

Article

TRAUMA, SUBJECTIVITY AND SUBJECTALITY*

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Taking a critical stand on contemporary trends in psychoanalysis regarding trauma, the author addresses the problem of psychic trauma mainly in terms of how it affects the patient's status as a subject. After reexamining the notions of subject and subjectivity, the author illustrates the usefulness of the notion of "subjectality," defined as a critical moment of subjectivity, necessary for processing the consequences of trauma. A clinical illustration is provided.

KEY WORDS: trauma; subjectivity; subjectality; analytic method; Ferenczi; Laplanche

<https://doi.org/10.1057/s11231-021-09292-0>

With the present paper I wish to address the problem of psychic trauma mainly in terms of what trauma does to the subject.² It will, by the same token, take a critical stand on two trends observable in psychoanalysis regarding trauma. One indeed gets the impression that when trauma is the focus of their attention, in their clinical practice and/or in their writings, psychoanalysts display a tendency to (1) see trauma as a special, and even exceptional problem for the practitioner; and (2) consider trauma as necessitating "something else" than the foundational method of psychoanalysis.

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*A version of this paper was presented at The Western Branch of the Canadian Psychoanalytic Society 2020 Annual Scientific Conference, "Aftermath of Trauma".

TRAUMA IS CENTRAL TO PSYCHOANALYTIC PRACTICE AND THEORY

Regarding the first point, in a previous paper I have tried to show how trauma is inextricably woven with psychic life (Scarfone, 2017). It seems quite obvious that the whole Freudian practical and theoretical construct revolves around the question of trauma, from the early papers on hysteria to the later revisions of the theory in *Beyond the Pleasure Principle* (Freud, 1920) and thereafter. It is possible, at both the clinical and theoretical level, to hold a consistent discourse according to which trauma, conceived according to Freudian metapsychology, presides over the very birth of the psyche through primal seduction (Laplanche, 1987). Primal repression—i.e., the primordial split of the psyche that yields the repressed unconscious on the one hand and the preconscious-conscious on the other—is in this model the result of the *implantation* of the sexual element in the infant's mind. This is the traumatic implantation of a foreign body, an irritative spine which will keep the subject's psyche perennially busy with the partially successful, partially failed task of making sense of it. Granted, traumas can be of various magnitudes, and at a first glance, the manifest impact of implantation appears small since, rather than causing damage, it initiates a process of differentiation within the mind, much in the way a "seed-crystal" initiates the growth of a large crystalline structure in an oversaturated liquid. Still, implantation is truly traumatic, disturbing or better, *deviating* (deviation is after all the meaning of *seduction*) the body-psyche's process of "going on becoming," and forcing it to respond in one way or the other to the impact of the other. But alongside implantation proper Laplanche (1990) introduced its violent version, *intromission*, in which case the translational, sense-making efforts of the child are compromised.

A chiasm emerges at this point. For though implantation may appear as the lesser form of the traumatic impact of the other, it is also the irremovable, *fundamental* form. Whereas intromission, although more obviously traumatic, is the contingent, theoretically avoidable form. But in reality, there is no pure implantation, a certain intromission being probably inevitable,³ which means that the actual traumatic force of the implantation is not so "soft" after all and that there is always a certain violence inherent in the primal seduction.⁴ The difference between implantation and intromission seems to rest not so much on the sexual stowaway in the other's message of the other, but on the context of its emission and, most importantly, on the degree of freedom that is given to the infant in its efforts to deal with the compromised message (Laplanche, 1990, 1987; Scarfone, 2013). In any case, the psyche can be seen as always already traumatized, always already "broken," as poets tell us.⁵

The “deviated” becoming is bound to the translational nature of its functioning;⁶ a functioning whose fundamental purpose is to make sense of what is experienced, to get a reliable representation of the environment and to predict as much as possible what changes may occur in such environment. As for the term “environment,” it designates nothing inert or passive, since the environment that matters most to the human subject is mainly constituted of other subjects. For this reason, it is an environment prone to constant change and therefore even less predictable than the material environment (Scarfone, 2018).

