quality changes; the clinician's attention, in this case, should be directed to the analysis of the psychic container and its primary deficiencies, exercising, where necessary, the mental functions for the patient, including the ability to think of the body for him (5). The analysis of these difficult cases, defined by McDougall (1989) as "antanalysands in analysis", reveals that even if these subjects apparently accept the analytic process willingly, it does not start; «the transference is born dead, despite the analyst's efforts to favor, and even provoke, its manifestation» (Green, 1974, p. 66). He feels paralyzed in his own work, in his own thinking, in resonance with the patient's disinvestment and his inertia. This poses significant countertransference difficulties, since the analyst finds himself in a situation of «object exclusion» (*idem*). Green (1993) underlines, within the framework of a "clinic of the negative", that the mark of the early traumatic experiences of such subjects «would be such as to extend to the entire psychic structure and to become, so to speak, independent of the appearance and disappearance future of the object; which means that the presence of the object cannot modify the negative model, which has now become characteristic of the experiences lived by the subject» (p. 14); this is given in the sum of the two forms of negativity of the subject and the object, overall more harmful than the negative of the subject taken individually. «The negative has established itself as an organized object relationship, regardless of the presence or absence of the object» (*idem*); There is something more at stake than the masochistic pleasure of the negative therapeutic reaction (Freud, 1922, 1924), a «conflict around the reactions caused by the non-existence of the object, (...), which can be resolved (...) only by the disappearance of the ego itself, of which it is difficult to say whether it depends only on its destructiveness or on a kind of mimetic symmetry of the non-appearance of the object» (Green, 1993, p. 16).

But sometimes, in analysis, faced with a re-actualization of the primary dynamics, with all the consequent difficulties, a transformation of the elements involved can take place: «such work only passes through the containment given by the analytic setting and the guarantee of its constancy over time, which here replaces the containment given to the person» (Green, 1974, p. 75). The space thus delimited could constitute the foundation of the introjection of the object, when the relationship is able to favor the continuity of the patient's sense of existence and to perform the fundamental function of holding, identified by Winnicott (1960) primarily in the maternal embrace. Giving the setting its precise place, accepting these shapeless states and maintaining a non-intrusive attitude, verbally

compensating for the lack of maternal care, can support «the emergence of a relationship towards the Ego and towards the object, up to the moment in where the analysis (...) does not become a transactional object and the analytic space a potential game space» (Green, 1974, pp. 86-87). The dilemma of these analyzes, in fact, is the transformation «of *death in absence*, in the creation of the intermediate field given by the potential space» (Green, 1974, p. 87, cursive in the original).

The central element of this psychic work remains the relationship of the analytic couple, that is, its link, that third element that does not coincide with the sum of the individual parts, and that could allow the symbolization of what has been excluded from the area of mentalization. In this sense, Green speaks of “tertiary processes”, understood as different both compared to the primary processes of subjective reason, and to the secondary ones of objective reason; it is the creative coexistence between these two types of processes that allows the genesis of the intrapsychic link of unthinkable elements. The tertiary processes are generated as well as the product of the relationship of the analytic couple in the setting. They open the way to the transitional field defined by Winnicott (1951), or to a third area of experience, halfway between personal apperception and the dimension of reality; it is an intermediate play area in which symbols and links could be generated, precisely as a potential space, capable of uniting and separating the mother and the child (and, similarly, the analyst and the analysand), thus forming a new category of objects. And it is precisely in this space that that work of symbolization can take place in which the analyst can offer the patient «a model of elaboration, situating the material that he (...) offers [to the analyst] in a space that will not be empty, nor too full» (Green, 1974, p. 71), in which to be able to think of the absence of the object, or to arrive at the construction of its representation, «source of all thought» (*idem*).

