

Hidden unconscious, buried unconscious, implicit unconscious

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The need to extend the concept of the unconscious beyond the limits of the repressed unconscious has arisen above all from progress in clinical experience. We are more and more observing deep, non-represented areas or elements, the result of uncontained pre-subjective impacts not endowed with meaning, not integrated, or not shared at the appropriate time with a present and reliable parental object; or as the outcome of massive post-traumatic regressions in which the subject's Central Ego falls short of its own standards of functioning and becomes dramatically de-structured in an acute manner (a «regressive hole», Bolognini, 2019), with the loss of the capacities for representation, metaphor, and symbolization.

Thus, unprecedented perspectives have been opened up for understanding both initial basic functional immaturity and the dysfunction caused in later periods by post-traumatic disorganisation/de-structuring of the Ego.

To the first scenario (shortcomings in the formative phase, *ab initio*, of the representational, metaphorical, and symbolic functions) I would add the flourishing and necessary development in psychoanalysis of an orientation which privileges the «Unconscious as the site of creative-developmental potentialities»: this is not a case of merely finding the way to release the repressed from censorship, or of reclaiming what has been dissociated or even banished far away in extra-gravitational spaces outside the Self; rather, it is about allowing the unconceived, the never thought, the incomplete, the newly possible, to germinate and flourish in the encounter and in the work that is done together.

Many scholars of Bionian theory and practice are moving in this direction, especially by their endorsement of shared reverie. But other theoretical and clinical currents are also turning towards forms of psychic enrichment and expansion through the provision of basic functions that were deficient at the start of life: the temporary renewal of the necessary physiological fusional capacity, mirroring, beginning the capacity for play, and the gradual experience of the interpsychic are only some of the possible ways in which the analytic process can be channelled towards this proactive dimension which certainly cannot be prescribed or even recommended pedagogically, but for which analysts can be educated and trained if they possess in embryo the personal qualities that will enable it.

This extension of the concept of the Unconscious is contributing to important broadenings of technique since there is now a consensus that these deficient areas need a more complex analytic function than the simple descriptive/interpretative highlighting of configurations and developments by giving the patient an explanation or information. To pass co-experientially through extended primary states of the Self that have been devastated or abandoned, to re-present/revisit traumatic incidents, and to develop a representational capacity all require an analytic co-presence of a different quality from the kind that *ab externo* adopts a «dry» technical role of merely observing and objectively interpreting.

In some very severe cases, for example, when the analyst is called upon to share deeply in the experience of powerlessness that was the infant's and is still inside the patient, can be so overwhelming that it causes the analyst to despair, both about the fate of the patient and the treatment, and about his or her professional self-esteem. And not infrequently the simple perceptibility of this despair reveals itself to be unexpectedly healing: certain patients (like certain infants) have an absolute need for the object to experience – and not simply decipher – what they are going through, and in such cases there can be no psychoanalytic empathy without a measured and partial degree of sharing (Bolognini, 2002).

Even registering an experience within the symbolic levels of the Ego requires a protracted cohabitation and intersubjective cooperation in order to come into effect and be established: the «unvalidated» infantile experience (Stolorow and Atwood, 1992) and the experience «not formulated» require acknowledgement from the caregiver if they are to gain access to consciousness (Stern, 1997).

It is generally recognised today that the infantile experiences of the first two years of life are to be situated in the sphere of procedural memory managed by the amygdala as the regulator of the emotions since the hippocampus, which is essential for the explicit memory system, does not achieve maturity until two years of age (Warrington and Weiskrantz, 1974). For this reason, «the study of implicit memory... widens the concept of the unconscious and shifts it to a new place: from the realm of the repressed to the arena of biologically determined unawareness» (Ginot, 2015, from the *IPA Encyclopedic Dictionary of Psychoanalysis*, p. 615).

Acquisitions like this explain analysts' growing interest in the contribution of the neurosciences, although we are only just beginning to glimpse a usefulness in these that goes beyond a comforting confirmation of many psychoanalytic observations. «Many analysts find helpful to inform themselves of emerging discoveries pertaining to specific areas of psychoanalytic interest, e.g., documented neurobiological correlates of early traumatic histories and their partial reversibility by psychoanalytic treatment» (*IPA Dictionary*, p. 621). See also Kernberg, 2015; Blum, 2003, 2008, 2010; Mancina, 2006a, 2006b.; Busch, Oquendo, Sullivan and Sandberg, 2010.