The psychic differentiation due to implantation and carried out by translation does not however dissolve the irritative spine that provoked it, the internal foreign body which will continue to elicit the effort at making sense. This will entail the creation of an enduring kernel of meanings to which the subject may retreat whenever the challenges of life cannot be realistically met. I am speaking here of the reserve of infantile sexual theories that serve as templates to the fantasy life and which organize the pathological formations. Traumas of manageable magnitude are indeed “manageable” in that the psyche possesses a capacity to deal with them by temporarily retreating into the realm of fantasy. This certainly distorts to various degrees the appreciation of reality, but the distortion stays within the limits of communicability and “colors” the world of the subject rather than alienating him/her from their fellow subjects. Winnicott’s transitional space and locus of cultural experience are examples of such benign arrangements with the ordinary traumas due to ordinary impingements on the subject. These benign distortions are open to counter-distortion, as it were, under the influence of other subjects. We enter here the domain of subjectivity and intersubjectivity, about which more later. This capacity for revision is obviously salutary in that it makes possible an at least partial adjustment between two (or more) subjects; but as we shall see, the meeting of subjectivities carries its own problems.

TRAUMA AND PSYCHIC MECHANISMS

Obviously, when we analysts speak of traumatic experiences we think of dramatic examples and therefore tend to relegate the rather generic form of trauma involved in implantation to the domain of benign interference. But, as I hope to show, while this distinction makes sense in everyday parlance (nobody tries to cure the subject from the trauma that gave birth to its unconscious), it would entail theoretical and practical mistakes if one is to deduce that “real” trauma requires a special approach.

For now, let us notice that severe and benign trauma share the same mechanisms and that what distinguishes them is not a difference in structure nor, strictly speaking, a matter of intensity. Intensity matters, of course, but is not sufficient in itself. This may sound counter intuitive. Surgeons, after all, are less worried about a patient with a broken limb than one who endured extensive wounds involving vital organs. If I say otherwise regarding psychic trauma, it is in recalling that in our field the term “trauma” is employed by *analogy* with physical trauma. Analogy and metaphors can go a long way, but not all the way. Physical trauma concerns damage to *structures*: the flesh is wounded, bones are broken, organs are crushed and so on. In our field, though we speak of the psyche as differentiated or structured, it is worth remembering that we deal with *processes* rather than structures. We speak of structures by analogy (to buildings and scaffoldings), but processes are the real thing.

This means that outside of extreme states of psychic near-death—for instance, the “*muselmänner*” in Nazi extermination camps (Agamben, 1997; Semprun, 1994)—we usually deal with people who, though they endured traumas of various degrees, they nevertheless display the persistence of *normal psychic processes*. Actually, their pathological features are indicators that normal psychic mechanisms are at work; what we see as pathological are their strivings to *overcome* the consequences of trauma.

Certainly, the most common feature of a post-traumatic state is the compulsive return of unwanted scenes and affects which hamper the daily life of the subject. Yet, it must be stressed over and over that this repetition compulsion *is not in itself pathological*.

Repetition, though showing up just now, was always there in the background, operating, to be sure, beyond the pleasure principle, but usually normally enshrouded in a rich variety of psychic formations which are the trademark of the pleasure principle. This secret link between a kernel of repetition and its psychic envelope had escaped Freud’s attention, and this is why, in 1920, Freud realized that he had until then entertained an incomplete picture of the psychic processes. He now realized, in retrospect, that the unwelcome repetition had been there all the time, in the transference for example (Freud, 1920, p. 21).

The normal presence of repetition and the possibility of surmounting its crude aspect is beautifully exemplified by the *fort/da* game invented by Freud’s grandson, a description that, significantly, comes under Freud’s pen just after he considered war trauma! The contiguity is not fortuitous, as Freud always saw in psychopathology a magnifying glass for understanding normal phenomena. Putting side by side traumatic war neurosis and a child’s playing with a spool, one can see that the problem of *any* traumatized psyche, regardless of the intensity of trauma, is essentially the

same: how to reach beyond the basic mechanism of repetition and achieve open-ended symbolization. Freud's grandson succeeded where the traumatized soldiers had failed.

