

The psychoanalytic clinic to the proof of social and humanitarian emergencies: Assim's case

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Abstract

The present contribution aims to offer, through the exhibition of a clinical case, a reflection on the application of a clinical approach with a psychoanalytic orientation to new emerging contexts of the social clinic and about the peculiarities of listening and clinical intervention with the Culturally different Other as well as surviving experiences of traumatization and extreme violence. Specifically, the contribution exposes a clinical support path, of psychoanalytic orientation, with a young Iranian adult conducted over a year, on a mono-weekly basis, within a Neapolitan social enterprise that manages the so-called SAI centres (formerly SPRAR) used for the reception of forced migrants in Italy. While being aware that what the literature calls “post-migratory determinants”, which also and above all include the institutional dynamics that characterize the reception centres, play a central role in the constellation of the psychic discomfort of this population, the intent is rather to dwell on the characteristics and qualities of the clinical relationship in an attempt to show the evolution of the path carried out, and to propose some theoretical and methodological reflections about the application of a psychoanalytic and trans-cultural clinic outside the classic analysis room.

Keywords: *psychoanalytical clinical intervention; trans-cultural settings; trauma; migration; culturally different otherness.*

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Assim's story: the consultation talks

Assim, 26 years old, is a political refugee, a guest of one of the second reception centers managed by the Municipality of Naples and L.E.S.S., a social enterprise that deals with the management of first and second reception centers for forced migrants, for about twenty-four months. Unlike what often happens with this type of user, in which the request for psychological management is almost never spontaneous, Assim instead expressly asks the head of his reception center to be able to talk to someone about his malaise, which he has felt has progressively sharpened during the lockdown of March and April 2020. It is during this period that, gradually, the manager begins to build a bridge between him and myself, presenting him with the possibility of being able to meet me in person when the isolation period will be over.

Towards the middle of May 2020, when the world gradually seemed to be gearing up to start again, Assim and I also geared up to get to know each other and we will begin, after a first consultation, a mono-weekly path that lasted a year and two months. The “few” things I know about Assim before having met him for the first time are that, by virtue of his “difficult” history, he is considered an “extremely vulnerable” beneficiary. He attempted suicide twice.

When I see him for the first time, I am struck by his dark, deep, and suffering eyes. They scrutinize, however, the environment and me with curiosity and, at the same time, with insistence. He is very thin, but I only notice this thinness, which gives me the idea of

a tendency of wanting to disappear and making himself invisible, later. It is his smell, rather, that permeates my senses and mind during the first interviews; acrid and pungent, along with the information of the suicide attempts, scares me a lot for the dimension of neglect and self-abandonment to which it refers. He speaks with a soft voice, so low that at several times I get lost between his sounds and those from the outside. His apparently subdued, timid and complacent attitude is counterbalanced by an alternative and non-conformist appearance. Full of piercings and earrings, he has long hair, all tangled and tied in a ponytail. His right arm and hand are completely covered in black tattoos, most of which have a “gloomy and dark” tone, much like his clothing. Among the tattoos, I am struck by the imposing crow that covers his forearm and hand; but also, a dark spot from which many bats and a spider with the skull of a skeleton come out. But there is also a dream catcher, a symbol of peace, a scale (his zodiac sign), and his name. The most recent tattoo, dating back to when he was still in Iran, is the face of the Joker, his favorite character, so much so that he often wears T-shirts depicting his face: *“he is different from the others; he is free, even if he does the wrong thing, he does them without fear”*. I am struck by the fact that the Joker to whom Assim refers, which I immediately associate with the most “fragile and humanized” version recently played by Joaquin Phoenix in Todd Phillips’ film, is instead the “evil and disturbing” villain of the classic version.

The first things he tells me about himself are *“I’m not well, I’m very... shy, I’m always afraid... of others, who can hurt or judge*

me. I don't sleep, I don't eat, just once a day. I think I am... crazy”.