Brief historical and theoretical review of further vertices of post-freudian reading of psychosoma

Multiple points of view have made substantial contributions to research on psychoanalytic psychosomatics (Ferraro, 2010). We will consider some of them. At the same time as the Freudian perspective, Groddeck (1923) is certainly considered by many as one of the fathers of psychosomatics; he, in fact, was interested in the clinical reality of the body from the point of view of its deep and secret relationship with the unconscious. In the interesting *Correspondence* between Groddeck and Freud (1917) emerges their simultaneous discovery of two fundamental notions: transference and resistance, which are at the basis of psychoanalytic work and theory. Then, their paths differed; Groddeck maintained his fundamental medical interest and the only collateral use of analytical support in the relationship with his patients. Moreover, other theoretical divergences between their positions also marked a difference that interrupted the collaboration. But Freud sensed the great respect that his colleague deserved,

even when he pushed his investigation towards almost mystical or non-methodologically verifiable ways, such as the suggestive pan-vitalist hypothesis of cells, which would each have a soul of its own. And maybe who knows that they are not to be "noted", as Bion (Grid) would say by scientific research as prophetic intuitions! (Marinelli, *personal communication*).

As regards subsequent developments, first of all, there is the Kleinian line (1935), which clearly defines a point that is still significant today: the primitive mind operates on the basis of bodily functions. Central to the psychoanalyst's device is the model of the unconscious fantasy (Isaacs, 1948), so that the mind reads what the body does in the sense of a continuous fantasmaticization of the somatic experience. No deterministic assumptions; rather, a psychoanalytic point of view on bodily functioning, which participates, due to the conceptual contiguity it assumes, in the definition of one of the most widespread concepts today in the psychological literature of "body image", that is the psychological modality in which the psyche experiences the soma that inhabits. This notion also takes its starting point from the Freudian "Ego-body", understood as the "projection of a surface" (1922). Winnicott, on the other hand, focuses his explorations on the issues of the settlement of the psyche in the soma (1988) and on "psychosomatic collusion": from an evolutionary point of view, the psyche settles itself in the soma. A terminological clarification: the psyche is seen as an "imaginative elaboration of the somatic parts, feelings, functions, that is, of physical life" (1971); the soma is the real body; the intellect is a "defense" that is located in the head when things are not going well enough and the environment does not facilitate the integration of the individual. When things go well enough, there is no localization; what happens is rather an integration (1949), or a collusion between psyche and soma, akin to the construct of psychophysical health. Bion, on the other hand, postulates an undifferentiated area, primary and primitive, called the "proto-mental area" (1961), straddling the mind and body, site to material in the raw and chaotic state that is still indistinct and unorganized. The Bionian proto-mental area is not only intra-individual, but intersubjective, or rather, as the post-Bionians argue, of the field; the group united in the "basic assumption" works in a collective way, oriented by protosomatic or somatopsychic movements. The same can be said of pain, which falls into the same family of psychosomatic "facts": «Picasso draws a drawing on a glass plate so that it can be seen from one side and the other. I'd like to suggest something similar: look on the one hand, there's psychosomatic pain. Turn it around, it's somatopsychotic now. It's the same, but what you see depends on how you look at it, what position, which vertex - or any other term you prefer to use» (Bion, 1987, p. 246). The discourse of the vertices is also addressed by Winnicott (1964), who argues that the patient turns to the doctor in his psychosomatic unity moved by the dissociation between body and mind, and that the different vertices that collude with this fundamental separation, not acting any kind of integration, help to disperse the therapeutic agents, strengthening the splitting in the patient. It can

be said that with this line of thought, health is seen as: a good psychosomatic integration; body and mind are distinct but connected; there is a good symbolization of the body, in the sense of permeability of the states of the mind to the states of the body, which the psyche feels, reads, interprets in a differentiated and complex way; emerges a sense of psychosomatic vitality, of a positive experience of the body. Pathology, as we are talking about issues of clinical relevance, is characterized by: contactless splitting between psychic and somatic areas; egoic fragility and phantasmal poverty; lack of communication between the two spheres, to the detriment of the psychic sphere which is not equipped to live and feel its somatic counterpart and, consequently, cannot read and interpret somatic states, which stop in an undifferentiated, senseless, foreign state.