The Freudian comparative approach illuminates our daily practice since trauma is intimately bound with psychic functioning and the psychoanalytic method, therefore, applies just as much in severely traumatized patients as in "lighter" cases.⁷ For in all cases the psyche is a system that has its own life and functions according to its internal laws. So that the clinical phenomena encountered in practice all refer to the same basic processes, at the center of which is the compulsion to repeat. A repetition which, again, is not pathological in itself, but is essential to any living process. It is the constant reaffirmation of the vital characteristics of every living entity and it reflects the necessary redundancy of a system which, in order to stay alive, fights against the universal tendency to energetic equilibrium (entropy). Repetition thus reflects the constantly re-established operational closure that defines any living system (Varela, 1979), whether biological, psychological or social (Luhmann, 2002). In post-traumatic states, therefore, rather than having a causal role in the pathology, repetition represents the struggle of the psyche for survival.⁸ What is abnormal in the post-traumatic syndrome is naked repetition. Pathology results from an inhibition of the finer and more complex processes that produce meaning, as if in response to the traumatic abrasion of the psychic envelope the psyche had to put these mechanisms on hold and concentrate on the sole repetition, its basic mechanism of survival. Repetition—always present, but usually hidden—then appears in broad daylight, dragging in its circular movement the psyche's function of elaboration and condemning it to function itself in a loop of closed symbolization. In a complex system such as the psyche, staying alive forces it to choose *redundancy*—with its burdens—over *efficiency* and its frailty.⁹

This shows that there is really no watershed between so-called traumatic and non-traumatic pathology and that, actually, there is no such thing as non-traumatic psychopathology.¹⁰ Though symptoms *do* indicate that the psyche is still alive and kicking, they also show it busy with survival and therefore unable to "go on becoming."

TRAUMA THEORY AND THE FREUDIAN METHOD

The conception of trauma to which I refer is based on what Freud (1920) formulated in *Beyond the Pleasure Principle*. There he first states that "the specific unpleasure of physical pain is probably the result of the protective shield having been broken through in a limited area." (p. 30); he then goes

on and “ventures to regard the common traumatic neurosis as a consequence of an extensive breach being made in the protective shield against stimuli” (p. 31). But, as I have noted elsewhere (Scarfone, 2017), at about the same time as he wrote *Beyond the Pleasure Principle*, Freud was also writing the introduction to Ferenczi, Abraham, Simmel and Jones’ (1921) book on war neuroses, in which he concluded that “we have a perfect right to describe repression, which lies at the basis of every neurosis, as a reaction to a trauma—as an elementary traumatic neurosis” (Freud, 1919, p. 210). This remark, I believe, represents an important key for those of us who think it important to preserve the coherence of psychoanalytic theory and a consistent psychoanalytic approach of psychopathology.

In the article where I discussed Freud’s remark in more detail (Scarfone, 2017) I was also struck by the sentence that preceded it: “It might, indeed, be said that in the case of the war neuroses, in contrast to the pure traumatic neuroses and in approximation to the transference neuroses, what is feared is nevertheless an internal enemy” (Freud, 1919, p. 210).

The omnipresent “internal enemy” thus perfectly situates the traumatic neuroses within the specific domain of psychoanalysis, which is that of psychic reality; a reality constituted essentially by what Freud also called “a qualitative and quantitative ‘else’” (*qualitativ-quantitativ Anderes*, Freud, 1923, p. 22), in other words: the repressed. We thus see Freud insisting that, even in cases where the source of the traumatic disorder was clearly external, the attention of the analyst remains focused on the repressed unconscious. The terms “external” and “internal” are therefore misleading, since external events only become permanently pathogenic when they function as a psychic reality, when they exert, in Freud’s words, a persistent constraint as opposed to a “*simple neurotic* compulsion [which] persists for only a short time after its occasion and gradually disintegrates” (Freud, 1895, p. 348).

Even when massive traumas, such as those resulting from battlefield experience or severe sexual abuse, draw the eye to their external source, the fact remains that what defines psychic trauma is neither the type of shock suffered nor its magnitude.

Pathogenicity—which Freud also addressed in his Introduction to the *Psychoanalysis of War Neuroses* already cited—depends essentially on its effects on the subject who suffers the trauma. To clarify this point, we must now look at the very term “subject,” which will later lead me to distinguish between *subjectivity* and *subjectality*, and thus between the *intersubjective* and the *intersubjectal*.

