

Countertransference when dealing with “the intolerable” in severe traumatic situations: Omar’s case

Silvia Elena Leguizamón *

Abstract. The author focuses her paper on two outstanding issues deriving from her work with seriously traumatized patients: “*The patient’s silent placement in the analyst*”, i.e., “the intolerable” that the patient leaves in the analytical field and in the analyst; and “*the readjustment of psychic and somatic balances*”, which refers to the contact with reality, the drives and the body –the three main areas of exchange with the psychic level. Furthermore, the author deals with the counter-transference of the analyst when faced with “the intolerable” of these patients, based on clinical cases. She suggests that, for the patient that suffered a serious traumatic situation, the new object represented death and destruction, leaving him/her helpless and abandoned; and these archaic situations are overcome in the company of other person, a primary structuring object that the patient is now unable to find, a real process of late disobjectalization. The author also reflects on the meaning of reaching, by way of the analytical work, the limit of “the tolerable”. Providing the patients certain free areas where they can build their own ability to think and creatively generate certain aspects of their life, that would be part of the analytical work.

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...Cambia, todo cambia.
Pero no cambia mi amor
por más lejos que me encuentre,
ni el recuerdo, ni el dolor
de mi pueblo y de mi gente.
Y lo que cambió ayer
tendrá que cambiar mañana,
así como cambio yo
en esta tierra lejana.

Based on the theme of this Congress – “Psychoanalytic Practice: Convergences and Divergences” – I would like to share my experience in a research area I have been working in for two years under the “Devereux” Project at “Lo Scalo” Mental Health Center in Bologna, where different cases of political refugees and immigrants from different countries are received and followed through. My task is to deal with certain cases and the analytic supervision of the work carried out at the Center mainly with psychiatrists, psychologists, anthropologists and health providers, who are the ones that have a direct and daily contact with the patients’ most painful issues. There, I have the possibility to develop new ideas to deal appropriately with each situation and to theorize on them. I will therefore deal only with one aspect of this complex subject –leaving aside many issues on which others have already written–, trying to focus on my clinical experience and share some reflections on Omar’s case. My interest focuses on what happens in a structured adult psychism (Freud’s traumatic neurosis) within a series of psychic and somatic dynamics, as well as on the balances in the main three areas of exchange with the psychism – reality, drives and body– when patients are subject to serious and time-lasting traumatic situations. On the other hand, I would like to highlight the importance of the analyst’s *counter-transference* when faced with “the

* Full member in training function of the Argentine Psychoanalytical Association. Full member of the *International Psychoanalytic Association* (IPA). Address: Via dell’Indipendenza 62, 40121, Bologna, Italy, E-Mail <seleguizamon@yahoo.com.ar>.

intolerable” of such patients, which requires a particular approach. Thus, we will deal with an aspect of psychism where –referring to the work of J. Puget and L. Wender¹– I could say there are *no superimposed worlds*, but separate worlds that will have to contact each other. Two different realities –that of the analyst and that of the patient– with different issues try to communicate with each other.

Based on certain elements I can gather, as analyst, during transference and counter-transference, I will focus on what I believe to be two outstanding issues: “*The patient’s silent placement in the analyst*”, i.e., “the intolerable” that the patient leaves in the analytical field and in the analyst, and “*the readjustment of psychic and somatic balances*”, which refers to the contact with reality, the drives and the body –which, as I have already mentioned, are the three main areas of exchange with the psychic level. All this is framed by what is known as “*identity readjustments*” –a subject I will not deal with in this paper.

For a better understanding, I will develop each of these aspects as I share the clinical material of my sessions with Omar.

Omar’s Case

Omar comes from the Islamic world. He’s forty years old and has arrived at the service center three years ago after three suicide attempts. He has a tragic background: six months of torture – which he calls “interrogatory”– and one year of imprisonment. One year after his release, he decides to go to Europe (this happened ten years ago), entering through a northern country, where he takes a new name. When the chief psychiatrist at the service center suggests him to begin therapy, Omar asks for a male therapist. However, there were no male therapists available at that moment. Anyway, she believed that I could be the appropriate person, not just because of my age² but also because I am Latin American and I have experienced tragic historical situations with military governments, authoritarianism, *desaparecidos*, tortures, state terrorism, etc.