Subsequently, in the 70s H. Bruch (1977) proposed his theory on the inability of the patient suffering from an eating disorder to recognize the somatic signs of hunger-satiety. The problem of not perceiving somatic states, in reality, can be extended transversally to a multitude of psychosomatic patients. Following the trajectory of the deficit, well beyond the point of view of conflict, the psychosomatic patient possesses a psychic structure in a state of scarcity and poverty. Even authoritative psychoanalysts, such as R. Gaddini (1980) theorize an evolutionary deficit in the development of the infant; in the contribution of this author, emerges in particular the positive passage from fantasies *in* the infant's body, according to an indistinct functioning of the psychosome, to fantasies *on* the infant's body, when the psychic sphere is now more structured. Following this track, it would seem that the psychosomatic patient continues to fantasize *in* the body, failing to go through more differentiated and separative evolutionary steps with respect to the primary area. McDougall (1989), on the other hand, spoke of archaic hysteria, arguing that in clinical work with the psychosomatic patient, somatic symptoms can be endowed with meaning at some point in the analytic path, following the postulate relating to the fact that the body of the psychosomatic patient functions as the body of the newborn, that is, manifesting the distress, which for the infant is one in its psychophysical sphere, through the body, in conditions of the absence of a maternal mind capable of containing and processing psychophysical facts. The defense mechanism put in place by the psychosomatic adult patient would be, in this case, that of "foreclosure", in the context of the clear occlusion of the source of subjectivity. Even Sami-Ali (1987) argues that psychosomatic patients suffer from an excessive effectiveness of the defensive mechanism of the "removal" of the imaginary, which forces them to adhere to the hyperconformism of social stereotypes. The authors agree that such a pathology is to be attributed to a primary dysfunctional relationship, which did not lead the patient to carry out an adequate internalization of the maternal object or, to quote Bion (1962), of the container-contained relationship, perhaps due to the environmental inability to facilitate the infant's development (Winnicott, 1960), due to one's own unprocessed trauma or other accidents of the life context.

Modern vertices on the psychosomatic question take into consideration not only the removed and its derivatives, but also those unknown, relational, implicit areas of unconscious functioning, not constituted by verbal links, but by asymbolic, non-iconic, in short, disconnected from the apparatus of psychic representation. Reference is made to the elegant point of view of C. De Toffoli (2001) on non-verbal communication, or to the elaborate model of W. Bucci (1997) of the "multiple code theory" which, in somatization, sees the failure of referential activity, that is connection, between the various systems of which the psychic apparatus is made: non-verbal/non-symbolic, non-verbal/symbolic and verbal/symbolic. Furthermore, Bucci's model is well intertwined with interdisciplinary scientific developments, meeting the point of view of neuroscience on several occasions. Neuroscientific research, in fact, has given a new impetus to a large part of psychoanalysis, providing numerous confirmations and points for reflection to the discipline and relaunching the interest in the body, in the modern paradigms of *embodied mind* (Varela, 1991).

In conclusion, it can be said that psychosomatic research today has gone far beyond the *Holy Seven* (Alexander, 1950) (5): it cannot be said that that psychic accident can determine precisely that somatization; it cannot be said that functional autonomy does not exist; it cannot be said that the instrument of classical interpretation is effective on somatic material, nor that psychic conflict is omnipresent. On the other hand, it can be said that some psychic facts of the patient have a weight on his psychophysical health and some issues of his development and living conditions can expose him to psychosomatic risk; the task of modern psychoanalysis, then, may be to evaluate and manage the psychological quota that weighs on them, subtracting it from the economy of organic disturbance and linking it to representations of a psychic nature.

Bibliography

Abraham K. (1924). *A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders*. In *Works*, 1: 286-354. Turin: Boringhieri, 1975.