THE HUMAN SUBJECT AND THE EGO: AMBIGUITIES

“Subject” is a term whose polysemy and conceptual status engages a vast literature that I cannot address here (but see, for example, Descombes, 2004). In psychoanalysis, the term is also controversial. Although Freud himself almost never used the word, he substantivized the pronoun and grammatical subject “Ich” into “das Ich,” which entails an ambiguity for his translators. Strachey systematically opted for “Ego,” the French translators opted for “le moi,” and from a linguistic point of view neither of these choices is questionable. Conceptually, however, if we look at Freud’s painting of the ego, there are many reasons to make a clear distinction between “ego” and “I.”

Regarding the ego, indeed, psychoanalysis has taught us from early on that it is not the master in its own house. In the last part of *The Ego and the Id*, Freud (1923) has described how the ego is caught in a complicated mesh of dependent relationships. He described it under two main contrasting aspects: on the one hand, “it is entrusted with important functions” such as “reality-testing” and “the postponement of motor discharges” (p. 55.); on the other hand, this power of the ego

is, to be sure, a question more of form than of fact; in the matter of action the ego’s position is like that of a constitutional monarch, without whose sanction no law can be passed but who hesitates long before imposing his veto on any measure put forward by Parliament (p. 55).

A few lines later, the picture is even darker:

[...] we see this same ego as a poor creature owing service to three masters and consequently menaced by three dangers: from the external world, from the libido of the id, and from the severity of the super-ego. [...] In its position midway between the id and reality, it only too often yields to the temptation to become sycophantic, opportunist and lying, like a politician who sees the truth but wants to keep his place in popular favour (Freud, 1923, p. 56).

Hardly someone you’d want to have a drink with!

Freud, however, states that “[p]sycho-analysis is an instrument to enable the ego to achieve a progressive conquest of the id.” (1923, p. 56). A statement he will make even more strongly some ten years later, with the famous dictum: “Where id was, there ego shall be (*Wo Es war soll Ich werden.*)” (Freud, 1933, p. 80). But here, as we know, translation is tricky. Strachey once again chose the Latin word Ego, with its scientific overtones. The French translations of *soll Ich werden* oscillate between *du moi doit*

advenir (some *ego must become*—Laplace & Pontalis, 1967; Freud, 1933) and *dois-je advenir* (*must I become*—Lacan, 1954–1955). But these different translations refer to the ambiguities of the Freudian *Ich* itself, whose contrasting roles of mastery and submission have just been cited. We do not therefore necessarily have to remove this ambiguity, as the blurred boundaries between *I* and *ego* reflect the ambiguities of real life. However, as I hope to show, the distinction between the notion of subject and the notion of ego is truly necessary.

In the online *Oxford English Dictionary*, “subject” has many definitions. We thus find that a “subject” is “a person owing allegiance to and under the protection of a monarch or government; a person (other than the monarch) living under a monarchy” (definition 3). In definition 9, on the contrary, a subject is “a being (or power) that thinks, knows, or perceives (more fully conscious subject, thinking subject); the conscious mind, esp. as opposed to any objects external to it [...] In later use also more broadly: the person or self considered as a conscious agent.” The contrast between the two definitions, I would add, spills over to the derivative terms of *subjectivity* and *intersubjectivity*. The same person, indeed, can just as *subjectively*, “owe allegiance” and consider herself a “conscious agent.” As analysts we must be careful when adopting the dictionary’s definitions because even in definition 9 something important is not addressed. Indeed, as analysts we are constantly reminded that a “conscious agent” is not as conscious as he/she might think.

Generally speaking, one can briefly define the subject—both when owing allegiance and thinking autonomously—as a *center of action*. But notice that the term “center” only applies here if we rely on empirical observation from a third-person point of view such as: “Subject S performs action A.” Hence, this simple definition can be misleading since psychoanalysis rests essentially on the observation—drawn from clinical experience but also from everyday life—that the subject is both *divided* and *de-centered*. *Division* refers to the primal split between a coherent ego and the repressed unconscious; a split that is constantly re-instated by the very process of translation or sense-making we described earlier. As for *de-centeredness*, it results from the primacy of the other in human existence and human becoming. The de-centered status rests on the basic fact that things do not begin within the subject and that the other human was there *before* the subject even started objectively existing—for instance, in the mother’s desire and project to have a baby. But another *caveat* is required here: *de-centered* does not mean that the center was displaced from the subject to the other, for the other, too, is de-centered. De-centeredness is thus a radical position, with no center anywhere in view.