And, thanks again to the vast body of clinical observations, there is an equal growth in the interest being paid to most basic forms of «translation of unconscious representations into reflective and symbolized knowledge (or insight), or from procedural coding to symbolic coding (primary process to secondary process, preverbal to verbal forms of thought), to new emphasis on allegedly non-conflicted, non-symbolized, implicit or procedural, knowing (Boston Change Process Study Group, 2007)» (In *IPA Encyclopedic Dictionary*, p. 616).

This is why today we are making efforts to explore pre-subjective states of the Self (Bolognini, 2019) which would be hard for those not fully prepared for the work to comprehend or even imagine; and we are profoundly interested in the concept of enactment which many of us have recognised as the possible fourth *via regia* to the unconscious, after dream, the transference, and the countertransference.

THREE LEVELS IN CLINICAL WORK WITH THE UNCONSCIOUS

Although the conceptual distinction between the processes of repression, splitting, projection, pathological projective identification, foreclosure, and schizoid dissociation (as you see, I am deliberately listing all these phenomena on a gradient of progressive distancing from the conscious integration of the Central Ego) has been perfected on the theoretical level in recent decades, the feeling is growing that in many cases they are less clearly distinguishable in clinical practice, and that there is an increase in mixed pathological scenarios (see, for example, the highly complex portrayal of hysteric-borderline/psychotic forms in the historical classification by Meissner, 1984).

I will present three clinical configurations whose classification might be disputed but which in my opinion are well enough characterised in this way: the first is a clinical case with a very marked neurotic quality; the second involves a massive post-traumatic functional regression; in the third scenario, without going into great clinical detail for lack of time, I will describe a prevalence of the deeper «structured» implicit.

1. The accident man

A traditional investigative countertransference involvement was aroused in me by a patient who presented a strange repetition of a markedly neurotic kind: this man, who came to sessions by car from a remote district, was periodically involved in small road accidents, never with serious consequences for himself or the other person, but always resulting in substantial damage to his car's engine or bodywork.

The remarkable aspect was that in all these accidents (bumps from behind, stop signs not respected by the other driver, being clipped by cars deviating into his carriageway, etc.) *the patient was always right!* But he really was always right, in the sense that the traffic police, when called by the two parties, concluded and reported

that, yes, he was indeed in the right and that it had been the other driver who had committed some infringement. Thus the patient was regularly compensated, even though the procedure entailed obvious inconvenience and waste of time.

I found this very intriguing. At the time I was concerned with empathy as a complex attunement of the analyst with patients' multiple internal articulations and splitting. So I started actively investigating the internal disposition of my patient at those moments, in a certain sense going more deeply into the situation than the traffic police could do.

Little by little, and not without resistances, it emerged that my patient was actually endowed with a highly sophisticated empathic perceptiveness of the finest quality which enabled him to intuit quickly and precisely if the driver at the stop sign was about to set off again without giving way, even though he had seen my patient's car; or if the driver close on his tail was in danger of bumping into him if he had to break more abruptly than normal, and so on. It also emerged that his awareness of his own intuitive abilities was neither continual nor complete, but deep down it was there.

The conflicted progress towards insight had a further, and at that point inevitable, surprise in store for us: in a cascade effect, the patient associated and recovered the memory of the violently angry emotions he felt towards his younger brother who often exploited his advantageous position in the family, but who the patient was nevertheless able to catch out by reporting him to their father (the precursor of the traffic police) with convincing arguments. A complementary «traffic cop» countertransference in the analyst put an end to these repetitions, also because the patient had in the meantime begun, more consciously and openly, to hate the patient who had the next session, the equivalent of his little brother.

