

AUTHENTICITY AS AN AIM OF PSYCHOANALYSIS ¹

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Abstract

This paper will present a series of predominantly clinical observations concerning the lengthy work a patient carries out, with the help of the analyst, in order to achieve greater personal authenticity. When this work is drawing to a close and the patient has gained a degree of authenticity, this authenticity remains within him, almost without his realizing it. The power of authenticity is instead revealed through the patient's most intimate and important relationships. In the long term, the patient's authenticity also alters his perception of himself and of his role in the world. He feels more alive and less overcome by a sense of futility, if before this had been the case.

Key words: liveliness, False and True Self, alienating identification, self-states, psychoanalytic technique.

Let me start by saying something about how I came to be interested in the role authenticity can play in analytic work. Italo Calvino, in *Six Memos for the Next Millennium*, suggests that a number of literary shortcomings could be resolved not by repressing them or directly contrasting them, but rather by developing qualities which are their functional opposite. My work with a patient who oscillated between different states of being, only to return to a dominant note of sullenness, bitterness and disillusionment, led me to think along similar lines: 'If only he could be more authentic,' I thought, 'he might also feel more stable and less bitter'. I then began to consider how authenticity could be developed and supported in therapy.

Before entering into the merits of this approach, let me present an outline of the structure of this essay. The first theme I will discuss is best expressed in the phrase 'being oneself': our psyche is made up of conflicting interests, and identity is the product of a compromise between distinct desires and needs. Nevertheless, when people enjoy a certain degree of well-being, it is possible to recognize the presence of a relatively stable combination of functions and attitudes, qualities and defects, aspirations and ideas, a nucleus around which a number of other elements rotate.

¹ Translated by Lorenzo Sabbadini

When a person enters analysis, however, it is very likely that this nucleus has been obscured, hidden or buried. One of the psychoanalyst's tasks is to help the patient to recognize and value this combination, which is crucial to his unique approach to life (Soavi 1971).

The second theme, closely related to the first, is that of authenticity, or, more specifically, 'relative authenticity'. By this I mean the authenticity which can be effectively achieved in one's relationship with oneself and with others. To posit the existence of an 'absolute authenticity' (or of an 'absolute truth') risks creating a background on which every attempt to create a 'human', and therefore partial and incomplete authenticity could be interpreted as 'non authenticity'.

Being oneself

Children, as they reach puberty and begin to get away from the world which they share with their parents and family, often ask themselves: 'who am I really?' As they reach adolescence, this question becomes even more pervasive. We must all have had a period at high-school when we asked ourselves whether we were gay, whether we were geniuses, whether we were fundamentally good or bad.

The question 'who am I?' is one which accompanies all the important stages in life. It is also present in the analytic situation, for instance when patients ask the analyst whether it is their fault that all their romantic relationships reach a deadlock, or whether their reluctance to travel is a limit of theirs due to their nature. The question of identity is asked with even greater insistence by 'seriously disturbed patients'. Patients whose personality is constrained by psychotic functioning are alarmed to discover that there is something inside them which is inconsistent with every day life and cannot be understood in this framework. They are furthermore alarmed by discovering that at the same time it will not go away and cannot be ignored. Such patients often try to understand this condition by asking questions about their origins: who their parents are, whether they are of noble (or even divine) ancestry or, to the opposite extent, of poor or even criminal origin.

Racamier (1992) points out that the search for origin constitutes the crucial moment in one's attempt to find one's place in the world. According to Racamier, inquiring into one's origin involves an initial awareness of the existence of something that 'lies at the origin of development', that is to say, which is external to oneself (for instance one's father and mother), but which is responsible for one's birth and (to a certain extent) one's characteristics. Patients who suffer from more serious pathologies cannot accept the idea of an 'external origin'. Their psyche thus develops around the omnipotent fantasy that one is one's own creator (self-procreation), often expressed in a disguised form as the fantasy of having a noble or divine origin.

Kohut has focused not so much on the question 'Who am I?' as on the process of 'becoming oneself'. For Charles Strozier (2001, p. 288) Kohut (1977) is:

«interested in terms of self experience in that ‘point in the life curve of the self’ in late middle age, that pivotal moment [...] when a ‘final crucial test determines whether the previous development had failed or had succeeded. In this phase, one approaches “ultimate decline” but is not quite in it. [...] When we reflect on whether we have been true to “our innermost design”’. To face failure in that context is the most tragic experience we can have, for there is neither time nor energy to try again. There can be no second chances. The suicides of that phase of life tell the story [...] of ‘the wish to wipe out the unbearable sense of mortification and nameless shame imposed by the ultimate recognition of a failure of all-encompassing magnitude’.»

Speaking with one’s own voice

What is meant by the phrase ‘innermost design’? How can we hope to be ‘true to it’? One way to pursue one’s innermost design is by understanding that one has a need and a right to speak with one’s own voice in order to express one’s own thoughts and feelings.

Saul Bellow (1998, p. 42), in the passage quoted below, discusses a period in his life when he was in the process of discovering his own unique style of prose. The year was 1948. Bellow and his wife were then in Paris, where they would spend six months. He had brought with him a yet unfinished manuscript of a novel he had begun in the United States. He himself, several years later, would describe it as ‘even more depressing than the first two[books]’.

In his first two books Bellow had attempted to establish himself as an ‘English writer’.

«I had written two very correct books [*Dangling Man* and *The Victim*] and I shall try to explain what I mean by correct: I seem to have felt that I, as the child of Russian Jews, must establish my authority, my credentials, my fitness to write books in English. Somewhere in my Jewish and immigrant blood there were conspicuous traces of a doubt as to whether I had the right to practice the writer’s trade. Perhaps I felt that I was a pretender or an outlaw successor.»