This being said, the fact remains that the ego subjectively *experiences* itself as a center, and this experience of self-centeredness must be respected

and considered in a different light than the simple opposition between objective and subjective. I cannot go right away into more detail about these issues. For now, suffice it to say that, from a psychoanalytic point of view, the term *subject* points at the paradoxical status of a *de-centered center of action*. The paradox is as irreducible as the fundamental ambiguity of the human being. But this is precisely what justifies the use of the terms *subjectal* and *subjectality* destined precisely to transcend the objective-subjective duality.

APPROACHING SUBJECTALITY

To sum up, if we agree that the psychoanalytic subject is not only *divided*, but that the repressed part holds the upper hand, it follows that while subjectivity is a word that applies as much to the conscious agent, (i.e., the one who thinks autonomously), as to the person owing allegiance. Moreover, within the divided subject, the ego's *raison d'être* is to *resist* the return of the repressed. Accordingly, it has a tendency to adopt a "conviction which is not based upon perception and reasoning but upon an erotic tie" (Freud, 1921, p. 128). This last quote is Freud's definition of suggestion at the basis of mass psychology. On this egotic side, the subject can thus adopt subjective positions not subjected to critical examination.

Moreover, because of its proximity to the notion of identity, we could see the ego as the bearer of the subject's *subjectivity* in its constant, daily manifestation. The other side of the subject—which we can also designate as the "I"—contrasts with this apparent stability, even circularity of the ego; the "I" presents itself rather as an opening towards becoming. To avoid any terminological confusion, I will speak of this opening rather in terms of *subjectality*. Subjectality is not constant like subjectivity; it designates *critical moments* of the subject, contrasting with the slow and daily process of the ego. I am thus inspired by the "subjective moments" proposed by Viviane Chéritr-Vatine (2014).¹¹ For my part, in "critical moments," I mean "moment" as, on the one hand, the segment of time when subjectality appears on the world stage, and, on the other hand, as the dynamic *momentum*, that is, the strength of its effective impact on that stage. As for the adjective "critical," it indicates that in and through the moment in question crucial choices or decisions are made,¹² as we see, most often in the aftermath, during an analysis.

Subjectality indeed emerges during analysis at crossroads, as when one has to take responsibility for one's desires. It is easy to see that these moments do not last. The accelerated pulse of analysis that shakes the ego in its subjectivity leads to such an expenditure of energy that the psyche

will, from time to time, need to rest. Rest is obtained by withdrawing defensively on the familiar and slower processes of the ego, but rest is even deeper in sleep or similar states in which the ego itself is relegated to the margins of psychic functioning.

Rather than going further in a conceptual discussion, I have chosen to present a clinical vignette that I hope will illustrate the emergence of subjectality (or *I*) and at the same time show that what is at stake in psychic trauma is indeed the status of the subject depending on whether it is situated at the level of subjectivity or at the level of subjectality.

"ELLA"

When, after our preliminary sessions, I informed "Ella," a woman in her thirties, that from now on she could if she wanted to use the couch, she burst into laughter. She said she thought the couch was a thing of the past that no one used any more. It took her a few more sessions to finally decide to use it, after, that is, she was able to trust that I would not look at her body while she was lying there but would only listen to her words. Ella had consulted wishing to overcome a major blockage in her capacity to write her dissertation. She was already a college teacher but had decided to go back to school and complete the Ph.D. program in which she had performed brilliantly, except for the writing blockage. During the first years of analysis, we found that her difficulty with completing her Ph.D. resembled what happened every night in her dreams: she would start having a "normal" dream, each time with a different beginning, but the dream always had an identical ending that would wake her up in a state of anxiety: "someone was vomiting a white liquid." We were gradually able to associate the recurring scene with many themes in her life and the analysis seemed to take a rather productive course as Ella worked-through a number of issues dealing, for instance, with her mother's breast cancer, her own pregnancy and motherhood, marital discord and separation, and things of the sort. One day, I realized that it had been a while since she last reported a scene of vomiting in her dreams.

