

“ Nothing is going on ”

From a frozen mourning to mourning one can handle

Following through of the nurses with the help of Photolanguage©

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Abstract

This article aims at showing that Photolanguage© facilitates the ability to speak out for the nurses who are otherwise totally silent in the discussion group. I witness here the experience of the discussion groups in which the state of shock (staggered) caused by their traumatic experience could not have been surmounted without a mediating object : Photolanguage©.

Key Words: Photolanguage, mediating object, speech-group.

Having worked as a consultant in different training programmes I was asked to lead discussion groups in a department of paediatric cardiology and neonatal reanimation (which deals with children from 0 to 18 years) in a hospital in Rhône-Alpes region. The staff find it very difficult to cope with the mourning over the dead children and to master their anxieties. The grave handicaps, gloomy prognosis for the prematurely born babies who are already at the end of their lives, repeated deaths, long hospitalisations, difficult operations, all these things cause stress and anxiety in nurses.

Because of this permanent tensions, of this state of emergency due to reanimation, the staff has expressed a strong need to learn how to cope with psychological constraints in their work. They wished to have a discussion group where everybody could speak freely about the situations which have been very hard for them go through.

The year before, I have taught two of the staff members from this department to cope with the stress. The positive results of my consultations have motivated the supervisor to ask for my services to animate the discussion group.

In this department fifty three people perform the functions of a nurse, paediatric nurse, paediatric aid, nurse-aid and teacher. The groups are formed so as to represent each function. The groups meet approximately every ten days. Every session lasts an hour and a half. Every group consists of ten people, all of them chose to participate voluntarily. The average age is thirty two years. The groups are more or less open since nurses who worked at night cannot come to the session if it takes place the day after, some are on holiday or on a sick leave. Despite these inevitable “ movements ”, groups do exist, two, three or four people make the core of a group and ensure its continuity.

The difficulties encountered in the discussion group

In the beginning we deal with a discussion group, that is with a group where exchange relies on speaking about the experienced situations. This is absolutely new for the nurses. Even though I have a lot of experience in animating training groups, I did not expect the difficulties which we encountered in this experience.

It soon appears that it is difficult for the participants to speak, the atmosphere is rather tense. During the first three months the participants are satisfied with the information I provide about the theoretical foundations of communication . Nevertheless, during each workshop some time is reserved to speak of the difficult experiences: this time turns out to be the time of total silence. The resistance of the participants makes the animation of the group very difficult. I begin to worry and doubt. It becomes necessary to remind the participants that we gather in order to reflect, analyse and exchange the experiences of their hospital work, of the experienced difficult situations. To this reminder they answer that there is not enough time to remember various cases, that it does not come easily to the mind, that some weeks are more painful and hard than others, and that, in any case, *nothing is going on* at the moment.

This persistent inability to speak out, the failure of my attempts to make them speak, the aggressivity growing with each meeting, makes me ask some questions.

What is going in this discussion group ? What is it that they really want ? Why is it so impossible for the participants to speak about their experiences ? Have they not asked to share their experiences ? Why *nothing is going on* ? But what can be going on in the face of death ? What is it that the participants want me to experience by their passivity, their inertia ? What is it I do not understand about these discussion groups ?

Throughout the whole time that I have worked animating discussion groups, I have never before encountered such difficulties. These discussion groups are *groups of silence*. Concern and anxiety get the better of me, I feel that I have failed.

My anxiety finds expression in a disturbing dream: I bear in my arms my late husband (he has died in December 1994). He is heavy, very heavy, stiff and cold. I am moving forward with a lot of difficulty, but as I go forward his body becomes warmer in my arms.

When I wake up, it seems obvious to me that my husband from the dream in fact is the discussion group. The participants are paralysed by the death, by their traumatic experiences which are so difficult to bear. Their repeated failures to save the children, to keep them alive makes them conscious of their impotence. And yet they cannot acknowledge this for the fear of not being able to live their daily life normally any more. I begin to understand how great is their grief and I ask myself how to help them to deal with the mourning of the babies, but in order to help them to do this I need to make them break the silence.