Omar immediately accepts the proposal, arranges an appointment with me through my colleague, and comes to the first session. At the corridor, he shakes hands with me and, as I lead him to the office, he says with a smile, “*The doctor specialized in torture*”. I acknowledge the ambiguity in his remark. Because of his use of the language, he would certainly have noticed what he has said. I smile and say, “*Yes*”.

As we make ourselves comfortable, he immediately asks me if I have ever been tortured. I answer him that I have not, but that I come from a country where, for many years, we suffered serious incidents of torture and *desapariciones*; so, as an analyst, I know and I have read a lot about the subject, and I have even treated patients from both sides. But that I have never been tortured. I say that this is why María, the chief psychiatrist, suggested him to do therapy with me.

I will call him Omar from now on. I will call him Omar and even though I change his name, the name he was given in his political refugee papers is not actually his name. What was his name ten years ago? I do not know.

Omar makes himself comfortable, leans forward and, after listening to me, he leans backwards, says, “*Ok*” and willingly waits for the session to continue.

I explain to him that he can talk about anything he wants and that I will not make questions so as not to bother him. He immediately says:

Omar: “*I don’t know what you know about tortures. What they did to me was...*”.

¹ Janine Puget & Leonardo Wender, *Analista y pacientes en mundos superpuestos* (“Analyst and Patients in Superimposed Worlds”). *Psicoanálisis*, 1982, 4, 3: 503-522.

² This type of work is difficult for young therapists: either patients quit therapy or therapists quit the service center.

And he starts describing some events... nothing that cannot be imagined or thought. I do not think he can say anything outside “the thinkable”.

He does not talk about tortures again for a few months and, when he does, he tells me very little. He knows he wants get rid of all the stories, but he cannot talk and, anyway, he will not be able to *forget*. He ends up telling me about his current daily life and some memories, without going into details, recognizing that torture memories are not the only thing he can tell me in a session.

I believe that several important issues become evident from the first session. On the one hand, he is supported by the trust he has in the service center, where he has been treated for the last three years. This transfer becomes a very important part in our therapeutic relationship, since he believes he can trust me in a certain way, granting me the benefit of the doubt and following the suggestion of María, the chief psychiatrist.

He is very polite and gentle, he always lets me in first in the office, and he always tries to have a smile on his face. He does not express anger but surprise and a slight annoyance when he tells me about his fellow countrymen abroad, whom he does not understand and criticize for having forgotten about their country of origin; or when he talks about the government, which delays the processes he has started to obtain a house and a job. He always defends himself reasoning, with words and arguments; he does not yell and tries to be heard. In his country of origin, he would engage in creative intellectual works and studied at the University. He is an atheist and never talks about religion. However, he strongly criticizes the impositions of the fundamentalist regime that forced them to change and adapt to certain customs Omar does not want to *tolerate*.

He looks like a lost, scared child who is unwilling to stop being who he was: a gentle and polite person, with ethical and moral principles which he felt proud of. A few months later, I discovered that his father –who died from an illness– at home, always criticized (but without exposing himself) the political and social changes in their country. I wonder: What type of claims led him to suffer imprisonment and torture? Did he really know the risk he was taking? Thinking about any potential identification with his parents.

In this type of cases, the general situation changed for the individual in every way, and his psychic apparatus cannot easily adapt to the new situation. The ego is absorbed by an over-vested and overwhelming reality, leaving the drive life lost in his past history, and becoming trapped by that same recent past full of trauma and suffering, which at the same time cannot be “forgotten”.

The most shocking thing is to see a devastated psychism, where the remains of creativity and symbolization can be perceived crushed and overwhelmed by a traumatic reality that gives the individual no respite. Knowing what and when to interpret is part of the difficult analytical task. Our assignment would be to avoid any tendency to deny, refute, or –as it often happens– disbelieve what the patient is saying on the basis that the stories are just unreal fantasies. In such cases, the placement of “*the intolerable*” blocks the analyst’s working capacity: instead of listening and protecting what the patient has deposited, it clears the way to the *thinking capacity*.

Omar comes to the sessions, but not regularly. One day, after two months, he says, “*I’m very sorry, doctor, but I keep forgetting the day and time of my appointments with you... days go by and I don’t remember*”.

Analyst: “*Don’t worry. Every Wednesday at 12 o’ clock I’ll be here waiting for you. If you can’t come, don’t worry, just come the next Wednesday or when you remember*”.

O: “*Ok, doctor, thank you*”.