I wondered if in this case my investigative attitude, which fully deserved classification within the category of «psychoanalysis of suspicion», might in turn be portrayed as an acting-out, action, or enactment; meaning by *acting-out* an individual instinctual incontinence; by *action*, a conscious and intentional technical provision decided by the analyst (Racamier, 1992; Ogden, 1994); and by *enactment* the unconscious, bilateral putting into play of unconscious contents from the patient's internal world which have resonated with receptive unconscious areas in the analyst and may possibly be comprehensible in *après-coup* (Jacobs, 1986; Ponsi, 2013; Sapisochin, 2007, 2013, 2015, 2016, 2019).

If we consider the sequence of the paternal equivalents involved in this story (the real father in the patient's childhood who didn't like being bothered and used to sort out his sons' quarrels in a perfunctory manner; the traffic police, precise and correct in the objectivity of their approach but entirely unaware of how those accidents were being repeated; and the analyst, the only one – apart perhaps from the patient's insurer – who knew about the repetitions) I would think in terms of an «adequate countertransference» (in Sandler's sense, 1976): in essence, someone was needed who might go a bit deeper and help to give meaning to something which in fact already had meaning.

Why have I cited this case in particular? Because, as in other cases with a similar dynamic, I had the clear sensation that the mobilising factor – not only the indicator! – had been the patient's growing transferential irritation about the intruder coming in the next hour.

If I had interpreted the meaning of his accidents before that emotional component was palpable, I would have demonstrated a fine abstract theorem, and a significant part of the patient would have left analysis substantially unchanged, even if it were satisfied by a snatch of daring intellectual brilliance.

2. Lia

In analysis I have treated people who, in the first or second conversation, brought anamnestic reports of perinatal difficulties or early traumatic situations or abandonments, in the tone of a news bulletin as if they were talking about someone else; information which I mentally recorded at the time as objectively important but which faded away rather rapidly until it soon disappeared from the sessions. After this the facts remained frozen who knows where in the two of us; in effect, *we were forgetting them*.

I think this may be the phenomenon that Anna Freud (1936) called «defence transference»: we become countertransferentially involved in sharing patients' specific unconscious defences, and indeed part of analytic work consists in tolerating this temporary functional incapacity while we wait for better times.

But *what were we forgetting?* The «complete film» of the experience, or just the title (certainly that: announced and clearly stated), with no pictures, music, or action?

In many cases it happened that, a long time later, these items of information came floating to the surface in association or in intra- or extra-analytic events with an intensity that was in some respects equivalent to the archaic ones: these events occupied analyst and patient for long periods *in a way that was lived through as an experience* (and often a distressing one) by both of them until, little by little, it was resolved with a sense of perceptible growth in the subject.

Then, and only then, the patient was finally able to recover (in a way that only seemed to happen by chance) further and more precise accounts from their elderly parents who had witnessed the very early traumatic experiences: a long period in an incubator; separation from the mother because of misfortunes in the family; serious illnesses, and so on.

In other words, things regained visibility, importance, and above all, sense and emotional substance only after a certain kind of long and distressing intra-analytic psychic cohabitation had at least partially healed the traumatic loss of a function. At least four of my patients began, developed, and concluded their analysis (and my work with them) following quite a similar sequence: I will talk more extensively about one of them, named Lia.

As I was suggesting, it is not only the early occurrence of premature experiences that makes it hard to transcribe them into the symbolic: as we know, traumas can also knock out important functional registers.

And Lia was certainly carrying the trauma inside her.

In our first conversation Lia gives me a detailed description of the road accident eight years earlier, when she was 19, in which she fractured her pelvis, backbone, and legs, and her fiancé Giorgio was killed.

She remembered almost all of the accident right up to the moment when she fell into a coma, staying unconscious for several days.

But she did not exactly remember what happened inside their car after the tremendous impact with another vehicle, during the very long twenty minutes when she and Giorgio were left trapped upside down in a ditch until someone saw them and called the emergency services; nor could she recall when she had lost consciousness and gone into a coma, but she knew it had happened before she was taken out of the car.

In hospital, once she had woken from the coma, she explained everything very lucidly to the police, and her account was accepted as realistic and convincing.

Giorgio had drunk a bit too much at dinner with friends and he was excited, as he was every Saturday evening; they had been to the disco and she knew she shouldn't tell him to slow down because he would have got angry and she was afraid that would make things even worse.

Giorgio was doing over 140 kmph on a minor road when a Land Rover came round the bend and there was a head-on collision. After the tremendous impact and rolling over several times, the car ended up in the ditch where it could only be seen with some difficulty by the first responders.