His period in France and his third novel would establish him as a well-respected writer. The subject of his manuscript was sad, gloomy even: ‘Two men in a hospital room, one dying, the other trying to keep him from surrendering to death’.

When he arrived in Paris, things were not at all as Bellow had expected. Paris in those years was overcome with shame at the defeat that the Germans had inflicted

upon them in just three weeks and at the Vichy government's collaboration with the Nazis. News was arriving from numerous quarters which revealed with ever greater detail the extent of the horror of the attempted extermination of the Jews that had been carried out in Europe. To complete the picture, the Allies and current liberators (the English and Americans, Bellow's compatriots) who were then in Paris were being treated, beneath the surface, with hostility and suspicion. Saul Bellow writes:

«We arrived in the fall and when spring came I was deep in the dumps. I worked in a small studio, and as I was walking toward it one morning to wrestle yet again with death in a Chicago hospital room, I made the odd discovery that the streets of Paris were offering me some sort of relief. Parisian gutters are flushed every morning by municipal employees who open the hydrants a bit and let water run along the curbs. [...] Well, there was a touch of sun in the water that strangely cheered me. I suppose a psychiatrist would say that this was some kind of hydrotherapy — the flowing water, freeing me from the caked burden of depression that had formed on my soul. But it wasn't so much the water flow as the sunny iridescence. Just the sort of thing that makes us loonies cheerful. I remember saying to myself, 'Well, why not take a short break and have at least as much freedom of movement as this running water?' My first thought was that I must get rid of the hospital novel — it was poisoning my life. And next I recognized that this was not what being a novelist was supposed to have meant. This bitterness of mine was intolerable, it was disgraceful, a symptom of slavery. I think I've always been inclined to accept the depressions that overtook me and I felt just now that I had allowed myself to be dominated by the atmosphere of misery or surliness, that I had agreed somehow to be shut in or bottled up. I seem then to have gone back to childhood in my thoughts and remembered a pal of mine whose surname was August — a handsome, breezy, freewheeling kid who used to yell out when we were playing checkers, 'I got a scheme!'» (pp. 72-85)

Finding the handsome freewheeling kid who yelled out 'I got a scheme!' allowed Bellow to free himself from the need to build up qualifications and credentials.

«After all, it wasn't Fielding, it wasn't Herman Melville who forbade me to write, it was our own Wasp establishment,

represented mainly by Harvard-trained professors. I must say that these guys infuriated more than they intimidated me. » (pp. 72-85)

It was immediately after this episode that Bellow found his voice as a writer.

«Subject and language appeared at the same moment. The language was immediately present. I can't say how it happened, but I was suddenly enriched with words and phrases. The gloom went out of me and I found myself with magical suddenness writing a first paragraph. [...] I had the triumphant feeling that this is what I had been born for. I pushed the hospital manuscript aside and began immediately to write in a spirit of reunion with the kid who had shouted, 'I got a scheme!'» (pp. 72-85)

Companions, self-object relations

This series of events can be considered as a description of the stages in a process of recovery from a depressive state. The triumphant euphoria which Bellow experienced at the end of the process can be explained by the idea that once we reach one extreme (depression) the pendulum must swing towards the other (mania).

I believe this description is both correct and useful. I would, however, like to add to this a second theory, one which is more open and optimistic. This second interpretation focuses not on changes in one's state of mind but on those experienced by changing one's companions (Gaburri 1986).

Bellow, as you will recall, had brought a manuscript with him from the United States which concerned a man who had a dying friend. The new novel, by contrast, discusses Bellow's reunion with the 'I got a scheme' kid. Euphoria too can be understood not so much as mania, but more importantly as a sense of joy and pride in having rediscovered one's creativity and in having managed to free oneself from a negative perception of oneself and of life in general. By the term 'companion' I mean a real or imaginary figure with whom an individual is in continuous dialogue, and in some cases in close union. Bellow's first companion was the dying friend, representative of the Harvard Wasp establishment. The second, Augustus, was instead an expression of Bellow's youth, a time when he had felt free to play games and to make plans for the future. The 'companion' is not only a real or imaginary person, or the expression of an environment, but also a part of the Self. Kohut (1984, p. 49) uses the term 'Self-object', referring to 'That dimension of our experience of another person [or institution or idea] that relates to functions in shoring up our self'.

I believe that it is possible to speak of 'plus Self-object' when the Self-object (the companion) carries out functions which support the Self and which promote its cohesion. The Self-object can, however, also have a destructive function, offer

unhelpful criticism or prevent recognition. In this case it is possible to speak of a 'minus Self-object'. The notion of 'minus Self-object relations' is relevant to what I will discuss in my conclusion, where I will refer to 'alienating identifications' and 'identifications which lead to entrapment'.

Being entrapped

Let me repeat my earlier question: 'How can we hope to be true to our innermost design?' Brandshaft (1993, pp. 225-6, p. 211 and p. 214) discusses a patient whose condition is in some respects reminiscent of Bellow's. Patrick was 'permanently the hostage of the responses of another [the father] for the determination and definition of who he is'. This resulted from the fact that Patrick was

«deprived of that developmental progression by which he could come increasingly to rely on his own spontaneous, authentic, and noncompliant experience as central in his perception, motivation, and interpretation.»

«[He was] painfully saddled with conceptions whose underlying assumptions [he] had never recognized or been able to question. These pretty much determined [his] perceptions and ideas about who [he was], which in turn predetermined what [he was] doing – and [was] unable to do – on this planet.»