During the first consultation interviews, Assim began to tell me some things about himself. He was born and raised in Tehran, from which he left with his mother in 2016 to escape the violation of human rights that the Islamic State constantly actions. The two arrived in Italy first, where they applied for asylum but, without waiting on the usual times of evaluation, they went to Germany where Assim's older brother, who also fled for political reasons, has long resided. About two years after having arrived in Germany, Assim was “sent back to the sender”, sent back here, since Italy, according to the Dublin Protocol, was the first state in which he had entered and, therefore, the only one competent to be able to analyze his asylum application. The mother, on the other hand, remained in Germany, because in the meantime she was entrusted to the legal guardianship of her brother: she is schizophrenic and depressed, and has long followed a drug therapy based on antipsychotics and antidepressants. What still binds him to Iran is his father, ex director of a bank; he paid a large sum of money to the mafia to allow all the family members to leave but refused to join them. Assim remembers his stay in Germany with sorrow. There, after his second suicide attempt which he committed by jumping off a very high bridge (the first, on the other hand, happened in Iran during adolescence through the intake of vast quantities of psychiatric drugs), he suffered a very violent hospitalization. In describing it, he mimics the gesture of tied hands with the goal of interrupting the self-injurious acts that he performed and that made his “white” arm, the one free from any tattoos, a battlefield: scarifications, burns, cuts. The news of the suicide attempts is communicated to me during the first interview, in

a way as cold as it is violent, “*I tried to... how do you say...killing myself*”, he tells me staring insistently into my eyes, “*twice*”, he adds, as if to increase the dose. As I will learn later from reading some of Assim 's psychiatric records, he was diagnosed with depressive psychosis in Germany and prescribed a drug therapy with antipsychotics that he took on a regular basis for about two years, in the period connecting Germany and Italy. He then independently decides to interrupt the drug therapy after the first year spent here, doing so by following all the medical prescriptions needed to gradually scale down the doses. He tells me that he is very afraid of drugs and never wants to take them again, they made him feel numb, making him antisocial and tired, which are also the ways in which he describes the current state of the mother, but on several occasions along our path he will call upon them for the worsening of the depressive anxiety that pervades him. Once he arrived in Naples, after an initial period of deep turmoil, Assim seems to be able to gradually piece parts of himself back together. He tells me that he loves Naples because it is a “free and artistic” city with which, in some ways, he identifies because he too has a creative and artistic soul: he draws, acts, plays.

Shortly after having arrived in Naples, he carries out the Territorial Commission (the body that in Italy is tasked with examining the requirements for the recognition of the request for international protection) which grants him political asylum and a refugee status. He is therefore transferred from a first reception center to a second reception centre, the one in which he resides during the period of the sessions we carried out, where he perfected his Italian and attended a course to become a tattoo artist. During the consultation talks he also

mentions life in Iran, how memories of the violence suffered often invade his mind. Torture and nocturnal interrogations filled the months he spent in prison, which he was in several times and for various reasons: tattoos, the intake of alcohol or soft drugs that he refers to having taken for a long-time during adolescence to “not think”. At the end of the consultation, the idea of a mental functioning at the limit rather than psychotic is outlined in me. A deep depressive anguish pervades the space of the conversations creating “a heavy atmosphere” to sustain and tolerate, both in perceptive-sensory and emotional terms. At the same time, I am fascinated by his tenacity, resilience, and the flicker of curiosity that I catch a glimpse of in his eyes. I propose that he take some time to think about the possibility of undertaking some work together. Assim will write to me a week after the end of the consultation informing me that he has decided to start.

The first steps: resistance, existence and testimony...