After the accident she abandoned her study of law and became a psychologist. Now she wants to be a psychotherapist.

After the start of the analysis she never spoke about the accident at its tragic consequences again, apart from rare references of a legal, practical, logistical kind.

As I mentioned earlier, it sometimes happens in analysis that very important things brought up in the first meetings then disappear or are left in the background for a long time, and it seems that the analytic couple have «forgotten» them.

For three years Lia produced a whirlwind of stories about her rather agitated current romantic activities which were quite repetitive and rather unconvincing in terms of authenticity and depth, and I only felt engaged with them up to a certain point in a hyper-present climate entirely detached from the past, which made them appear two-dimensional. I felt implicitly expected to function more than anything else as a thoroughly pre-personal witness/container, and my contribution seemed to consist above all in simply being there.

Curiously, I also found myself thinking that, in the way she was using me in analysis and in her satisfaction with our work, Lia seemed less intelligent than I had considered to be in other respects.

In a cycle of sessions during the fourth year, Lia appears really distressed about the imminent death of her dog from a tumour. She is looking after him at home and trying to deal with the problem of whether or not to have the vet put him down; she has no objection in principle but something is holding her back and she stays by him until the end.

And it is after her dog's death, during a dramatic session which takes us by surprise, that something opens up in her and she reconnects to the rest of herself.

Lia is overwhelmed by a dark, intense, heavy sensory element that is occupying her mind and seems to fill the consulting room: the animal's distressing, heavy, gasping breathing in the final phase.

In one session he talks to me at length about it with growing difficulty and a sense of evident alarm, but with the sensation that she can't stop thinking about it; she can't help talking about it even though she'd rather not. She is insistent, and after a while I understand why.

Here comes the association she has been trying to avoid for years:

«It was Giorgio breathing.»

She suddenly bursts into despairing tears, and says, weeping and shouting:

«I remember: his face was close to mine, he was making a terrible noise, it was the blood going up and down from his lungs.

I was shouting and screaming, GIORGIO! GIORGIO! but he wasn't looking at me, his eyes were rolled back in his head and he was making a noise, what a noise... his blood was bubbling... it was unbearable! UNBEARABLE!»

Lia is now yelling in a really frightening way, and I am overwhelmed.

I was ready for anything, but not this, and not ready to feel so bad myself.

So I take refuge in a «pseudo-technical» thought: I wonder if Lia's screaming is a hysterical way of making an impression on the other person, maybe in order to cover up something else: but I feel that's not the case. I am now the one defending myself against it.

Lia leaves the session still in a state, very pale, and trembling, and I feel I can imagine from my own perspective what those two or three people, along with the paramedics and police, were feeling when they pulled her out of the ditch.

Let's pause for a moment of conceptual reflection before returning to this very shocking material.

Our Italian language, so rich in terms and nuances, seems to run into some difficulty when trying to differentiate specific levels of integration in conscious mental func-

tioning: we make use of two terms, «*conscio*» and «*consapevole*»,¹ which appear to be only slightly differentiated.

In this case, the English language seems to offer some additional tools. With a pragmatic Anglo-Saxon concision that seems to get straight to the point, the *Collins Cobuild Essential English Dictionary* (1988) offers two terms which are explained in a manner that for an analyst is anything but banal:

AWARE: «If you are aware of something, you realise that it is present or happening because you *hear it, see it, smell it, or feel it*» (my italics).

CONSCIOUS: «Someone who is conscious is awake rather than asleep or unconscious.»

Thus, the two English terms seem slightly more specific than the Italian ones in distinguishing between various types and degrees of participation by the subject in knowing: that is, between the prevalence of the Ego's cognitive and representational functions and the experiential conditions of the Self, and their integration.

Here I have occasionally found myself in disagreement with D. Scarfone (2016) who reverses the flow between the two words: starting from the English *ware* ('thing', 'stuff'), Scarfone claims that one has *awareness* of something without understanding what it refers to, whereas *consciousness* specifies the meaning of the thing that one is sensorially aware of.