«Helplessly manacled to his father's values and unable to consolidate his own, he continued to harbor the unyielding conviction in some corner of his mind that he was fraudulent [...].»

Brandshaft's patient oscillated between two states of being.

«Whatever transient feeling of well-being, confidence, enthusiasm, or hope, arising from some still-active spring inside himself, Patrick experienced in his sessions would regularly disappear, relentlessly vitiated by some self-disparaging thought. Then the space that had been occupied by the feeling of aliveness would be replaced by the more familiar empty malaise and joylessness that had pervaded his childhood. »

This oscillating between well-being and dissatisfaction was brought about by, and depended on, a predetermined mechanism. The first state of being (well-being)

corresponded to his having the analyst as his 'companion', that is, someone who could understand his personal characteristics and qualities. The second (emptiness, malaise) resulted from his having his father as his 'companion', who, by contrast, could not accept him for what he was, and for whom he could never hope to be good enough.

«When Patrick experienced a reflection of himself, in or outside the analytic transference, at variance with one that his tortured state of mind allowed him to retain, he generally seemed appreciative. However, such experiences, I noted, left him without the tools he needed to be able on his own to identify and ultimately counteract the predetermined shift in perspective that continued to nullify the impact of any beginning positive experience of himself regardless of the source from which it emanated.»

Trauma

In the example offered by Saul Bellow's autobiographical passage we can see how, as soon as he rediscovered the Self-object Augustus, he was able to free himself from the identification with the casket-image of the erudite writer.

In the case of Patrick, on the other hand, this all occurred slowly and with many U-turns. Powerful mechanisms returned him to a relationship with the disapproving father figure who undermined him and induced a sense of emptiness inside him. This condition probably originated from a traumatic experience which continued to exert a powerful influence. Those who should have looked after him in his childhood (the father, the mother) had instead neglected him, had not valued him and not respected boundaries, thus eating away at and impoverishing his sense of Self (Ferenczi 1908).

A child who prematurely experiences the trauma of neglect loses his sense of having a right to live. It is as if all his desires, needs and fantasies were being rejected. As a result, his desires and also his needs are constantly nipped in the bud. That part of the Self which had been the first to enter the world seems to have been irretrievably lost. As a result, everything which the person still manages to feel, think and do is experienced not as a product of the Self but as a product of a Self-impostor (Tagliacozzo 1989).

Furthermore, to a greater or lesser extent, the traumatised person cannot distinguish between the Self (or at least certain aspects of the Self) and the person who was responsible for the traumatic experience. This makes it very difficult to disentangle the pathological relationship and to adapt in order to make the changes demanded by life. In the case of patients such as Patrick, the traumatic relationship is

idealized. It is as though the delusion that it is not possible to live and function without that relationship had established itself in the mind of Patrick.

Paradoxically, the only way in which these patients could become themselves is by recreating a relationship as important as the one they had with their father or mother, with someone else, the psychoanalyst (Ferenczi 1931 and 1932, Borgogno 1999, p. 164).

The analytic third and transmuting internalization

The patient, through the long-term relationship he establishes with the analyst and through the latter's empathetic responses, little by little remedies the more harmful qualities of his 'minus Self-object relationships'. His need for the analyst to be there for him, follow his progress and support him, begins to assert itself. The analyst responds positively to these demands. And when necessary, he provides explanations for the mechanisms that condition the patient's life.

In some cases, an 'analytic third' is created, 'a set of unconscious experiences jointly, but asymmetrically, constructed by the analytic pair' (Ogden 1999, p. 11). The free associations which the patient produces during the sessions, for instance, depend to a great extent on the combination of the analyst's *rêverie* with the patient's initial capacity to freely express himself, thus replacing the autarchy and stereotypes of previous formulations. When the 'third' has been put into practice in analysis, it can be cautiously exported to outer reality, where the patient remains mentally close to the analyst and in continuous dialogue with him (Ogden 1994 and 1999, Pallier 2006).

There are other ways in which the analytic process can develop. The patient, leaning on the analyst's capacity to understand, be empathic and supportive, himself develops functions similar to those of his analyst. Kohut (1971, pp. 56 ff) discusses this process, using the term 'transmuting internalization'. This concept bears both a number of similarities and differences to those of incorporation, introjection and identification.

When we speak of incorporation, introjection and identification, we are referring to representations of the object and to those relationships with the object which are not simply images or perceptions, but which effectively modify and give structure to personality (Olds 2006, p. 22). This is also true of transmuting internalizations. Incorporation and introjection on the one hand, and identification on the other, work according to different modalities.

«One might characterize incorporation and introjection as 'ingestive' or 'interiorizing'; they involve the idea of taking a personal object inside some kind of space. This differs from identification, which involves imitation, a taking on of the object's characteristics.» (Olds 2006, p. 20)

In its functioning, transmuting internalization is more similar to incorporation and introjection than to identification. This concept can, however, be distinguished from incorporation and introjection, because transmuting internalization comprises the notion of the support the analyst can provide to the patient in order for him to develop personal qualities. This idea, on the other hand, is not present, or at least not to the same extent, in the other two concepts (incorporation and introjection). Further, the notion of transmuting internalization implies that the patient does not (directly) introject the capacities and qualities of the analyst, but rather ‘something that he takes from the analyst’. This ‘something’ (words, understanding, tolerance, support) helps him to develop his own qualities and abilities (until then still not operative).