At the end of the next workshop, one nurse, the spoke-women for the uneasiness of the whole group, expresses her disappointment : “ What we want is that you give us the solutions (I take it to mean recipes), we want to know what we need to say in order to give anew a hope for the mourning families, we want you to be there when it is really difficult, afterwards it is too difficult for us to speak about it ”. The participants obviously make illusions, they want a magic stick. They dream of omnipotence.

“ The request for instruction very often coincides with the infantile request of omniscience, of omnipotence, of regeneration and immortality... It is due to this delusion, this necessary and fertile misunderstanding that the disillusionment could take place, that the process of instruction begins... I call this preliminary psychic work *prelaboration*. It is during this time of prelaboration that the disposition towards transfer and the consecutive resistances to regression are mobilised ”¹.

Moreover, the participants want me to be permanently present in their work so that I could share all their problems, support them, help them, and reassure them.

I have to remind them once more the request that the hospital has made : *to animate the discussion groups*, that is to say, to listen, to co-ordinate exchange of the experiences which they had exercising their respective functions.

At the same time I start a research at the University of Lyon 2 for M.A. in psychology and clinical psychopathology on the use of Photolanguage© in groups. Photolanguage© is a mediator which facilitates the expression of thoughts in words with the help of images; it does so very gently and progressively. With the help of this technique the participant does not speak about himself directly, but through the photo which he chooses, since it reminds him, consciously or unconsciously, of some personal experience.

I decide to turn the discussion groups into Photolanguage© groups. I also choose this cardiological paediatric department as my research subject. It seems to me that the Photolanguage© is an intermediary object which could help the nurses for whom it is hard to find words to describe their experiences. What they have experienced cannot be thought (expressed abstractly); the cruelty of the reality in this place of death does not leave any place for language. The imaginative is censured, the suffering is suppressed. With the help of the Photolanguage© the imaginary comes from the other. Such a device could enable the groups to overcome their defence in the face of anxiety of death.

Framework

The work is divided into four sessions of Photolanguage©. It is set by instructions and several precise questions specific to each session.

First session : “ What do you find easy in communication ? ”

“ What do you find difficult in communication ? ”

¹ Kaës R., 1973, “ Aspects de la régression dans les groupes de formation. Réadolescence, perte de l’objet et travail du deuil ”, *Perspectives Psychiatriques*, p. 58

Please express it with the help of a photo.

Second session : “ What do you find easy in your work ? ”

“ What do you find difficult in your work ? ”

Please express it with the help of a photo.

Third session : “ Which photo makes you think about meeting again somebody from whom you have separated ? ”

“ Which photo makes you think about separation ? ”

Please express it with the help of a photo.

Fourth session : “ Please chose one photo to express that what the preceding sessions of photolanguage have given to you ? ”

The participants have to choose two photos during each session, except in the last session when they are asked to choose only one. During the first three sessions the members of the group can comment and express their opinion on any photo, even if it is different from the one chosen by themselves. However, during the last session they are asked not to do that, because this session is an evaluation.

In the beginning of each session the participants cannot escape a moment of retreat, of fear before the choice they have to make of the photos scattered on the tables of the meeting room. Almost every session I hear people saying : “ I will not be able to chose ”. Moreover several times I had to object to attempts to change the place of meeting and the duration of sessions. That was participants’ way to put up a resistance to the proposed plan of work. When the plan of work was clearly established and the framework imposed, the place of meetings and the duration of the sessions agreed upon, we could begin to work.