The beginning of the path with Assim is “intermittent”, characterized by a constant alternation between presence and absence. The presence was often preceded by messages in which he asked me for confirmation of the day and time of the interview which gave me the idea of a need to announce himself and receive confirmation that I was there awaiting him. The absences were followed, instead, by messages in which he apologized excessively for having forgotten the interview and lavished himself with self-pity due to not knowing the reason for his forgetfulness. Something changed when I reminded him of the importance of continuous work and the feeling that the inability to remember the date and

time of the interviews was an expression of the legitimate attempt to find the *right distance* between him and I in our relationship, and of an equally legitimate resistance and fear with respect to the possibility of being able to work through one's pain.

Over time, the talks begin to become regular but also full of painful fragments which, like sharp splinters, pierce my mind and, for a certain time, remain deposited like boulders in the room without the possibility of being handled. Alongside a clear masochistic tendency that, to me, seems to have a life-giving and *opiate* function (Horney, 1937) for Assim, a certain sadistic tendency appears increasingly explicit in the way he shows me his suffering and his tortured body. In fact, the talks are filled with detailed descriptions of all the tortures he suffered in prison in Iran and photographs, preserved as relics, which portray the wounds he inflicted on himself in Germany and which Assim shows me. In my mind the stark tales and the exhibition of suffering inscribed in Assim 's flesh are an attempt to test myself and the clinical setting on their resilience and reliability: how long was I able to stay there and watch that pain Assim was bearing? How long was I able to tolerate and endure it? How much could the clinical space be a *free, safe zone*?

At the same time, in my eyes, the stories of torture and the sharing of photographs also seemed to respond to an urgent attempt to expel, in order to deposit in the Other, intolerable and unthinkable contents, not yet susceptible to representation, with the dual purpose of distancing oneself in an evacuative optic but also attempt a *re-writing of the initial traumatic scene* (Ferenczi, 1949) in a reparative perspective.

To the tortures described by Assim through the anecdotic and affective characteristics, typical of traumatic narratives (Tessitore, 2021; Martino et al., 2019; De Luca Picione et al., 2019; De Luca Picione et al., 2017), and to his impossibility of dreaming and symbolizing the traumatic contents brought, it is my mind, over time, to become vicarious. My nights begin to fill with nightmares that, although full of blood and violence, and bodies dismembered and torn to pieces, seem to me to respond to the attempt to confer a first form of *psychic figurability* (Botella, 2004) to the atrocious experiences lived by Assim. It is the weight of trauma, I think, in all its real and brutal qualities, that makes its way into my mind in an attempt to “*find a place and reach the limits of representation*” (Laub and Lee, 2003, p. 447).

Connections and re-births...

Gradually in the interviews, Assim begins to delineate, in more depth, the traits of his depressive angst that he calls his “dark side”. The focus on this allows me to gradually relate back to him the similarities that I find between the description he gives of himself and the one of his mother. Assim therefore begins to tell me about his mother’s illness, of the fact that the family is said to be connected to a “shock” she suffered when, shortly before the wedding, the woman lost her father in a car accident caused by him falling asleep. He tells me that the parents’ wedding party was replaced by 40 days of mourning. The first of countless of his mother’s hospitalizations, which lasted about 10 months, occurred forcibly under Assim’s eyes at the age of six. No one told him what was happening to his mother, where she would be taken, or how

long she would be away. The stories of an “intermittent” maternal presence allow me to look, in *après coup*, at Assim’s initial intermittence with new eyes, discerning the characteristics of a maternal transference in which absences and presences seemed to take on the meaning of a repetition in which this time, however, Assim could afford to take an active role: no longer be abandoned but abandoning and, more importantly, find the Other there, intact, alive, despite abandonment. The maternal mourning and the childhood experiences lived by Assim seem to be configured as real *holes* that remind me of the configuration of the *dead mother* described by Green (1983), dead not physically but psychically, and as such unable to affect the child who will have no choice but to bury a part of his ego, perhaps that “dark side” Assim talks about, in the maternal necropolis.