«In *Restoration [of the Self]* Kohut explained transmuting internalisation in terms of our ingestion of protein. We might eat beef but do not in the process become cows. The protein is, instead, transmuted into a form that we can use in our digestion. (Strozier 2001, p. 149) »

Transmuting internalization is based on the continuity of the empathic relationship between analyst and patient. This, however, also requires that empathy be momentarily withdrawn. An example of this would be that of the analyst’s absence on occasions when the patient would have needed him, or of the analyst in one or more sessions not being able to respond adequately to the patient’s needs. If these shortfalls do not occur too frequently and are not too prolonged, they amount to a ‘positive frustration’. The patient temporarily takes on the role which the analyst usually carries out for him. Through a series of positive frustrations that take place within a context in which the analyst is generally available, the structure of the patient’s Self becomes increasingly mature.

Being

Let me now move from the theme of ‘being oneself’ to that of authenticity, focusing on the subject of more seriously disturbed patients. In cases of psychotic functioning, the key problem is not ‘being oneself’, but ‘being’. Donald Winnicott (1960 and 1971) speaks of the loss of the continuity of being, Piera Aulagnier (1984) of the impossibility of satisfactorily locating oneself in the register of being, which prevents one from gaining access to the register of having.

Although the relationships of seriously disturbed patients with the analyst are often unstable, and although at times they act as if they were not themselves but were rather playing a role, they can at times, nevertheless, convey a strong sense of authenticity. This observation has led me to reflect upon the idea that ‘being oneself’ and ‘authenticity’ do not coincide. It is possible to trigger off a sense of authenticity

in the interlocutor without having established the kind of relationship with oneself and with others which I have called 'being oneself'. Reflecting further on this contradiction, it seems to me that the most important question is whether or not, when we speak of authenticity, we take the interlocutor and the relationship with him into account. In other words, there is an element of 'social technique' which may or may not be included in authenticity.

Marcel Mauss (1936) has suggested that certain characteristic activities of human beings, such as walking, dancing, singing and sleeping, could be considered as 'body techniques'. He describes them as 'techniques' because, even though they have natural and biological origins, they are nevertheless instilled through learning and occur within a complex personal and cultural context. Sleeping, for example, is a biological necessity; but some cultures teach us to sleep alone, others in company, some exclusively under a roof, others also in the open. There are cultures in which men sleep together with women and children, others in which they sleep apart from them.

When discussing the issue of authenticity, I spoke about 'social technique'. What I mean by this is that being able to act in an authentic manner when relating to another person is based on an innate capacity for honesty, immediacy and desire for self-expression. This capacity becomes 'relational authenticity' if it is accompanied by the ability to understand and take the other person's sensations, emotions and feelings into account, while expressing oneself (Gallese, 2006, pp. 52-3).

Entering into a relationship with another person carries with it certain difficulties, and can lead to misunderstanding and anxiety. The tendency on the part of seriously disturbed patients to behave according to stereotyped roles and imitate those around them (especially in new environments and awkward situations) can be seen as a defence which they put up when they are confronted with such problems. The contradiction between flashes of authenticity and stereotypical behaviour can be resolved if we suggest that such patients lack that social technique which could support their innate capacity for authenticity. These patients have little relational experience and, more generally, they lack sufficient experience of the world, which means they have to rely on the interlocutor's capacity for social authenticity rather than on their own. I will develop this discussion in the following two sections and then in the penultimate section, entitled 'Definition of the concept of authenticity'. I will now turn to Winnicott's theory of the True and False Self.

Winnicott: True and False Self

Winnicott dedicated a large part of his work to the study of children who had gone through the difficult experience of relating to a mother who suffered from depression. He (1969, p. 248) writes:

« these children are always trying to get to the starting point and [...] by the time they reach the starting point, which means the place where mother is not depressed, they are exhausted and need to rest so that they cannot get on with their own lives. [...] In brief [...] these children are making reparation in respect not of their own destructiveness and of their own tendencies of destruction but in respect of their mother's destructive tendencies. Achievement for these children is the achievement of mending something wrong in the mother and achievement therefore leaves them always without any personal advancement. They were like the Danaides in Greek myth who were doomed to carry water in buckets that had holes in them. »

The way in which the 'False Self' develops owes much to the child's need to defend himself from the mother's depression and in particular from the excessive and intrusive demands of a suffering mother or of a largely inhospitable environment. The 'False Self', however, is not simply a defence but also a way of safeguarding the chance that a True Self could develop in the future.

The suggestion that the True Self may be 'lying in wait' is one of Winnicott's most fascinating ideas (1970, p. 309). Of particular interest is his suggestion that the analyst should support the patient's hidden faith (and the appropriate word in this context is faith, not trust) that one day the necessary conditions for the emergence and development of the True Self will arise (Neri 2005).

Winnicott (1963, p.238 and 1960, p.590), in other works of his, describes the True Self not primarily in its relation to the False Self but as an area of the Self which is isolated from reason, from logic, from sociability and from every limitation arising from contact with reality.

«I suggest that in health there is a core to the personality that corresponds to the True Self [...]; I suggest that this core never communicates with the world of perceived objects, and that the individual person knows that it must never be communicated with or be influenced by external reality. »

«Here communication is not non-verbal; it is, like the music of the spheres, absolutely personal. It belongs to being alive. And in health, it is out of this that communication naturally arises. »

The realization of the potentials of the True Self is not achieved through what the individual learns or through his being understood by those who surround him, but

as a result of a kind of magic concurrence between the ‘good-enough mother’ and the spontaneous gesture of the child. As Winnicott explains,

«It is an essential part of my theory that the True Self does not become a living reality except as a result of the mother's repeated success in meeting the infant's spontaneous gesture or sensory hallucination. »

«The spontaneous gesture is the True Self in action.»