Methodology

Questions

After the first sessions of the discussion group and before the sessions of Photolanguage© took place, I have asked myself several questions : What is the reason of this inability to speak in the discussion group ? What do these repeated mournings evoke in the participants ? Could it be that their relation to the ill children brings anew to life their own experiences ? Do the participants feel guilty because of the death of their patient, and also do they feel guilty that they forget these deaths ? What are they looking for in these children ? Why did they choose this job ? Could one speak about nurse’s illusion of omnipotence in the quest for a narcissistic recognition? When one speaks in a professional situation, is it not always the case that one in fact speaks about himself ? I ask myself whether in a well chosen and constructed framework their fears could fade away and then it would be possible for them to speak.

The aim is to try to show how *Photolanguage*© could bring to life personal experiences of the participants of the group through a proposed object of mediation which would trigger the imagination. The intermediate space, the group, would be favourable for the transformation and re-appropriation of the suffering related to the experience of mourning, with which the nurses were not able to cope.

I imagine that the following will take place :

1. *The group will make me feel impotence, the feeling which in them is brought about by the death of children, they will try to protect themselves from the suffering by passivity which is a symbol of their impotence, and by silence which is a symbol of death.*
2. *The dead child will be present in the unconscious phantasm of the group at the same time as it will bring alive the traumatic experiences in the personal history of each participant.*
3. *The photolanguage will allow to move from a total inability to speak to silence in the face of death, from the drive of death to the drive of life, from Thanatos to Eros.*

Analysis of the *Photolanguage*© group

During the first session of *Photolanguage*© there are two types of reactions in the group :

- The first is that it is impossible to express the suffering of the nurses, the suffering in the department as such. This impossibility is illustrated by a choice of a photo picturing *a Muslim woman covered with a veil behind the bars*. One nurse speaks about 'mutism, and that others do not want to listen'. The group reacts vividly to her words, saying: 'wait, this is just a photo! And anyway perhaps she does not want to speak', 'she does not want to show what she thinks', 'you mean, she does not want to show what she feels'. The defence system of the group does not want to accept the attempt of opening the way to speaking, which was prompted by the words of the nurse.
- The second reaction concerns the only possible means of expression: the gesture, the body language. With the help of a photo picturing intensive care a nurse tells is 'one can communicate by touching'. The communication with a baby is limited to touching. As the babies, of whom they take care, the nurses cannot speak. As the babies the nurses communicate with the help of body language and by a professional, technical gesture devoid of affection in order to avoid re-experiencing suffering.

As the babies, the nurses are paralysed with fear. The passivity symbolises their impotence. The silence represents death. But how to find words for death when it is inexpressible, the source anxiety, the ultimate threat for each of us despite our tendency to forget death and to believe that we are immortal. The death is an

inevitable reality in their work: the repetition of the death of children cannot be expressed by words, the impossibility to do anything about it makes them feel insecure and sometimes they think that it is due to their incompetence. But what can one do in the face of death ?

In the department there is no team work. Lucienne expressed this very clearly by choosing a photo of a *young thoughtful girl sitting on the bed*: 'I prefer a self-enclosed person to a group'. As their children patients, the nurses choose the solitude, isolation, and being self-includes rather than the risk to re-experience traumatic situations. Their chosen photos, for example, a photo of *a child isolated in the middle of a happy group* express the mutism, the solitude which they experience in their work, and also the feeling of solitude on behalf of the child who dies alone in the middle of nurses and parents.

The dead child is very present in the unconscious phantasm of the group. This phantasm of death keeps them together, but it also prevents the formation of a team because they fear escalation. They fear that by sharing the suffering of some of them will only increase the suffering of others. To remove the veil from the question about a child in this place where to give birth is to give death, would be too painful. The exchange would entail a risk of explosion, that is why they avoid communication fearing a psychological break down. Once again the chosen photos, for example, of *the pots of spices on the shelves*, rather closed, or *bottles in the hospital pharmacy*, show to which degree communication is impossible. The nurses are captured in their roles as products are in their jars.

The death represents the ineffable which cannot be expressed without a threat for the Subject. The death is a separation, the definitely lost Object. The nurses are immobilised by the fear, their everyday is too difficult, they live in a reality arranged so that the same scene could be replayed continuously: different children arrive at the hospital and then die some time after. These experiences are lived in the absence of words, in the crushing silence of traumatism.