Although access to a deeper emotional dimension remains difficult, it seems to slowly become possible for Assim to put into words the terror of potentially being “crazy” like his mother. His second attempted suicide in Germany begins to develop in his words as the only way out of a period dampened by maternal depression in which he and his mother lived in close contact in a small studio provided by the German government to asylum seekers.

As the talks proceed, Assim begins to show greater associative capacity and connection between the present and the past, in the meantime his smell becomes less unpleasant and his look changes: he shaves his hair, pays more attention to clothing. Over time he manages to connect the fears and anxieties of being “observed” and “judged” by others to the internalization of the experiences of deprivation of personal freedom that the Islamic State put in place and in which he grew up; to look

at the hospitalization experience in Germany with less persecution, recognizing in the act of tying his hands a protective act that aimed to prevent him from harming himself again. One day he tells me that he thought of covering the tattoos because the sight of the crow always reminds him of prison and torture, he tells me that he has thought of covering his arm entirely in black.

My attempts to explore with him the origins of what seems to me a continuous search for pain and punishment (in Iran many things are forbidden but, in actuality, everything is permitted in a “private” dimension and hidden from the eyes of the police) are often unsuccessful, as are the attempts to shed light on the tendency to “cover up” with the intent to “cancel” everything that has to do with his origins. Heavy resistances arise with respect to a deeper work of memory, and, during our sessions, Assim continuously oscillates between the effort to remember and the need to forget.

Over time, however, alongside the photographs of the scars and scarifications, he

also begins to show me his drawings; as if alongside something *deadly* and *static*, it has gradually become possible for him to show something *alive*, *creative*, and *in motion*. In a significant step in our journey, he takes a sheet from the desk on which sheets, pencils and crayons are usually placed and draws the way he feels, “*like a black hole*”, he tells me, “*In which, however, there are also spots of light*” (Figure 1).

The final steps ...

In the final stages of our journey, Assim continues to have ups and downs, moments in which he seems more able to hold pieces of himself together and moments in which the depressive and paranoid anxieties violently return, forcing upon him long and sleepless nights. During these periods, the reality is that only drugs can help him “tame” his pain, the rest is all useless, myself included.



Figure 1

The end of our journey is an “almost compulsory” stage, due to the end of my work experience at the cooperative where I met with Assim. It is curious, however, that since I decided to quit that job, even though I was yet to communicate it to him, Assim had started skipping many of our interviews again. In one of our last interviews, he suddenly reveals to me that, although it scares him very much, he has found a house to rent, that he has made the decision to leave the reception project, and that he wants to try to go forward on his own two feet. Who knows if we both felt that the road traveled up to this point was the best we could have possibly achieved...

Discussion

I would like to articulate the discussion of the work presented by proposing, first, to shed light on the evolution of the path carried out with Assim in an attempt to show the peculiarities of clinical intervention with the culturally different Other who has also experienced of traumatization and extreme violence.

Reflecting in *après coup* on the case and its evolution, it seems to me that we can clearly identify two different periods, which are however, intimately linked: an initial period of building upon the clinical relationship, and a secondary period of openness towards greater associative capacity. I believe that in the case of clinical intervention with the Other-Stranger and survivor of extreme traumatic experiences, the first half is characterized by some specificities. I would define it above all as a time of *resistance/existence*. It seems to me that using this term can account for various aspects that the clinician is called upon to deal with: *existing*, that is, being there, and having the feeling that for a certain time this is the only task one is required to perform;

resisting, that is, surviving (Winnicott, 1971), not only the attacks on oneself and the setting, but above all the weight of traumatism which, completely devoid of affective charge, arrives in its brutality and concreteness to occupy the physical space of the setting and the mental space of the clinician; *experience one's own internal resistances* which are always activated when in contact with the Other-Stranger who, as psychoanalysis has shown since the beginning (Freud, 1919), represents an image of all the most hidden and subtle parts of ourselves and societies, triggering the primitive and radical defense mechanisms to be put into play.