Robert Rodman (2003, p. 265), commenting on these writings by Winnicott, states that:

«The not-good-enough mother fails to meet the gesture and substitutes her own, with which the infant complies with the beginning of a False Self. »

In the light of these considerations, we could perhaps say that Patrick (Brandshaft’s patient) developed a False Self because his father constantly substituted himself, his values and motivations for those which Patrick himself would have wanted to express.

Spontaneity and authenticity

There are similarities, but also significant differences, between the notion of spontaneity described by Winnicott and the notion of authenticity. Authenticity, like spontaneity, means giving a degree of free reign to one’s own feelings, including negative ones: it means not concealing, dissimulating or (excessively) repressing one’s own states of mind, but displaying them openly, even if they appear to contradict each other. Authenticity is not, however, spontaneity *tout court*, but a ‘special spontaneity’ which can be achieved after a process in which one learns not to be too scared by the power of emotions (Neri 2006).

Thomas Ogden (2003) and James Grotstein (2004) illustrate, in very clear terms, how important it is for the analyst to be able not only to contain but also understand and express the ‘emotional truth’ that is embedded in the events that take place during analytic sessions. By formulating interpretations, the analyst gives a ‘form’ to this truth and creates the opportunity for new experiences. The photographer Henry Cartier-Bresson (1996, p. 11) offers a synthetic definition of this kind of capacity in his description of taking photographs: ‘To take photographs [...] is putting one’s head, one’s eye and one’s heart on the same axis.’ Understanding and expressing an emotional truth can be painful, but at other times it can provide relief and even intense joy.

There is a second important difference between authenticity and spontaneity. Being authentic does not only mean preserving an area of freedom and creativity (True Self), but also being internally consistent. By this I mean an individual's recognizing and gradually developing a way of being which suits him, which he might abandon and return to many times (Jaspers 1925, Intr., par. 3, 1). In this sense, authenticity is the opposite of rigidity: it refers to those who have learned to be firm in upholding ideas and affects, rather than principles and ideologies, because they have realized that humans are motivated by something more vast and intrinsic than principles (Berlin, 1978, p.155).

There is one final way in which authenticity and spontaneity differ. Being authentic involves giving up the luxury of naivety and taking on the responsibility for one's relationships and becoming aware of the effects of one's words and actions on the other. It does not simply mean being sincere and direct, saying things which correspond to reality but also saying things which correspond to the reality of relationships. Thus, being authentic does not just mean coming to terms with oneself and with one's own characteristics but also with the characteristics and limitations of the other.

Authenticity in relationships

Authenticity can be considered not only as something that belongs to either one or the other individuals involved in a relationship but also as a product of their interaction. Its presence in a relationship can be perceived in relationships characterized by a mixture of intimacy and sincerity. In the analytic situation, an increase in authenticity is signalled by greater involvement on the part of both analyst and patient: both feel that they can reach, and are indeed reaching, something that is essential (Meotti 1996).

The awakening of interest and a kind of emotional ignition draw both analyst and patient towards the here-and-now of the session. If the analyst's interventions quietly reveal that he has responded in a personal way to the patient's request to be understood and accepted, the latter can experience a sense of meaningfulness in both his analyst and in himself: 'I am the right person for this relationship and my analyst is the right person for me'. The patient and the analyst, furthermore, perceive that they are experiencing what is going on between them in a similar way. The patient comes away from these encounters with a sense of having become closer not only to the analyst but also to himself. He thus gains a greater cohesiveness and sense of identity (Ferenczi 1932, Heimann 1978, The Process of Change Study Group 1998, Stern 2004, Almond 2005). From this perspective, authenticity can be considered as an element of the system of motivation known as attachment-affiliation which brings the patient to search for an experience of authentic affective acceptance (Lichtenberg, 1988).

At the opposite end of the spectrum from these moments of contact lie the phases in the analysis when everything seems flat and inconclusive. These phases are characterized by a sense of boredom during the sessions. Masud Khan believes that 'that which is boring is inherently inauthentic, both for the patient and the analyst' (1968, pp. 9-10). Khan here uses the word 'boring' with a particular meaning in mind: boredom is the effect of that which is actively boring. The patient who induces boredom is one who is 'trying to maintain omnipotent control over his inner reality by obsessional over-control of language and material' (p. 3). Khan insists that the analyst must bear the weight of these circumstances: insofar as we are analysts, 'we have to learn to tolerate this counterfeit [and boring] discourse in order to help the patient' (pp. 9-10).

Tolerating the patient's falsified discourse means, first of all, reactivating our capacity for understanding. The analyst, for instance, must decide whether the boredom he feels is the result of the patient's defence, of the patient's keeping the analyst at a distance or of an omnipotent controlling of thought. He must understand whether his sense of boredom is the result of a feeling of depression or of an overwhelming anxiety which the patient is transmitting to him (Baranger 1963, p.8 and p.15).

The connection between boredom and lack of authenticity can, in my opinion, also be extended to 'normal boredom': the boredom that the analyst might feel in a session, even when he is working with patients whose pathology is not particularly severe. Often in such circumstances the following kind of dynamic is present: at a certain moment in the session, the patient, as well as talking to the analyst, makes contact with and talks to a 'companion', an 'internal figure' who is distracted and disinterested and who yawns as the patient is talking. The comparison with this yawning internal figure progressively undermines the patient's sense of security, restricts his freshness and puts a lid on all his passions. The patient who had begun (or could have begun) by speaking in an interesting and lively way, becomes increasingly monotonous and boring. The analyst, in turn, can be drawn into a state of boredom in two ways: either he will identify with the bored internal figure or he will become bored by listening to the patient when he has actually become boring.