Alexander, F. (1950). *Psychosomatic Medicine*. Tr. it. Editrice Universitaria: Florence, 1951.

Assoun P-L. (1997). *Leçons psychanalytiques sur corps et symptôme. Tome I: Clinique du corps*. Economica: Paris (Italian translation: *The clinic of the body. Psychoanalytic lessons*. Milan: FrancoAngeli, 2004).

Bick, E. (1968). The experience of the skin in early object-relations. *The International Journal of Psychoanalysis*, 49(2-3), 484-486.

Bion W.R. (1961). *Experiences in groups*. Borla: Rome, 2013.

Bion W.R. (1962). *Learning from experience*. Armando: Rome, 2009.

Bion, W. R. (1987). *Clinical Seminars. Brasilia and Sao Paulo*. Raffaello Cortina: Milan, 1989.

Breuer J. & Freud S. (1892-1895). *Studies on hysteria. Works*, 1: 163-439. Turin: Boringhieri, 1967.

- Bruch, H. (1977). *Eating disorders: obesity, anorexia nervosa and the person*. Feltrinelli: Milan, 1994.
- Bucci, W. (1997). Symptoms and symbols: A multiple code theory of somatization. *Psychoanalytic Inquiry*, 17(2), 151–172. <https://doi.org/10.1080/07351699709534117>
- Charcot J.-M. (1887-88). *Leçons du mardi à la Salpêtrière*. Progrès Médical: Paris (trad. It.: *Lessons at the Salpêtrière*. Guerini e Associati: Milan, 1989).
- Ciocca, A., Marinelli, S., Dazzi, F. (2013). *Anorexias: pathologies of the body self*. FrancoAngeli: Milan.
- Debray R. (2002). *Psychopathologie et somatisation*. In: Debray, Dejours & Fédida, 2002 (trans. It.: *Psychopathology and somatization*, pp. 6-63). Debray R., Dejours Ch. & Fédida P., Editors (2002). *Psychopathologie de l'expérience du corps*. Dunod: Paris (Italian translation: *Psychopathology of the experience of the body*. Borla: Rome, 2004).
- Dejours C. (1986). *The corps entre biologie et psychanalyse*. Payot: Paris (Italian translation: *The body between biology and psychoanalysis*. Borla: Rome, 1988).
- Dejours C. (2002). *Le corps comme "exigence de travail" pour la pensée*. In: Debray, Dejours & Fédida, 2002 (Italian translation: *The body, as a "demand of work" for thought*, pp. 64-103).
- Dejours C. (2004). *Le corps entre séduction et clivage*. In: Aïn J., editor, *Résonances entre corps et psyché*. Érès: Toulouse, 2004, pp. 59-83 (Italian translation: *The body between seduction and splitting*. *Journal of Psychoanalysis*, 2004, L, 3: 773-798).
- Dejours C. (2010). Psychosomatics and sexual theory. *Journal of Psychoanalysis*, LVI, 3: 653-669.
- De M'Uzan M. (2011). *Vers une nouvelle nosographie psychosomatique*. In: Bouhsira J. & Danon-Boileau L., *Nosographie psychanalytique. Monographies et débats de psychanalyse*. PUF: Paris, 2011, pp. 195-212.
- De Toffoli C. (2001) Psyche-soma. The knowledge of the body in psychoanalytic work. Continuity in self-experience. *Journal of Psychoanalysis*. Reported in *Body-Mind Transits*, p.181. FrancoAngeli: Milan, 2014.
- Fain M. & Braunschweig D. (1971). *Éros et Antéros. Psychoanalytic reflections on sexuality*. Payot: Paris.
- Ferenczi S. (1932). *Sprachverwirrung zwischen den Erwachsenen um dem Kind*. In: *Schriften zur Psychoanalyse*. Fischer: Frankfurt, 1972, Vol. 2, pp. 303-313 (Italian translation: *Confusion of languages between adults and children*. In: *Fundamentals of psychoanalysis*, Vol. 3, pp. 415-427. Guaraldi: Rimini, 1974. Also in: *Works, 1927-1933*, Vol. IV. Raffaello Cortina: Milan, 2002, pp. 91-100).
- Ferrari, A. B. (1992). *From the Eclipse of the Body to the Dawn of Thought*. Borla: Rome.
- Ferraro, F., A. Nunziante-Cesaro (1985). *The hollow space and the body saturated. Pregnancy as "acting" between fusion and separation*. FrancoAngeli: Milan.