Since in this case I prioritise the Latin root («*consapevole*» ['aware' in Italian] from «*cum-sapere*»: i.e., sharing the experience of the *sapere* ['savour', 'taste'], in a metaphorical sense, whereas «conscious» comes from «*cum-scire*»: i.e., a more intellectual knowing) I would think that perhaps Scarfone is more interested in the process of significative notation («*scire*») where there has been an excess of «*sapere*» not endowed with secondary representation and an adequate signification. By contrast, I am more interested in integrating abstract signification («*scientia*») with the experiential elements which – not having been shared at the start of life or being traumatically split off – are detached from it, losing their *sapidità* ('tastiness').

Whatever the case and whichever way we view it, what is at stake here is *the problem of integration between experience and its representation*.

In rare optimal conditions, the subject's Central Ego (Fairbairn, 1952) harmoniously integrates its various levels and functions, composing a global experience which respects and realises the totality of a human being's cognitive potentialities.

More often, and especially in traumatic and post-traumatic conditions, individuals defend themselves against the experience they have undergone by repression or splitting, losing the natural integration between the Ego and the Self, and/or dissociation in the ego-functions.

¹ [Translator's note: as the author makes clear in the following paragraphs, these two terms are customarily rendered in English as 'conscious' and 'aware'. But, as Dr Bolognini points out, there is only a slight distinction between the Italian words and this translator often finds himself translating '*consapevole*' as 'conscious'.]

«*How much reality can be borne?*», wondered L. Micati (1993) pertinently, paraphrasing Eliot in an article on this topic; and during the course of analytic work we ask ourselves what specific defence mechanisms are in operation moment by moment, but also what are the profile and general conditions of the conscious and unconscious defensive Ego which allow the depth (Busch, 2003; 2004) that is possible and sufficient for that patient at that moment in relation to the work currently in progress.

When the analyst is in a state of good personal integration and in an intra- and interpsychic regime of contact within separateness, he may also perceive and represent to himself the relation in place at that moment between the patient's defensive Ego, Central Ego, and experiential Self (Bolognini, 2002; 2004). The move back towards the traumatic area, or the re-encounter with the trauma, are then monitored as complex dynamic processes, of which the analyst can have theoretical-clinical *consciousness* or full and integrated experiential *awareness*.

Returning to the case of Lia, why does the trauma resurface *experientially* in the session after three years of analysis? Why did we apparently «forget» it for three years? Why was the missing part of the trauma, the emotional experience, added to the cognitive, informative-conceptual knowledge of it via the sensory path of hearing, and only after a certain point?

In order to remain – or return to being – constitutionally and functionally whole, the patient first of all needs the support of an object capable of sharing (even «after the event», as happens in analysis) the sensory and emotional contents of the traumatic experience that has not been worked through, of which the patient herself is the unintegrated bearer. Sharing is not equivalent to comprehension but in these cases it is a necessary precursor.

I cannot know if Lia went into a coma for exclusively neuropathological reasons (cerebral oedema, etc.) or why she could no longer contain and bear «all that unbearable reality.»

I find myself thinking of a *necessary defensive coma* with the power to protect the Ego. The body and the Self remain depositories of the split-off experience.

I know that Lia was left «*trapped, upside down*», effectively alone, for a certain time with her fiancé in his death throes and not responding to her; and that later, in the hospital, she recovered a reconstructive lucidity that proved adequate and satisfactory for the investigators.

They had to establish what had objectively occurred and were not interested in her degree of emotional integration; indeed, they would have been disturbed by interference from her emotions on how she performed while giving her testimony.

I have reason to think that Lia was mentally lucid during that interview but no longer integrated in terms of the Ego-Self relationship (Bolognini, 2002; 2008): the Self was left «*upside down*» and the Ego had absented itself, overcome with distress.

I believe that unconsciously Lia had then undertaken an academic and professional training in psychotherapy above all in order to recover the subjective sense of what had happened to her: and I consider her professional choice as the choice of a «meaningful» programme, in the sense that it makes sense.

I believe that the first three years of analysis were necessary for Lia so that she could return to the (mental) site of the accident in conditions that would enable her to bear the impact of an almost unspeakable sense of death, which was not the experience of seeing a dead man, but of *seeing and hearing a loved person who is dying*.