After that, he lets me know through the nurses when he cannot come. I give him my cell phone number and, after six months, he calls me to tell me why he could not make it. However, from time to time, he misses a session without notice. Each time we get together again after a missed session, he apologizes as soon as he arrives. One day, just as he was leaving the office, he asks me: “*I don’t understand, why do I keep forgetting to come, doctor?*”.

A: “Omar, I think you have experienced a lot of things in your life. You feel you want to forget. The sessions are not what you need to forget, but well, you also forget the sessions”.

He looks at me, surprised and thoughtful, as if he could not make sense of my words. This is the first time I feel the need to talk and give him a simple interpretation, fearing I might move him beyond his possibilities. He leaves the office with the usual smile and shakes hands with me.

From that day on, Omar did not miss any session without calling me first, and he rarely misses one. Maybe he feels I can comfort and understand him.

Omar is a man with a high cultural, intellectual and symbolization level. It is not that he cannot understand. He needs to put his pain in order and gather the remains of what was some kind of organization so as to build something that will allow him to think beyond the daily “surviving”. That is how Omar experiences his sessions.

I consider it important to take into account the responses I may give to him, because –as René Roussillon says, based on Winnicott– in a satisfaction experience, it is not only the object’s response, the meeting of a need and the backing of the subject’s sexuality what is satisfied, but also the mirror response of the “object’s satisfaction”, which allows the individual to fulfill a satisfaction experience with a significant other that will be evoked in each (re)encounter with new objects (when looking for a reencounter with the old object). This psychic structuring scheme is lost in the psychism’s disorganization when faced with serious traumatic situations. The new object represented death and destruction, leaving him helpless and abandoned; archaic situations that were overcome in the company of other person, a primary structuring object that the patient is now unable to find, an actual process of late disobjectalization.

The individual feels he lost his references and returned to a situation of defenselessness and abandonment, but now as an adult. Therefore, in his daily life, he looks for the remains of a past life that may give a meaning to his existence, pieces of identifications and thoughts, remains that may minimally allow him to make sense not of what happened but of his existence, of himself.

These are slow and complicated processes that intermix with withdrawal, insomnia, addictions and other symptoms that, in Omar’s case, led him to three suicide attempts.

Omar looks for a face that will “comfort” him, a look, a gesture, I do not know, something familiar. And this is difficult for him in a foreign country. He does not have the courage to talk and he lets me interpret what he feels and, above all, imagine what he experienced, *but in silence*. At the *counter-transference level*, I experience no prohibitions, no voids, no sadistic fantasies of the tortures suffered by him, but the fragility of a psychism overwhelmed by stimuli, detachments, disobjectalization, and pain. At first he seemed he wanted to tell everything, as if he could, in that way, get rid of it forever, but he realizes that he does not have the words to do it. This is when he begins to recognize that he *misses sessions*, that he *forgets about it*. That is why I feel that his *forgetfulness* represents a desire difficult to fulfill. And I think about the placements he makes of “*the intolerable*” in me, in the form of images and fantasies I can have in my mind, making me think about his sufferings, which I can imagine. But I feel I cannot tell him this for fear of hurting him –just like a mother does with her baby, when she understands its needs and gestures without talking. I believe it is a relief for him that I am a woman, since I represent a new object which, on the one hand, is different from his torturers, and, on the other hand, is a cultural barrier that defends him from any aggressions, from the repetition that threatens to turn him into a torturer himself (the identification with the aggressor), and which allows him to get closer to a primary object that, in Omar’s case, must have been a (para-excitatory) protection barrier.

I also think about “*the adjustment of psychic and somatic balances*”, since I am the one who lends him my mind to recreate his psychic functions and give him space to reorganize old and new functions, by *tolerating the placements*.

One day, after one year of sessions, Omar asks me: “*Doctor, do you remember what I told you about the tortures?*” (*and he remains silent*).

A: “Yes, I remember, but... what do you want to ask me?”

O: (he smiles and says naturally) “What do you think?”

A: “I think a lot of things. I can tell you what I think, but give me some direction, tell me what you are interested in, so I can give you a better answer”.

This is the second time he asks me to speak to him, to interpret the facts. I feel he is not only asking me to give him something, but that he wants to be seen and prove that I see him, that I listen to him, that I care for him, that I can understand him. He wants to listen to what I think and that I do not express, and to prove that what he has been depositing in all the sessions –which is a part of his life– is still there.

I believe that *he feels himself* in a position to start listening and saying something, mainly start thinking. He says: “*It’s a very high price for what I did*”.