The *resistance/existence* of the clinician combined with the simultaneous analysis of their own *resistance elements* gradually contributes to the possibility of *becoming a witness to the inhumane*, that is, of recognizing and sharing the experiences of extreme traumatization undergone by the patient. I refer, in the case of Assim, to the torture he suffered in prison and the persecution carried out by the Islamic State and suffered for years which, in his story and in the very identity definition of political refugee, represent the most explicit and evident level of suffering.

Psychoanalytic literature encompasses such experiences of extreme violence in the broader category of *man-made trauma* (Bohleber, 2007). Trauma perpetrated at the hands of humans includes all the atrocities that a human being can force upon another human being, such as, human rights violations, torture, wars, genocide, abuse and violence. These atrocities share a human matrix and the fact that in them “*what is human also defines the inhuman*” (Mucci, 2014, p. 6), with profoundly pervasive consequences on several levels, not only bodily and psychic, but also relational and social. On the level of psychic

consequences, these types of traumatization provoke complex mechanisms of separation of the suffering from the memory traces connected to them and this separation, in turn, produces profound alterations in the memory storage system and in the possibility of integrating the memory of trauma in the autobiographical tale. This alteration means that traumatic memories can be remembered too much (and, therefore, detached from personal history, they return on a non-verbal level in the form of flashbacks and images) or too little (producing, in extreme cases, amnesia and memory voids) (Bohleber, 2020; Van der Kolk et al., 1996; Baranger, Baranger & Mom, 1988). On the relational and social level, traumatization caused by humans, in their all-human root, produce the destruction of the empathic dyad (Laub and Lee, 2003), therefore, what the survivors experience is a profound alienation from themselves, from their own history and from the Other: the so-called experience of dehumanization in which the experience of feeling outside the human and social community is included. Human-handled atrocities, in this sense, have the explicit objective of destroying the subject as part of a social community, his assumption that the world is a safe place, and of destroying the community itself, attacking and eroding the social bond (Rosenbaum & Varvin, 2007; Varvin, 1999, 2017).

Precisely because of these characteristics, the clinical intervention with the surviving Other cannot but unfold from an initial period which, far from being an objective of the treatment, represents however a preliminary period but at the same time indispensable and functional to the establishment of the conditions which make it possible to restore the mind's capacity to symbolize and subse-

quently carry out a more properly interpretative-associative work. This period is, on the one hand, a work of historicizing the traumatic experience (Bohleber, 2007; Viñar, 2017) which aims at the integration between historical and material truth (Sonnino, 2011), but also and above all a work of reconstruction of affectivity dismembered by the trauma in which the presence of an Other, ready to recognize and look at the atrocities experienced, allows one to relive the trauma but change its fate and mend the relational and social bond destroyed by the human-induced trauma. The contribution of Ferenczi (1949) appears to be particularly useful in clarifying the vision of trauma referenced, in which the definition of what can be traumatic for the subject is the result of a complex intertwining between the degree of structuring of the ego and the moment of the traumatic event, characteristics of the event itself and, above all, the way in which the environment reacts to it. In this sense, the physical and emotional presence of an Other ready to not turn away but to *remain* in pain with the patient and to *see and experience* it in his mind, empathizing and giving an initial form of representation to suffering even before it can be visible and livable by the patient himself, will constitute a first but fundamental step in the direction of the construction of the clinical-therapeutic relationship. Bohleber (2007) highlighted that even before being an assumption of therapeutic responsibility, the presence of the clinician and their willingness to see the real brutality of the trauma suffered represents an ethical and civil responsibility of anyone called to confront and take care of the surviving Other, a sort of *duty* (Sonnino, 2020) that moves, at first sight, on the wave of an *ethical alarm* (Amati Sas, 2020).