In such cases, the patient must activate, within himself and within the relationship, the tools which can transform the patient's 'boring discourse' into an interesting one. First of all, he must separate himself from the 'bored internal figure'. Then he must inject renewed interest into his interlocutor's silence and hesitations. In the long run, the analyst's interest in the patient and in what he has to say will have extraordinarily positive effects. The patient will become more at ease and more confident, and as a result, he will be able to express himself more freely and spontaneously.

Veronica

Let me now turn to the clinical case of Veronica, a young woman suffering from serious problems which manifested themselves in particular in her fantasies about catastrophes and about her capacity to cause the death of those dear to her, especially her daughters. In the previous two weeks, this patient had spent a large part of the sessions talking about the fact that she was in the process of moving house. She and her husband had been living in a village not far from central Rome since the first of their two daughters was born eleven years ago. They were happy in this house, but it had now become too small to meet the needs of the family. Furthermore, there was the additional problem of finding suitable schools for the children. And so Veronica decided that a change was needed.

For Veronica, now in her forties, the search for a new house represented her attempt to find a way to deal with a new stage in her life. It represented, moreover, an attempt to find a new space where she could live, together with her husband and daughters, in a more serene and free way. Veronica and her husband had already accepted an offer on the apartment where they were then living, this sale being necessary for them to be able to afford the new house. Although time was beginning to run out, Veronica felt blocked and had not even begun looking for a new place. Unexpected difficulties emerged as Veronica attempted to fulfil her need and desire to expand her living space. A dream she told me about and the associations linked to it clarified the nature of her predicament.

I dreamed that Marina wanted to talk to me. She may have wanted to complain about her suffering. I was fed up with her.

The patient had never spoken to me about Marina in our previous sessions; the arrival of a new character in psychoanalysis is often the indication of something important going on.

Dr. Neri: Marina ...!?

Veronica: Marina is Gianluca's wife, a guy I went out with when I was much younger. Gianluca was a caring guy but he seemed to be in a state of suffering and he was trapped. Immediately after we broke up, he got together with Marina, whom he then married. Marina is a very active and decisive woman; she protected him and apparently guided him. Everybody saw this as a positive step for Gianluca but to me it seemed as though he were becoming ever more entrapped by his illness.

It occurred to me that Veronica was raising questions about the consequences that every decision may have. What appears to be is not always what it is. Gianluca

may have been better off on his own after breaking up with Veronica: choosing to suffer can sometimes be a better option than wanting to feel better straight away.

Veronica (continuing): The relationship between Marina and Gianluca followed a fixed scenario. Marina tried to perk him up and at the same time he was becoming ever more withdrawn and passive. A number of years went by. He went into hospital a few times. Then Gianluca committed suicide.

I was shaken. Suicide signals the impossibility of feeling that one could be at least a little loved. Veronica must not have wanted to talk about this with Marina (in the dream she gets fed up when Marina looks to her for help). Veronica, instead, probably wanted to talk to me about her ex-boyfriend's suicide.

Dr. Neri: How did Gianluca kill himself?

Veronica (somewhat surprised): Why does that matter?

Dr. Neri: The way in which a person commits suicide can say something about what his state of mind might have been.

Veronica: He hanged himself. He locked himself in a garage and hanged himself.

I decided it was better to keep the dialogue going than stop to reflect on what she had said, leaving the patient on her own.

Dr. Neri: Gianluca, probably, felt increasingly entrapped and suffocated. He had a lot of anger locked up which he could not express.

Veronica offered no reply. I thought she was probably less interested in the motives for Gianluca's suicide than in something else which concerned her personally. I wondered whether she felt guilty about it.

Dr. Neri: And how did you feel about it?

Veronica: I was sorry to hear about it, but not surprised. Somehow it seemed to me as if all the conditions were there for it to end in this way.

Veronica's associations then developed in an unexpected way. Gianluca and Marina's dramatic entry on to the psychoanalytic stage provided a background for other events in which Veronica was herself the protagonist.

Veronica: When I was going out with Gianluca, I was in the Scouts. For many years the group was very important to me. But when I was eighteen years old, certain events, which I have already spoken to you about, undermined my confidence in the Scouts movement.

Veronica had, it is true, told me a few months earlier about some friends of hers from the Scouts who had taken LSD. When the leaders of the Scouts found out what had happened, they reacted very harshly, without showing the slightest concern for the boys.

Veronica (continuing): It is not only the LSD episode that I am referring to. More generally, I had begun to feel that belonging to the Scouts no longer corresponded to what I was and to what I was feeling. In a meeting with my companions and the leaders I announced that I wished to leave the group. They tried to persuade me to stay on. But I remained firm in my decision.

It occurred to me that leaving the Scouts must have been one of those decisions that 'turn over a page', a bit like the one Veronica was now making in order to move house. It also occurred to me that her then boyfriend Gianluca had been unable to take a decision, to face up to the separation and to mourn his loss.

Veronica (ending the conversation): After I left the Scouts, I went through a long period of loneliness and depression. Following my mother's advice, I entered group psychotherapy which helped me immensely. Then I met my husband, Vanni. The first of my daughters was born.

The session was about to draw to a close. I felt it was my responsibility to say something which could prove to be extremely important for the patient. The divorce Veronica was talking about was not the separation from Gianluca (which had already taken place), nor from the Scouts, but from Marina. More specifically, it was a divorce from that part of herself which was so terrified by the prospect of a catastrophe (of Gianluca's possible suicide, of the consequences of moving house for her and her family) that she acted in such a way that the catastrophe became almost inevitable. But it did not seem possible to speak about this now to Veronica. I did not believe, in truth, that Veronica would have been able to 'divorce' Marina. Now, moreover, she could not even get closer to the part of herself which Marina represented. I decided not to speak about the divorce for the time being, nor to suggest to her the possibility of an integrating Marina into her Self. I went instead for

another option: to draw her attention to and highlight the force which compelled her to leave the Scouts and continue with her life.