- Ferraro F. (2010). The body clinic. Notes for a comparison. *Journal of Psychoanalysis*, LVII, 2: 349-367.
- Fornaro M. (2007). Psychosomatics yesterday and today. Investigation of the historical legacy of Freud and Alexander in the light of recurring theoretical knots. *Psychotherapy and Human Sciences*, XLI, 3: 215-244.
- Freud S. (1888). *Hysteria*. Works, 1: 43-62. Boringhieri: Turin, 1967.
- Freud S. (1893). *Some considerations for a comparative study of organic and hysterical motor paralysis*. Works, 2: 69-84. Boringhieri: Turin, 1968.
- Freud S. (1894a). *Neuro-psychosis of defense*. Works, 2: 121-34. Boringhieri: Turin, 1968.
- Freud S. (1894b). *On the grounds of detaching a particular syndrome from neurasthenia under the description of 'anxiety neurosis'*. Works, 2: 153-176. Boringhieri: Turin, 1968.
- Freud S. (1895a [1950]). *Minuta G* (Theoretical minutes for Wilhelm Fliess 1892-1897). Works, 2: 7-66. Boringhieri: Turin, 1968.
- Freud S. (1895b [1950]). *Project for a Scientific Psychology*. Works, 2: 201-84. Boringhieri: Turin, 1968.
- Freud S. (1896a). *Further remarks on the neuro-psychosis of defence*. Works, 2: 307-27. Boringhieri: Turin, 1968.
- Freud S. (1896b). *The Aetiology of Hysteria*. Works, 2: 333-60. Boringhieri: Turin, 1968.
- Freud S. (1897). *Letter of 21 September*. Letters to Wilhelm Fliess 1887-1904. Boringhieri: Turin, 1986.
- Freud S. (1901 [1905]). *Fragment of an Analysis of a Case of Hysteria. The clinical case of Dora*. Works, 4: 305-402. Boringhieri: Turin, 1970.
- Freud S. (1905). *Three essays on the theory of sexuality*. Works, 4: 447-546. Boringhieri: Turin: 1970.
- Freud S. (1908). *Some general remarks on hysterical attacks*. Works, 5: 441-45. Boringhieri: Turin, 1972.
- Freud S. (1910a). *The psychoanalytic view of psychogenic disturbance of vision*. Works, 6: 289-95. Boringhieri: Turin, 1974.
- Freud S. (1910b [1911]). *Psychoanalytic notes on an autobiographical account of a case of paranoia (Dementia Paranoides). Clinical case of President Schreber*. Works, 6: 339-406. Boringhieri: Turin, 1974.
- Freud S. (1911). *Formulations on the two principles of mental functioning*. Works, 6: 453-60. Boringhieri: Turin, 1974.
- Freud S. (1913 [1914]). *Recommendations on the technique of psycho-analysis: 2. Remembering, repeating and working-through*. Works, 7: 353-361. Boringhieri: Turin, 1975.
- Freud S. (1914). *On narcissism: an introduction*. Works, 7: 443-72. Boringhieri: Turin, 1975.
- Freud S. (1915a). *Papers on metapsychology. Instincts and their vicissitudes*. Works, 8: 13-35. Boringhieri: Turin, 1976.