A: “*I don’t think we should deal with this in terms of a punishment. In the case of a murderer sentenced to life imprisonment, we could talk about punishment but, in your case, this does not have anything to do with punishments. Life is not fair or unfair, sometimes things happen to us. But it has nothing to do with a punishment. If you look for it, you’ll always find something to feel guilty about, but nothing justifies what they did to you. The same happened back in my country: they killed a lot of people because of absurd connections. There is no justification, and much less guilt...*”.

I am permanently thinking about what I say, and about Omar’s face, trying to feel what I feel and what I think. I talked to him about guilt, the guilt he showed one day when he told me that he might have done something.

On the one hand, we see the intolerable outburst of a psychic apparatus that can indeed symbolize but not tolerate the pain deriving from the memories, which leads the patient to separate that part of his history. This *split nucleus, with strongly melancholic features* –not strictly pathological, but trying to gain a psychic balance– threatens to return, to enter the pre-conscious psychic circuits, since an integrated psychism tends to representation and remembrance. However, memories trigger feelings such as *guilt* in view of the patient’s belief that he is responsible for how the events developed, and *shame* for what he has experienced –a sadistic action of the superego–, a tension that becomes persecutory and intolerable. And all this finally derives in a feeling of *inner loneliness and abandonment*, leading the individual directly into the *split melancholic nucleus*, which returns time and again to torture him. Within that nucleus, the repetitive compulsion of aggression and torture is locked in inner psychic circuits that are neither projected into nor transferred to others, which results in the risk that the patient –faced with the impossibility of placing outside– may look for his death as a solution. This is an adult that for the first time suffered the defenselessness and the blows of destruction and of the death drives upon encountering the renewed other –who is, nevertheless, absent and sadistic–, in whom he cannot be reflected, seen and recognized. This generates a crushing of the libidinal economy, tending to chaos and disorganization, which generally ends up in the rupture of the patient’s psychic balance, resulting in his psychotic disorganization, self-aggression or psychosomatic unbalances.

I feel I must talk and be silent in his place, guessing what he feels and what he dares to face, what he cannot structure in his discourse. Many months ago, I had pointed out to him that he was not a conformist, that he was indeed a non-conformist, but that he was not fond of any type of violence. He smiled and felt happy that I had grasped –today, after all that had happened– the kind of man he had been before being arrested. We must bear in mind that he is a political refugee, that he has not seen his family for ten years, that he is called by a name that is not his real name, and that he does not share his experiences with anybody.

I believe that his “*silent placements in the analyst*” allow him to think again. As from that moment in our analytical journey, he finally found a job he managed to keep, and made plans to buy the necessary equipment to *take up again* the profession he had carried out in his country of origin, trying to recover the remains of a creative past.

The idealism expressed in his dialogues is a significant point of identification that still binds him with himself and with his past. I believe that his identification with a father that told him how well everybody lived before the Islamic fundamentalism plays a significant role in his identity.

Thinking the case from the metapsychological and technical viewpoints

I will focus here on two fundamental theoretical-technical issues in Omar's therapy: "*the silent placements in the analyst*" and "*the readjustment of unbalances in the patient*", within what we could call "*identity readjustments*".

Let us deal with the first issue, "*the silent placements in the analyst*". I am referring here, at a first level of analysis, to the current traumatic aspects *placed* by the patient in the analyst –not only the logical unconscious aspects in any analysis, but also the aspects in his consciousness he cannot split (or "*forget*", as patients might say) in order to go on with his life.

The psychic apparatus changes its dynamics, and all the psychic and somatic balances are affected –to a great or lesser extent. A temporary disorganization and disintegration predominates, whether at the contact point with reality, with drives or with the body. Additionally, symptoms of depersonalization and derealization, organic diseases, acting-out behaviors, or functional disorders of all types appear in a first attempt to discharge what cannot enter the symbolization and elaboration circuits.

Secondly, we can see "*the readjustments of psychic and somatic balances*" that stamp the "intolerable" mark in the core of the trauma, which is impossible to elaborate on. I believe that it is the human imprint what actually leads us to "the intolerable", i.e., a limit that goes well beyond the possibilities of psychoanalysis and of the analyst, which could be expressed as an existential void, a psychic death that symptomatically manifests itself as an intentional, accidental, or disease-related death. All this expresses *the limit of what a human being can tolerate*, and its individual manifestations.