With hindsight I think that in those first three years the analytic couple jointly experienced and shared, first of all, a *defensive «coma» consisting in the exclusion of depth*, while awaiting the development of the analytic relationship that was necessary for a possible reawakening.

I imagine that for Lia those three years may have served to reassure her about who it was who was accompanying her on the way back to the traumatic area: that he did not say «*Don't think about it!*», or run away from a terrifying scene. The travelling companion also had to prove himself solid but prudent, to show that he wouldn't «*drive at 140 kmph*» in analysis, that he wouldn't be in a hurry to open the traumatic package.

The necessary interlocutor must not limit himself to bureaucratic enquiry about details for the purpose of writing a precise report: he must put up with listening, even unwillingly, to that gasping breathing, and be able to put himself at least partly in the subject's clothes as an *object/co-subjectable* to share at least some of the most intolerable experiences, as in a system of interconnected vessels but without achieving a complete transfer, a complete evacuation from one to the other.

I am struck by another element of the clinical scenario: the reintegrative movements directed towards regaining contact with what has been split off and projected far away («banished») are always astonishing, and follow unexpected lines precisely because they really are unconscious.

Lia's dog was kept at home until the end. Knowing Lia, who is a practical person, I don't think it is an insignificant fact that she did not want the vet's help in putting him to sleep, all the more so because she loved her dog very much and suffered greatly seeing him suffer. I think that if the analysis had been at an earlier stage, Lia's dog would have been professionally put down.

She hugged him a lot in the final phases: she did what she had not been able to do with Giorgio; it was not only a matter of «turning the right way up» but also of rediscovering her own arms in order to be able to touch the other person, «emotional arms» which had been lost.

And I too had to be in a condition to «touch» the patient – as nurses do on intensive care wards for patients in a coma or semi-coma – with the relational equivalents appropriate to our work in sessions.

Three years are not a long time in analysis but nor are they a short time: what passed between us – interpsychically, given that interpersonally (Bolognini, 2008; 2009), as whole individuals, very little did – in that period? What discrete reverie, what barely apparent nutritive processes, or even what basic containing functions of a prenatal kind can have been silently at work, making it possible/inevitable at a certain point to re-encounter the trauma? And what can have allowed the transition from a defective and incomplete *consciousness* (though a protective one in that it had a partially anaesthetic effect at the level of the Self) to an integrated and humanising *awareness* obtained at the cost of passing again through the first distress and the pain that followed?

These questions remain suspended, at least as far as I am concerned. I know for certain that the sensory part of thought (the «beginning» of thought) is easier to think about in relation to the small child than it is in relation to the adult. In analysis we find it in the adult, and before giving it a meaning we have to put up with listening to it, hearing it.

3. The subjective way of relating to one's own self and to the unconscious

I am reserving the last lines of this essay simply to mention – for reasons of time – a further level of the unrepresented. I have maintained, and I am certainly not the first, that the greatest depths of our unconscious cannot be experienced in an integrated way, and still less can our Central Ego be conscious of them; instead, they are sometimes deducible, as when we use large radio-telescopes to look beyond our galaxy, or observable with the interposition of a thick protective porthole, as in deep-submergence submarines.

These may seem extravagant metaphors but if we consider, for example, the unthinkable of a simple reaction formation by the patient who on a conscious level venerates a rival he would actually like to see dead, we can have an idea of the distance which separates him from the awareness of those psychic experiences and that constellation of fantasy.

Hence the elementary technical criterion of not «informing» the patient on a cognitive level before the various components of her internal world have been manifested and rendered available, are gradually taking their places in the scenario and on the way to integration so as to receive a natural enough sense that is comprehensible and subjectively «hers»; but not before this.

The style of intrapsychic relating between parts of the Self of each subject is typically an unconscious aspect because it reproduces and condenses in contact with his own Self (and then in «inter-» modes with the other) the modes in which each of us has been treated (or not treated) by the object in the primary relationship, with the rare possibility in later phases of being involved in a process of *re-imprinting*: a process which

may be partially regenerated at certain moments in the analysis through the effect of regression which restarts the game at a great depth; and this is the most fascinating aspect for us analysts from a technical point of view.