- Freud S. (1915b). *Papers on metapsychology. Repression*. Works, 8: 36-48. Boringhieri: Turin, 1976.
- Freud S. (1915c). *Papers on metapsychology. The unconscious*. Works, 8: 49-88. Boringhieri: Turin, 1976.
- Freud S. (1915-17a [1916-17]). *Introductory lectures on psycho-analysis. Lesson 8. The sense of symptoms*. Works, 8: 420-434. Boringhieri: Turin, 1976.
- Freud S. (1915-17b [1916-17]). *Introductory lectures on psycho-analysis. Lesson 8. The fixation to trauma: the unconscious*. Works, 8: 435-446. Boringhieri: Turin, 1976.
- Freud S. (1915-17c [1916-17]). *Introductory lectures on psycho-analysis. Lesson 8. The common nervousness*. Works, 8: 532-544. Boringhieri: Turin, 1976.
- Freud S. (1917). *Letter of June 5th*. In: *Correspondence Freud-Groddeck*. Adelphi: Milan, 1973.
- Freud S. (1920). *Beyond the pleasure principle*. Works, 9: 193-249. Boringhieri: Turin, 1977.
- Freud S. (1922 [1923]). *The Ego, and the Id*. Works, 9: 476-520. Boringhieri: Turin, 1977.
- Freud S. (1924). *The economic problem of masochism*. Works, 10: 5-16. Boringhieri: Turin, 1978.
- Freud S. (1927 [1928]). *Dostoevsky and patricide*. Works, 10: 521-38. Boringhieri: Turin, 1978.
- Freud S. (1932 [1933]). *Introductory lectures on psycho-analysis (New Series of Lessons). Lesson 31. The decomposition of the psychic personality*. Works, 11: 170-190. Boringhieri: Turin, 1979.
- Freud S. (1938 [1940]). *The splitting of the Ego in the process of defence*. Works, 11: 557-60. Boringhieri: Turin, 1979.
- Gaddini, R. (1980). Psychosomatic pathology as a maturation defect. In *Journal of Psychoanalysis*, 3, pp. 381-388.
- Green A. (1966-67). *Le narcissisme primaire, structure ou état*. In: Green, 1983 (English translation: *Primary narcissism: structure or state*, pp. 98-160).
- Green A. (1969). *The moral narcissism*. In: Green, 1983 (Italian translation: *Moral narcissism*, pp. 213-48).
- Green A. (1973). *The discours vivant. The conception psychanalytique de l'affect*. PUF: Paris (Italian translation: *The Fabric of Affect in the Psychoanalytic Discourse*. Astrolabio: Rome, 1974).
- Green A. (1974). *The analyst, the symbolization et l'absence*. In: Green, 1990 (Italian translation: *The Analyst, Symbolization and Absence in the Analytic Setting*, pp. 57-88).
- Green A. (1976a). *The concept of limit*. In: Green, 1990 (Italian translation: *The concept of limit*, pp. 89-121).
- Green A. (1976b). *Un, autre, neutre, valeurs narcissiques du même*. In: Green, 1990 (Italian translation: *One, Other, Neutral: Narcissistic Values of the Same*, pp. 39-97).