They choose also photos depicting faces with masks, inexpressive faces, closed eyes (as the photo of *yogi*) so that suffering would not become apparent for others. The mask symbolises death, one does not know anything about it, one does not know when it will occur and one refuses to know. The nurses do not accept this intolerable reality, they hide the truth from themselves, they do not know each other, they protect themselves behind a role, a mask, a technique.

Each mourning, each separation reactivates the original mourning, which accompanies the process of differentiation of the primary Object (the mother), of our progressive separation from our mother. 'The passage through the original mourning is the necessary condition of every possible development... It is the passage through the original mourning which determines the capacity to perform great and less significant mournings which mark our whole existence. This work takes place because it has been prepared by the original mourning. The original mourning is the

mourning of omnipotence.’² The early traumatism which we have experienced and suppressed in our early childhood come back at every mourning, every separation. A nurse can say with a help of a photo : ‘as a child I had problems with oral expression... I did not exist.’ She refers to the mode of her relation to her mother due to the effect of the regression inherent in the group. One cannot have a normal experience of mourning unless the process of differentiation had taken place, the mourning of illusion of omnipotence and of belonging everywhere. ‘That what could not be symbolised remains suspended, remains a suffering and repeats itself beyond the principle of pleasure’³. It is the failure of mourning that made the participants expect from the sessions omnipotence through the unceasing quest of the lost Object. After multiple resistances and after a debate about the intrusive side of answering machine - I take it to symbolize the problems they had in the beginning with the Photolanguage©, the nurses finally abandon the resistance to the framework. They give up the defence and reasoning to give place to emotions and feeling. At the end of the first session they mark this change speaking about answering machines: ‘it is necessary to adapt’, ‘one needs to get over the negative a priori’.

Beginning with the second session through their choice of photos the nurses formulate the requests for help ‘one would like to help him’ by showing a photo of *a sad child*. Then they express the suffering and the sense of guilt through a dream. It is a dream which was made by a friend who took care of the prematurely born baby whom the parents have abandoned the very first day of hospitalisation. The baby was doomed. The nurse had both the medical and affective responsibility for the child. After his death, she felt very guilty and she dreamt that his legs were cut off.

The phantasm of death which separated the nurses during the first session of Photolanguage© gives place to organising phantasm during this second session due to this dream (phantasm of castration). Moreover, the members of the group begin to establish contact with each other because of the dialogue through the interpretations of photographs. Finally, one nurse evokes the death by telling a troubling story of a sudden death of a thirteen years old child. The child was in the department already for some time and he was very well and suddenly (and nobody could have foreseen) he had a heart attack. The nurse has immediately begun the heart massage, the child encouraged her by asking ‘press, press, keep on, do not stop’. There was blood all over the place. The parents were out of themselves. She had to calm the parents and to take care of the child. The child was transferred to the reanimation. They explained to the parents that doctors will do everything to save the child, and a couple of minutes later the child was dead. ‘It is so difficult to accept it, carries on the nurse, so impossible to speak about it, even after several days, without crying. You think about it at night, you cannot sleep. You remember that the parents overwhelm you with reproaches (‘you did not see anything, you did not watch well enough’). You keep in mind the memory of the image of his younger sister behind the window, who saw her brother die. You prefer not to speak about it. In fact, *you cannot speak about it.*’

² Racamier P.-C., *Le génie des origines*, 1992, Paris, Payot, p. 32, 33, 35.

³ Vacheret C., “ De l’image au symbole ”, Colloque International de Lyon. Université Lyon 2. Mars 2000.

The group is silent, emotion is at its highest point. As regards me I am staggered by the violence of description, violence which is only faithful to the horrible painful reality experienced by this nurse. She makes me share their everyday suffering in front of dying children. In the face of this horrible confession, this traumatic experience, I remain incapable of speech, paralysed, incapable of reacting, and then I understand better their fears and anxieties.