Two years or so into the analysis, however, I had to move my office, and this is when Ella's analysis took a rather different turn. The new physical setting would reveal that the couch she had derided, rather than belonging to the past of psychoanalysis was in fact a significant part of her own past—a past, however, that was far from bygone. As she lay on the couch for the first time in the new setting, Ella was indeed brought *in the presence* of something she did not expect to experience again. A few moments after lying down, she reported a growing sense of discomfort. "It feels," she said,

“as if I am on train rushing backward at high speed. I am not well; I think I’m going to sit up.” She hesitated for a moment, but then decided to stay as she was and started describing what was going on. It was not the couch alone, she said, that caused her disturbance; it was the bookshelves lining the wall that stood at her feet. The bookshelves had brought back the vivid experience of something she well knew but did not think was *that* important, until, that is, that first session in the new office.

From age seven to fourteen, Ella was frequently brought at night into a room lined with bookshelves similar to mine. The one who brought her there was “T,” a consultant her father hired to help with the family business and who stayed with them for six months or so every year. T would show up just before summer and leave before the first snowfall, and every night or so he would quietly wake up Ella and take her to his room. T was never harsh or violent, and if she did not feel like going to his room, he would respect her decision. About what went on in the room, Ella only remembers him sitting on a couch, herself sitting on his lap while he “did things” to her. Hard as she tried, she could not remember what he did, nor could she say how she felt in those moments. She only remembers that all the time she was with him in the room, she stared at the bookshelves.

Ella went back time and again to her story with T, but what was remarkable is that she never considered those events very important or traumatic in themselves.

Obviously, her reaction to my bookshelves told another story, and her lack of clear memories about the “things” T did to her suggested that she had “frozen” her reactions to the sexual abuse. Yet, in Ella’s account of those seven years, there seemed to be no trace of any psychical or behavioral problem with her. She grew up as a normal child, she said. In fact, as time went on, Ella became quite accustomed to the special relationship she had with T and she even took pride at the fact that among her many sisters and brothers, she was the only one to whom T would bring presents when he came to stay. Only later, now an adult, did she wonder why her parents never took notice of this “special treatment” she got from T, but, at the time, she ended up considering herself as T’s official “fiancée,” plain and simple. She also somehow knew that all this had to be kept secret, so she never reported it to her parents.

Things, however, took a more dramatic turn one summer, when T arrived for another six-month stay. Ella, now fourteen, had decided to wear for the occasion something sexy in honor of the man she considered her lover. To her dismay, however, T was less than pleased. When they were finally alone, he told her she should be ashamed, that decent girls should not dress that way!

On the couch, Ella now realized that T's response had felt like more than a betrayal; it had shattered her world. In the *après-coup* experience of the analysis, she now felt as if the curtains were torn and the reality of what had been going on for seven years was suddenly shown to her in a crude light. This was never a love relationship, she discovered. T's blame had sent her back to the state of a child who had been abused in more than one way: sexually, but also by being led to believe that she was T's equal partner in a love story. As she grew up, Ella had managed to put this story on the back burner, so to speak, and seemed to never have taken the full measure of what had happened, at least not until she lay down on the new couch, with a view of bookshelves that propelled her back in time, or rather, pulled her childhood experience back into the present.

What had happened? The sudden turmoil Ella experienced in my new office is, I believe, a good illustration of how "the *unpast*" (Scarfone, 2015) reemerges in the present, reiterating a traumatic episode, while, by the same token, giving the analytic dyad an opportunity to work it through and relocate it "in the psychological domain" (Freud, 1914, p. 153) or "in the past tense" (Winnicott, 1963, p. 91). In temporal terms, it is a matter of bringing into the ordinary course of time the traces of trauma that had remained encapsulated in a shell of "actual time" (Scarfone, 2015). Thus, whereas the *unpast* is, by definition, impervious to the passage of time, its reactivation by the analytic process—mainly within the transference—allows for the mechanism of *après-coup* (*Nachträglichkeit*) to operate, eventually allowing such *unpast* to become a quieter past.