- Green A. (1979a). *The psychanalyse et la pensée habituelle*. In: Green, 1990 (Italian translation: *Psychoanalysis and ordinary modes of thought*, pp. 33-55).
- Green A. (1979b). *L'angoisse et le narcissisme*. In: Green, 1983 (Italian translation: *Anguish and narcissism*, pp. 161-209).
- Green A. (1980). *La mère morte*. In: Green, 1983 (Italian translation: *The dead mother*, pp. 265-303).
- Green A. (1982). *Après-coup, the archaïque*. In: Green, 1990 (Italian translation: *Après-coup, the archaic*, pp. 193-216).
- Green A. (1983). *Narcissisme de vie. Narcissisme de mort*. Les Éditions de Minuit: Paris (transl. It.: *Life Narcissism, Death Narcissism*. Borla: Rome, 1992).
- Green A. (1990). *La folie privée. Psychanalyse de cas-limit*. Gallimard: Paris (Italian translation: *Psychoanalysis of limit states. On private madness*. Milan: Raffaello Cortina, 1991).
- Green A. (1993). *Le travail du négatif*. Les Éditions de Minuit: Paris (Italian Translation: *The work of the negative*. Borla: Rome, 1996).
- Green A. & Chiozza L. (1989). *Organsprache. Organ language. Notebooks of Child Psychotherapy*, 1991, 23.
- Green A. (1997). *Chiasmus: prospective borderlines viewed after hysteria; retrospective - hysteria viewed after borderlines*. In: Scazone F. & Zontini G., edited by, *Why hysteria*. Liguori: Naples, 1999, pp. 345-370.
- Groddeck G. (1923). *The book of the It*. Adelphi: Milan, 1966.
- Isaacs S. (1948). The nature and function of phantasy. *Int. J. Psycho-Anal.*, 29, pp. 73-97 (trad. it. in *Richard and Piggie*, 2, 1995).
- Klein M. (1935). *Contribution to Psychoanalysis 1921-1945*, The Hogarth Press: London, 1948, *Developments in Psychoanalysis*, The Hogarth Press: London, 1952, trad it. *Notes on some schizoid mechanisms*, chap. 19 in *Writings 1921-1958*.
- Laplanche J. (1986). *La pulsion de mort dans la théorie de la pulsion sexuelle*. In: Green A. et al., *La pulsion de mort*. PUF: Paris (trad. it.: *The so-called 'death drive': A sexual drive*. In: Laplanche, 1997, pp. 359-373).
- Laplanche J. (1990). *Implantation, intromission. La primauté de l'autre en psychanalyse*. Flammarion: Paris (trad. en.: *Implantation, intromission*. In: Laplanche, 1997, pp. 451-55).
- Laplanche J. (1997). *The primat de l'autre en psychanalyse*. Flammarion: Paris (Italian translation: *The primacy of the other in the field of psychoanalysis*. The Library: Rome, 2000).
- Laplanche J. (2004). Three meanings of the word "unconscious" in the framework of the General Theory of Seduction. *Journal of Psychoanalysis*, L, 1: 11-26.
- Laplanche J. (2005). The Three Essays and the Theory of Seduction. *Journal of Psychoanalysis*, LI, 3: 849-862.
- Laplanche J. (2006). Incest and Infantile Sexuality. *Journal of Psychoanalysis*, LII, 3: 685-98.