Dr. Neri: You were very brave to leave the Scouts and listen to what you felt was more authentic in you.

Veronica replied with a clearer voice and made a connection between her former decision and the current one of moving house.

Veronica: If I were alone, or even if it were just me and Vanni, I would not find it too difficult to decide which house and which neighbourhood to go for. What hinders me is my sense of responsibility towards my daughters.

In the subsequent session, following the weekend break, the patient told me that she had had a series of very brief persecutory dreams, after which she had felt better. She told me that she went to see a few apartments which both she and Vanni liked. Moving house would certainly be a shock for her daughters but Veronica thought that it was the best solution for them too because they would be exposed to a more refreshing environment. I would suggest that the persecutory dreams may have been her way of digesting both the majority of her remaining fear and the sense of persecution which were hindering her.

The two faces of Veronica

The life of thought and emotions is made up of the presence and interaction of representations of psychic agencies and by the presence of the inner counterparts of the Self-objects. It is also animated by principles, 'clouds of feelings', thoughts and expectations. The elements of this melting pot are mixed and fused together. At times, they are personified by more concrete figures, as in the case of Veronica's dream about Marina.

The switching between and overlapping of states of mind usually occurs almost imperceptibly. The dialogue between 'internal characters' is continuous. It could be a verbal dialogue or just the experience of being quietly together. Other times it consists of an agitated pushing and shoving that is comparable to that of people who help each other cross a difficult point in their path or, who, on the contrary, block the exit of a narrow passage. The 'internal characters' may disagree, but they will never irredeemably break up with one another. If one of the characters is separated from the core of the personality, this is the product of a lengthy and painful process of transformation.

In the case of my patient, there was not a dialogue between 'Veronica-Veronica' and the aspect of her Self which was personified by Marina. 'Veronica-

Veronica', the honest and cheerful young woman, who is neither moralistic nor grandiose and who has entered into analysis, does not want to have anything to do with 'Veronica-Marina-Cassandra'. She is afraid of her obstinate blindness which attracts, or even causes, appalling accidents. But in spite of her attempts to divorce this aspect of her Self, she is conditioned by it, and, in moments of particular weakness, it even takes over and dominates her (Thigpen, Cleckley 1957).

Who is the authentic Veronica? 'Veronica-Veronica' or 'Veronica-Marina'? If what we mean by authenticity is being true and real, then we would have to say that both are authentic. If, on the other hand, what we mean is having the capacity to accept and express contrasting feelings and fantasies, then we would have to say that neither is authentic. Only the transformation of the split-off part of the Self, represented by Marina and its integration within the central nucleus of the Self, could lead to complete authenticity.

Authenticity, in this case, can perhaps be understood as a conquest of a larger psychic space where different aspects of the Self and numerous object relations can co-exist. It is the conquest of a relatively fluid psychic space, which may allow for communication among different parts of the Self, and whose more complex articulation does not involve loss of wholeness or homogeneity. By dreaming about Marina, Veronica has already begun to occupy a larger house which provides a home for numerous thoughts, feelings and self representations. Indeed, Veronica has not dreamed and spoken about Marina only as a persecutor (someone she is fed up with) but also as a person with a real and complex existence. In a space of this kind, 'Veronica-Marina' will be able to develop because she will be freed from a condition of exclusion and marginality.

Definition of the concept of authenticity

Authenticity can be defined in as many different ways as there are individuals who display it. Before offering some concluding remarks, let me recapitulate on the five approaches I have used in this article, in the hope that, as a whole, they will provide a definition that is sufficiently clear and rich to be useful in our psychoanalytic work.

- a) Through my account of Bellow's experiences and the clinical case of Patrick, I have presented the achievement of greater authenticity as being a result of an acquired capacity for modifying 'alienating identifications', that is, identifications which involve 'the tyrannical intrusion on the part of an object which will never go away and becomes a psychological organizer' (Faimberg 1993). As a result of alienating identifications, an individual's psychic life revolves around someone else's life history, often around that of one's father or mother, something that we cannot raise questions about (Baranes 1993). Among other things, these identifications produce a systematic rejection of one's identity, of one's originality and of the peculiarities of one's character.

This turns the individual into an indistinguishable part of the family or, on the contrary, leads to a stubborn and often self-injurious rejection of even belonging to it. In order to stimulate a greater sense of authenticity, it is useful for the analyst to clarify the mechanisms involved in the patient's identifications. Furthermore, it is important for him to be aware that some identifications may also lead to the entrapment of the Self. If we focus on the patient's search for authenticity, we can, indeed, see how the struggle to escape from such tight containers simultaneously occurs with the need to allow a more fluid and mobile Self to emerge. However, this transformation of identifications, which provides the scaffolding for the Self, is initially experienced by the patient in terms of a risk of getting lost, of remaining alone and of becoming self-destructive. But in the long run, authenticity turns out to offer valid support in one's life and in one's relationships. It is as if the individual, in the process of becoming more authentic, had made a mark on his own way of feeling and interacting. This mark prevents him from sliding down too far towards passivity, self-indulgence, dullness and a sense of futility.