The only man in the group cannot bear the turn which the exchanges take and prefers to escape, to avoid the work of elaboration of their confrontation with the death of children, to avoid the difficult work of mourning which it implies. To announce that he is leaving he chooses a photo of *a solitary fisher* 'he is alone on his boat, he turns the back, he is happy, he isolates himself, he takes the distance for the sake of his well being'. From the first session he said that 'you keep everything, you say nothing, otherwise it would hurt when it would burst.' You understand that he does not want to disclose himself. He is probably afraid that it would burst, he feels threatened by this. And how not to be threatened? Because of his role of a man in the group, he represents the phoric function of the bearer of death in this department where babies die. What does he do in the group of women who substitute themselves as the mourning mothers, mourning because of a man with whom they were not able to have an ideal child? After this session we do not see him any more. Soon he will also leave the department, having already earlier asked for a transfer.

After the time of this revelation the group prefers to shift the problem (the death of babies) and to focus on the conflict among the staff members, which is less painful and demanding to them. The core of the conflict is the that other members find it difficult to accept one nurse. This leads to a general conflict about the narcissistic quest of recognition which the nurses seek from the doctors and the failure of the colleagues to greet each other in the morning. 'Good morning' expresses their need to reassure themselves that they are still alive in this environment of death. Everybody accuses everybody else.

The effect of diffraction caused by the transfer of the problem on the members of the group as a whole and on me distributes the aggressivity and thus it is easier to work with the group.

Next session we are confronted with emotional overflowings, with poignant confidences and confessions. 'Through abreactions, through emotional discharge the nurses liberate the affects attached to the memory of traumatic events.'⁴ Confusion and tears take over the group. Faced with reanimation and death, they give into panic, confusion, they lose their points of reference. And in fact the chosen photos represent *rubbish flowing in water*, scattered around in all directions. It is the same image of disorder as the photo of *misery* depicting a woman sitting on the ground and huddling a little girl in her arms, their faces are hidden, they look exhausted. One nurse adds 'in the face of so much unhappiness my nerves break, I cannot face it, I run away'.

⁴ Laplanche J. & Pontalis J.-B., 1978, *Vocabulaire de la Psychoanalyse*, Paris, PUF.

The nurses say that they are overwhelmed by the pain. Anxious, they express clearly their fear they experience when faced with death, their despair, their distress and the distress of the patients, of their families, their enormous stress caused by reanimation, emergency, death, in short - depression.

Emotion, psychic process of relation, witnesses a transition from affect (primary process) to feeling (secondary process) which can be put into words.

The Photolanguage© made the speech possible. The nurses were able to express their enormous distress without the risk of psychic break down. The group, the depository of everything impulsive, has played its role of the container of projections. It has resisted to this decisive moment of explosion of emotions, which allowed to express the most personal and depressive feelings like anxiety of separation and anxiety of death. The psychologist performs the function of regulation.

During the evaluation session by her choice of a photo of *a young person under water in a swimming pool* who is emerging on the surface, the nurse tells us: 'the photos have allowed to express interior things, it also thanks to the group that we were able to express those things', then 'in the department we are emerging to the surface, but we are not there yet'.

Each nurse could tell about the painful events, old or new, and to shared emotion and meditation: one nurse was able to speak about the death of her own mother when she was only ten years old. She was not allowed to visit her mother in the hospital. She escaped from home to see her mother. She did not know how to get to the hospital, she wandered for long time on her feet, crying. She never saw her mother.

Another nurse spoke about a sudden death of her father when they were about to leave for a weekend. 'Our neighbour came to break the news of the accident. I will never forget it.' A third tells us about recent death of a friend who was very dear to her. The funeral did not contain any religious service, which allows to express the love one felt for the deceased. 'Nobody said a word, she tells, she was buried in silence. It was too sad, not human'. 'For the mourning to take place ... one needs not only death ... but also a ritual, that is, an unfolding of events, a ceremony, a tradition and a circle of attendants'⁵.