- Luchetti, A. (2010). On the irruption. *Journal of Psychoanalysis*, LVI, 1: 97-120.
- Marty P. (1976). *Les mouvements individuels de vie et de mort. Essai d'économie psychosomatique*. Payot: Paris (Italian translation: *Individual life and death motions: psychosomatic economics hypothesis*. Guaraldi: Florence, 1977).
- Marty P. (1980). *Les mouvements individuels de vie et de mort. L'ordre psychosomatique*. Payot: Paris (Italian translation: *The psychosomatic order: disorganization and regression*. Centro scientifico torinese: Turin, 1986).
- McDougall J. (1989). *Theatres of the Body: A Psychoanalytic Approach to Psychosomatic Illness*. Free Association Books: London (Italian translation: *Theatres of the Body: A Psychoanalytic Approach to Psychosomatic Illness*. Raffaello Cortina: Milan, 1990).
- Meltzer, D. (1986). *Studies in Extended Metapsychology: Clinical Applications of Bion's Ideas*. Perthshire, 1986 (tr. It. *Studies in Extended Metapsychology: Clinical Applications of Bion's Ideas*. Milan 1987).
- Polacco, G. W. (1997). *Internal landscapes and foreign bodies: Eating disorders and other pathologies*. Bruno Mondadori: Milan, 1999.
- Porcelli, P., Todarello, O. (1996). Observations on the psychoanalytic treatment of a case of ulcerative colitis. *Psychotherapy and Human Sciences*, 30 (4): 67-86.
- Sami-Ali, M. (1987). *The banal*. Gallimard, Paris.
- Smadja C. (2001). *La vie opératoire. Études psychanalytiques*. PUF: Paris (Italian translation: *Psychoanalytic psychosomatics*. FrancoAngeli: Milan, 2010).
- Solano, L. (2013). *Between Mind and Body: how Health is built*. New Edition, Raffaello Cortina: Milan.
- Varela F.J., Thompson E., Rosch E. (1991). *The Embodied Mind. Cognitive Science and Human Experience*. MIT Press: Cambridge.
- Winnicott, D. W. (1949). *The intellect and its relationship with the psyche-soma*. In *Developmental Psychoanalysis. Selected papers*. Armando: Rome, 2004.
- Winnicott D.W. (1951). Transitional objects and transitional phenomena. *Int. J. Psychoanal.*, 1953, 34: 89. Anche in: *Collected Papers. Through Pediatrics to Psychoanalysis*. Basic Books: New York, 1958, pp. 229-242 (trad. it.: *Transitional objects and transitional phenomena*. In: *Through Pediatrics to Psychoanalysis. Collected Papers*. Martinelli: Firenze, 1975, cap. XVIII, pp. 275-290).
- Winnicott D.W. (1960). The theory of parent-infant relationship. *International Journal of Psychoanalysis*, 41: 585-595 8 (transl. It.: *The theory of the infant-parent relationship*. In: *The maturational processes and the facilitating environment*. Armando: Rome, 1970, pp. 41-65).
- Winnicott, D.W. (1964). *Psychosomatic illness: positive and negative aspects*. In *Psycho-Analytic Explorations*, 1989. Trad. Ital. *Psychoanalytic Explorations*. Cortina: Milan, 1995.
- Winnicott, D. W. (1988b). *Dwelling of Psyche in Body*. In *On human nature*. Raffaello Cortina Published by Milan, 1989.

Notes

(1) This article takes into consideration the theme of the body, so to speak, "in general"; however, it is necessary to recall, albeit only in a note, more specific contributions, which investigate the question of the male and female body and differentiated psychosexual development from a gender psychodynamic point of view (for further information s.v. Ferraro-Nunziante Cesaro, 1985).

(2) It should be noted, however, that the hypotheses of the Psychosomatic School of Paris have long been considered with some discredit in the Italian psychoanalytic world.

(3) De M'Uzan (2011) links mentalization to the abilities of *reverie* and *fantasmaticization*.

(4) Dejours (2010) uses the term "proscription" of the amental unconscious to differentiate it from removal, which instead belongs to the preconscious - removed.

(5) Following de M'Uzan (2011), the mentalization deficits present in psychosomatic pathologies would authorize «to speak of a real *clinic of lack*, another expression of which is the *operative thought*» (p. 199, cursive in the original, our translation).

(6) In 1950, F. Alexander, in the context of the Chicago School, described seven psychosomatic pathologies which he called the *Holy Seven*. These were: peptic ulcer, ulcerative colitis, neurodermatitis, bronchial asthma, essential hypertension, hyperthyroidism, rheumatoid arthritis.

Adelina Detcheva is a Clinical Psychologist and student of the postgraduate Clinical Psychology School of Rome for the qualification to practice psychotherapy at La Sapienza. Member of Argo, she collaborates with the editorial staff of the magazine *Gruppo: Homogeneity and differences*, taking care of reviewing current clinical books.

Email: adelina.detcheva@gmail.com

Massimiliano Sommantico is a Psychologist, SPI-IPA Psychoanalyst, and Researcher in Dynamic Psychology at the University of Naples "Federico II".

E-mail: massimiliano.sommantico@unina.it

Giuseppe Stanziano is a Psychologist, Psychotherapist, PhD in Gender Studies, University of Naples "Federico II", Candidate of the Italian Psychoanalytic Society.

E-mail: giuseppe.stanziano@gmail.com