- b) The second approach is very similar to the one I have just outlined. This considers the attainment of authenticity as the taking on board of a kind of 'Home Rule'. By this I mean being one's own source of authority and legitimation, and as a result not needing to have recourse to an external body or person, in order to decide on matters concerning one's own life. Considered from this point of view, authenticity comes across as a powerful force which we are both attracted to and afraid of. Pursuing authenticity means paying attention to something that is boundless and unknown, which, nevertheless, is understood as being essential. If a person plucks up the courage to act in a more authentic way in areas which, for him, are important and difficult, he will realize that those surrounding him respond to this change far more favourably than he would have ever imagined. Of course, not everyone will respond favourably: some will actively object to this change, and some relationships will inevitably come to an end. Nevertheless, as the Italian saying goes, *il diavolo è meno brutto di come lo si dipinge* ('the devil is not as nasty as we like to imagine'). I would also like to make it clear that when I speak about 'Home Rule' I am referring to something which is limited and which takes the feelings of those one is emotionally close to into account. In order to advance in life, we always need, and are always looking for, the approval and possibly the admiration of the important people surrounding us (the main Self-objects). Nevertheless, coming to appreciate the power and pleasure of pursuing one's own path, without always having to consider what one's mother, father, wife, husband or teacher thinks, represents a momentous step.
- c) The third approach emphasizes the capacity of containing, articulating and giving expression to emotions, as well as understanding 'emotional truth'. I

have discussed these themes with reference to Winnicott's theories and by emphasizing the similarities and differences between spontaneity and authenticity. I would now like to pay a brief tribute to two other psychoanalysts who have made significant contributions to the understanding of this issue. Melanie Klein (1948) considers the capacity of experiencing one's emotions and feelings intensively and directly as an achievement of the 'Depressive position'. An individual repeatedly comes close to experiencing and understanding raw, passionate and ambivalent emotions which he feels for a previously idealized object. In this way, by abandoning defences and deceptions, he gradually becomes better able to recognize and contain his own emotions, feelings and fantasies.

Expanding on Winnicott, André Green (1983) directs our attention to the importance of the 'dead mother complex'. The 'dead mother' is not an absent mother; on the contrary, she is in some respects all too present. It is the internal image of a mother who is so concerned with her own mourning condition that she is unable to offer support and affection for her child. The mother who should have been his source of life has instead been (and continues to be) a dull and almost inanimate figure. The 'dead mother' constitutes a kind of barrier between the individual and his ability to gain access to a most intense experience of emotions and feelings.

- d) The fourth approach sees authenticity as the capacity of taking part in the social game, the 'great human game'. Authenticity, seen in this light, does not mean doing 'what you feel like doing' without showing any consideration for others; on the contrary, it means accepting the existence of rules and of other participants in the game and actually enjoying it rather than feeling constrained by it. I dealt with this when I drew upon the contribution of Marcel Mauss on the subject of 'body techniques' and examined the condition of 'severely disturbed patients'. From this perspective, authenticity is about reaching an uneasy balance between, on the one hand, taking the requirements placed by the need to be part of a couple or of a group into account, and, on the other, allowing oneself to be conditioned by this to the point of conformity and paralysis (Gaburri and Ambrosiano 2003). He who speaks with his own voice is a member of a community of people with whom he has chosen to share thoughts and feelings. By offering a personal contribution and by being honest with them, he exercises and enhances his own authenticity. By acting in this manner, he also encourages the growth of the authenticity of the community to which he belongs (Arendt 1967, p. 32 e p. 38).
- e) The final approach taken in this essay places particular emphasis on the fact that being authentic is the fruit of an integration of the Self. Considering authenticity in this way might seem to contradict the first two approaches I discussed, which see authenticity as a capacity of modifying constraining

identifications and as the taking of 'Home Rule' on board. In part, this contradiction may be resolved by suggesting that the path towards a greater personal authenticity involves the capacity of recognizing what is intimately part of us and, what, instead, does not belong to us or to our life project. I have adopted this approach (authenticity as the product of integration) in my discussion of the clinical case of Veronica. I would now like to stress that authenticity does not mean an absence of conflict between different aspects of the Self, but the chance of combining them in a different way than through neglect, splitting or denial. Greater authenticity is the outcome of the coexistence of known and trusted parts of the Self and others which until that moment had been rejected. 'My own view of the healthy self [...] is having the ability to experience a sense of wholeness, and, at the same time, being capable of manifesting multiple self-states more or less accessible to the person or more or less dissociated' (Shane 2006, p. 35).

Conclusion

Some families provide a sense of cohesion by developing a culture in which falseness and lies are considered to be better than truth and authenticity. Indeed, falseness (on the surface) allows everyone to do as he pleases by maintaining an appearance of agreement. Truth and authenticity, on the other hand, lead to the emergence of different points of view, and therefore of debate and at times even conflict (Corrao 1976).

Clinical experience would suggest that patients who have had an unhappy childhood and who have experienced serious traumas, but who have lived in an environment encouraging honesty and authenticity, have a better chance of engaging in fruitful analytic work than those who have instead grown up in an environment dominated by hypocrisy and lies. These considerations about the culture of the family can also be extended to the Self. There is a greater chance of a positive development towards Self coherence if the internal culture is characterized by honesty and authenticity.

As psychoanalysts, we must have the utmost respect for the lies, defences and protective fantasies which patients create at great cost to themselves in order to keep unwarranted excesses of authenticity at bay. At a certain point, however, these defences may cease to work properly. When personal identity (being oneself) is built too rigidly or narrowly, the patient's capacity to be open-minded and dynamic are sacrificed. Thus, though we must employ all necessary caution, we must recognize the presence and the negative effects of falseness and self-indulgence. At this point, our goal as psychoanalysts is to help patients attain a fuller personal authenticity.

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