According to the testimony of the supervisors of the department the nurses who had participated in the sessions of Photolanguage© today take care of ill children until their death silently and without trying to avoid the families but at the same time consoling them by their very presence. They perform their work with more serenity. One of them has chosen a photo of a woman with a mask to say 'today I feel good... I take off the mask.' The nurses give affection to their young patients knowing that they will have to mourn for them, but without feeling guilty. One nurse tells us: 'when a baby dies, I cannot help crying, it is very difficult.' Until now she said that she was indifferent.

⁵ Racamier P.-C., *Le génie des origines*, 1992, Paris, Payot, p. 50.

The nurses have lost their illusions, now they know that faced with death nobody can perform a miracle, that words are meaningless. The evolution which they have experienced due to the sessions of Photolanguage© has enabled them to accept the loss of Object, saving their libido in order to reinvest in a new Object. They manage to mourn over that what is for us lost forever. The emotional dimension has enabled the formation of consciousness.

All groups of instruction allow an individual to have this painful experience: ‘hardly found anew, attacked and repaired, desired and yet forbidden for he consummation, the maternal group object has to be lost unrecoverably. It is on this dramatic period that the success or failure of this double process of mourning depends⁶.’

The Photolanguage© facilitates the transition from cleavage to repression of the defence mechanisms. This applies both to an individual and to the group. ‘That what could have been symbolised witnesses the psychic work on separation, absence, mourning, which allows an individual to have a more ambivalent attitude towards objects, to have more supple defence mechanisms, to adjust better to the environment’⁷.

It is very important to help these nurses to mourn over their young patients since ‘*in a frozen mourning ...nothing is going on...* But while the mourning is suspended, the psychic life invisible withdraws, the retraction which happens in the ‘me’ is typical but hardly noticeable, the frozen mournings are serious because they do not make any noise⁸’.

When the nurses are not capable of mourning, they soon lose their efficiency in all areas and are at a risk themselves to develop psychic or somatic pathologies.

It seems desirable to give the nurses permanent psychological counselling and to change the department after two, three or four years of work in order to maintain the high quality of nursing for the patients.

I do not know how to tell how glad I am that, as a result of this work of mourning, two nursing aids have finally - after five years failure- succeeded in entering the school for nurses; how glad I am that one nurse has separated from her parents with whom she lived despite her advanced age; the expression of consciousness of one nurse by choosing a photo of *two young girls sitting on a bench at the road* ‘I have chosen this photo, she tells, because I am conscious that I still have a long way to go’; that two nurses want to change the department ; that the nurses finally work as a team (‘now we speak to each other, we communicate’, ‘I know my colleagues now’) and that now in painful cases they can take care of the things together, spontaneously, and remain calm in the professional acts, while accompanying the patients until the very last minute of their lives ; how glad I am that one nurse, who has been isolated for eight years, has been integrated in the group (by treating the relation to the group, one also treats the person). All these positive changes happened due to the psychic evolution made possible by the sessions of Photolanguage©.

⁶ Kaës R. “ Aspects de regression dans les groupes de formation ”, *Perspectives Psychiatriques*, 1973, p.58.

⁷ Vacheret C. Colloque International. Université Lyon 2, Mars 2000, “ Symbolisation et Mediations ”.

⁸ Racamier P.-C., *Le Genie des Origines*, 1992, Paris, Payot. 66.

Today I know that in cases of work involving so much suffering, as this one, the groups of discussion are useless, it is too difficult to make them work, only sessions of mediation can help the nurses in difficulties.

The nurses who sometimes were not very enthusiastic about the photos now ask for more sessions of Photolanguage© in September 1999. Unfortunately the contract has been terminated. I am only authorised to teach the supervisors to animate the groups, but these groups could never replace sessions of mediation animated by the psychologist who can give the necessary psychological help to the nurses.

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