Today, in the context of the relationship between the subject's Central Ego and the Self, and from a more complex perspective, we ask «*Who is talking to whom?... and where from?... and especially, how?*»

In that «how?» are condensed the exploration, the experience in the session, and the hopefully integrated knowledge of a *nuclear relational mode whose quality and configuration are implicit* and would tend to remain *unconscious for the subject*.

The depth and granularity of these unconscious models of functioning may not depend directly on traumas but may be the automatic result of early hyper-condensed constitutive processes. They often constitute the person's character, forged in the early experience of treatment, and are taken on and managed as implicit.

In fact, «intra-» and «inter-» alternate and combine ever more frequently in contemporary clinical reports with a sense of more comprehensible subterranean continuity between these two dimensions, which are destined to reveal themselves in various forms in the transference until they produce more or less dramatic actions and enactments and sooner or later – it is to be hoped – interpretations and, in some cases, even measured, refined, wise interpretative actions (*interpret-actions*).

And it is precisely there that the game is restarted.

ABSTRACTS AND KEY WORDS

The current extension of the concept of the Unconscious to different levels, configurations and functioning of the mind is the result of decades of collective reflection on the clinic as well as on theory. Analysts today have a broader, more refined and complex knowledge of defensive and transformative processes, and this has also led to an evolution in technique. The paper presents a combination of psychoanalytic theory and technique through two clinical cases that present complex articulations of spurious unconscious functional areas and modalities, alternately repressed and not repressed.

KEY WORDS: Central self, experiential self, integration, removal, sharing, splitting.

INCONSCIENT CACHÉ, INCONSCIENT ENFOUI, INCONSCIENT IMPLICITE. L'extension actuelle du concept d'inconscient à différents niveaux, configurations et fonctionnement de l'esprit est le résultat de décennies de réflexions collectives sur la clinique ainsi que sur la théorie. Les analystes ont désormais une connaissance plus large, plus fine et complexe des processus défensifs et transformateurs, et cela a également produit une évolution en termes de technique. Le travail présente une combinaison de théorie et de technique psychanalytiques à travers deux cas cliniques qui présentent des articulations complexes de fausses zones fonctionnelles inconscientes et de modalités, alternativement réprimées et non réprimées.

MOTS CLÉS: Intégration, fractionnement, partage, retrait, soi central, soi expérientiel.

INCONSCIENTE OCULTO, INCONSCIENTE ENTERRADO, INCONSCIENTE IMPLÍCITO. La extensión actual del concepto de inconsciente a diferentes niveles, configuraciones y funcionamiento de la mente es el resultado de décadas de reflexiones colectivas sea sobre la clínica que sobre la teoría. Los analistas ahora tienen un conocimiento más amplio, refinado y complejo de los procesos defensivos y transformadores, y esto también ha producido una evolución en términos de técnica. El

trabajo presenta una combinación de teoría y técnica psicoanalítica a través de dos casos clínicos que presentan articulaciones complejas de áreas y modalidades funcionales inconscientes espurias, alternativamente reprimidas y no reprimidas.

PALABRAS CLAVE: Compartir, escisión, yo central, yo experiencial, represión.

VERSTECKTES UNBEWUSSTES, BEGRABENES UNBEWUSSTES, IMPLIZITES UNBEWUSSTES. Die aktuelle Ausweitung des Konzepts des Unbewussten auf vom Geist verschiedene Ebenen, Konfigurationen und Funktionsweisen ist das Ergebnis von Jahrzehnten des kollektiven Nachdenkens über die Klinik sowie über die Theorie. Die Analytiker verfügen heute über ein breiteres, verfeinertes und komplexeres Wissen über die defensiven und transformativen Prozesse, und dies hat auch eine Entwicklung in Bezug auf die Technik herbeigeführt. Die Arbeit präsentiert eine Kombination zwischen psychoanalytischer Theorie und Technik anhand zweier klinischer Fälle, die komplexe Artikulationen von unechten unbewussten funktionalen Bereichen und Modalitäten darstellen, abwechselnd verdrängt und nicht verdrängt.

SCHLÜSSELWÖRTER: Abspaltung, erfahrendes Selbst, Integration, Teilung, Verdrängung, zentrales Ich.

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