From my point of view, I would emphasize the *analytical function of testimony* in determining the conditions that make it possible to carry out an intra- and inter-psychic work capable of making associations and connections. The second period is, therefore, son of the first; a period made up of partial connections between elements of the past and the present and re-stitching of the tears that migratory trauma determines in its pervasive and creeping dimensions. However, it is also a period that has never been entirely conquered, always at risk of sudden relegations that entail for the clinician dealing with the frustration of a *job*, which is by its very nature, *liminal* (De Luca Picione & Valsiner, 2017).

I believe that the analytical function of the testimony is to be traced not only in the possibility of the clinician's mind to act as *vicar* and, therefore, begin to symbolize the traumatic experiences in the patient's place, as happened to me with respect to the possibility of dreaming in the place of Assim, but also in the clinician's *sufficiently good malleability* of knowing how to modify one's own paradigms of welcoming and listening to the suffering of others, no longer only freely floating but rather focused on not losing all forms and perceptual-sensorial residues (gestures, smells, sounds, etc. ...) through which the psychic production of the survivor, incapable, at first, of speaking out, can present itself. This is even more true in the case of clinical trans-cultural intervention with migrants which confronts clinicians with the challenge of the classic paradigms of thought, reflection, listening and action with which it is usual to work. The crisis of paradigms generated by the encounter with Cultural Otherness implies that the clinician never takes for granted but rather continually questions themselves about which *languages, tools and devices* are more or less

suitable for welcoming and understanding the suffering of the culturally different Other, bearer of an identity, social and cultural background so far from one's own (Tessitore, 2021; Tessitore & Margherita, 2021; Tessitore & Margherita, 2020; Tessitore, Glovi & Margherita, 2019; Tessitore & Margherita, 2017).

In this sense, I think it can be said that the work with Assim has found its privileged means of expression in the *visual-iconic register*, rather than in the *verbal one*. I would identify two specific levels of visual use: on the one hand there is the conscious use of drawing in the clinical consultation and therapy space; on the other hand, there is Assim's unconscious use of visual and the consequent evolutionary function that it performs in the progression of the path followed.

With respect to the conscious use of drawing in the clinical space, in previous works I have already supported and explained the methodological importance that I attribute to the use of tools that are based on an iconic language (drawings, photographs, etc.) in trans-cultural clinical and research settings (Tessitore, 2021). In addition to assuming the function of *mediating objects* (Vacheret, 1985) in the relationship with the Other Stranger, I believe that iconic language, the equivalent of a thought through image that is to be considered the first step towards symbolization (Ferruta, 2005), assumes a fundamental function in promoting the increase of organization and narrative coherence usually destroyed by experiences of extreme traumatization (Tessitore, 2021).

On the other hand, I believe that, in the (unconscious) use of the *visual* that Assim makes, an evolutionary movement can also be traced. This movement could be delineated as follows in its transformations: to *exhibit* (to all indistinctly) his tattooed body – to *show* (to

another) his tortured body – to *share* (with another) his personal drawings – to *draw* (together with another in the room) himself and his inner world. On the content level, in reflecting on the way in which Assim represents himself in the drawing, I think back to the meaning that Gaddini (1959) attributes to round shapes. In other words, how much the circle designed by Assim to represent himself can be symbolic of a first form of “*representation of the separate mental self*” (Gaddini 1959, p. 494), the result of a movement from a stage of non-integration to an initial form of representation of one's own endo-corporeal perceptions and differentiation between the internal and external world.

The final lines of our journey explain the incompleteness of the work done, but also, from my perspective, the potential of psychoanalysis to help understand the social processes (Guerra, 2021; Salvatore et al., 2021) and enrich new emerging contexts of the social clinic. In conclusion, the clinical case may also offer some useful reflections on the possibility that the extension of a psychoanalytic clinic “outside the walls” (Laplanche, 1990) allows the unfolding of an experience that, however limited and short in time, can sow the seeds for the beginning of a psychic work that, in the best of conditions, might allow the future arrival of other more “canonical” and “classic” forms of treatment.

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