On the other hand, in the case of serious pathologies pre-existing to traumatic situations, the original failure to encounter the primary object would stamp the mark of defense mechanisms performed by a psychism that finds its way out of the traumatic situations in such psychic pathology.

In the limit of human tolerance... that is how I perceive Omar's suicide attempts. He struggles day after day to meet again with his own life, his vitality, looking for fragments of himself and of the significant other, trying to readjust them to an inevitable new situation, his new identity –a political refugee.

And when we talk about "*the placement in the analyst*" we cannot help remembering Bleger's thoughts, when he talked about the placements within the framework. I believe that, in these cases, the *placement* goes beyond this, reaching the field and the analyst him/herself. Thus, the analyst should not split and place in the analytic framework what the patient places in the analyst. Rather, the analyst should act as a mother that looks at her child and tries to "interpret" his needs, knows what to interpret and when, and works analytically on behalf of elaboration, bonding and significance without overwhelming him, just thinking about this patient in particular, helping him recover his "thinking capacity" without the interruption of memories that should be forgotten. Thus, the "*readjustment of psychic and somatic balances*" is encouraged through this technical resource, which should result –at best– in the isolation (just like Freud's dream's navel) of a portion of "*the intolerable*" that will be there throughout the patient's whole life.

In counter-transference, what is at stake is the analyst's capacity of understanding, comforting and tolerating the patient, in order to receive him and let him use the analyst's inner space, so that the patient may place in the session, in the analyst and in the field an intolerable portion of his

history, which is difficult to share. Therefore, I use the work method whereby the analyst has only one patient with such extreme experiences and the supervisions of the team are the space where the analyst can place his/her own anguish and intolerable representations.

On reviewing current resources about “early trauma”, I found that Anna Potamianou states that trauma precocity appears with the characteristics of what is not bonded (Green and the Botellas): the absence of what should have been there but was not coincides with the absence of the perceptive contents. The Botellas talk about the subject’s not invested aspects by the primary object; on the other hand, Potamianou emphasizes the investitures not performed by the subject on his/her erogenous zones, which are the source of self-eroticism and of the thinking processes. We could describe here a traumatic situation that evokes, in the analyzed-analyst relationship, a re-edition of the subject-object relationship, both at the dawn of psychism and at its formation, with the resulting different re-significances at the *après-coup*, introducing new experiences over the devastating experiences proper of an early traumatic situation.

Instead, in “traumatic neurosis” cases (as referred to by Freud), I believe that in the analytic field a certain dynamics appears, which requires the analyst to make his/her “subjectivity” and his/her “inner framework” available, so as not to generate any defensive countertransferential resistance against the projections and placements made by the patient, which could block the therapeutic process. We work on binding processes that were devastated; therefore, the idea of taking the time to interpret and construct would mean lending our minds “to tolerate” –rather than lending our minds “to bind and symbolize”. The analyst’s tolerance expressed by his/her silence in the transferential repetition is not aimed at co-building a story only to talk about it but to silence it. This would allow for recreating inner spaces to put in motion thinking processes that will lead to bonding and re-bonding, symbolization, etc., and maybe to learn to live with “*the intolerable*”.

It is important to reflect here on the meaning of reaching the limits of what we lost of ourselves, of the unrecoverable parts of our psychism. Press refers to this idea when dealing with constructions in seriously-affected patients, stating that limits exist in analytic therapies because a limit is a human fact, a characteristic of our own self, which helps create freedom of thought, even at the border of the navel or the rock –as Freud puts it. It means reaching the limits of “the thinkable” without interrupting the free flow of psychic processes. This would be an attempt to control the non-psychicized traumatic nucleus which defends itself from the lack of representation and, doing so, contaminates the processes of a poorly-structured psychism, which becomes extenuated by repetition and defensive actions. According to Press, the approach in serious cases would be to work on the defenses that compensate the psychic structure in the form of a false self. And these defenses fill in the gaps, and help learn about mitigating defense modes to repair para-excitatory failures that were not able to create more appropriate defense mechanisms.

If we apply this approach to patients that suffered serious traumatic situations, we will see how the psychism slowly defends itself from reality, by creating split mechanisms aimed at allowing the patient to “*exist*”. Providing the patients certain free areas where they can build their own ability to think and creatively generate certain aspects of their life... that would be a part of the analytical purpose. And, above all, the objective would be for the patient to find mitigating defense mechanisms that may circumscribe “*the intolerable*”, transforming it, in turn, in a *non-elaborated* zone within the psychic apparatus.