BACK TO THE SUBJECT

Ella's story seems to me to illustrate how psychic trauma concerns above all the subject in all its complexity. This may sound like a truism: "Of course! Who else but a subject could be affected by a trauma?" But I ask the reader to bear with me and consider the following.

First of all, anyone familiar with Sandor Ferenczi's famous article "Confusion of Tongues Between Adults and the Child" (1933), will have easily recognized in Ella's story the model of what the brilliant Hungarian analyst describes. The trauma of prolonged sexual abuse became truly operative and was truly *sealed* when, after seven years, T reproached Ella for trying to seduce him, for taking the initiative, for presenting herself to him as an equal sexual partner (i.e., as a subject, rather than remaining the mere object of T's desire). This is an example of the disavowal that Ferenczi sees as an essential component of the trauma. The similarity goes to the detail, including T's self-righteousness. As Ferenczi writes: "Not

infrequently, after such events, the seducer becomes over-moralistic or religious and endeavors to save the soul of the child by severity" (Ferenczi, 1933, p. 163).

Ferenczi's famous description of the clinical picture is quite rich with details. He describes, for instance, how the abused child introjects the adult's guilt feelings (p. 162), responds with "*precocious maturity*" (p. 165, italics in original) and has "the compulsion to put to rights all disorder in the family" (p. 166). All these, in my view, reflect the child's efforts to reassert his status of being a subject in the face of the abuser's disavowal.

This aspect of the matter might, however, be misleading if, by insisting on the harm done to the subject, I might seem to downplay the sexual dimension of the abuse. I must therefore clarify what follows: The central feature of trauma indeed consists in reducing the subject to the state of a "thing" or "instrument," promptly dismissing the subject as *the center of its own actions*, as de-centered as it may be; yet this reification and instrumentalization is all the same a *sexual abuse*. I say this, among other things, for the reason that the exertion of such power and control is part and parcel of the abuser's sexual enjoyment. Former Secretary of State Henry Kissinger has been quoted saying that *power* is the strongest aphrodisiac, and Harvey Weinstein would probably concur in the close association described by Freud between the drive for power or mastery (*Bemächtigungstrieb*) and the sexual drive. Most, if not all of the denunciations made in recent years through the #metoo movement can be regarded as addressing facts that clearly and inseparably involve sex and intimidation (abuse of power). This is a view that can be easily overlooked when one needlessly segregates the sexual from the aggressive aspect of the drives. Regarding the drive for mastery, Freud had this to say:

The fundamental psychological analysis of this [drive] has, as we know, not yet been satisfactorily achieved. It may be assumed that the impulse of cruelty arises from the [drive] for mastery and appears at a period of sexual life at which the genitals have not yet taken over their later role. It then dominates a phase of sexual life which we shall later describe as a pregenital organization (Freud, 1905/1915, p. 193).¹³

Unfortunately, Freud never carried out the "fundamental psychological analysis" of the *Bemächtigungstrieb* he deemed necessary. Yet, I believe the sentences just quoted give us a clear idea that, in his mind, this drive for power is inseparably linked to the pregenital sexual drive, (i.e., the only drive that is egregiously problematic to the ego).

This, I believe, is why it matters so little distinguishing between overt sexual molestation and the—covertly sexual—psychological abuse and

humiliation: the “impulse of cruelty” (at once sexual and of mastery) is the same and has the same crushing effect on the subject.¹⁴

Still in “Confusion of Tongues...,” Ferenczi goes on to say that in the aftermath of trauma what is left in the psyche is only Id and Superego (1933, p. 162), thus suggesting that the ego has left the scene. Here is perhaps a point about which, while staying in the spirit of Ferenczi, I feel justified to introduce a small but important distinction. In my view, Ferenczi’s idea can be reformulated thus: what disappears from the scene is not the ego (who, as we saw, is not a “reliable fellow” anyhow) nor its subjectivity, but the subject or more to the point, *subjectality*, impeded from emerging out of the circular ego processes in which the subject was left by the crushing trauma. The subject, in the ordinary sense, and its subjectivity are still present (e.g., Ella *subjectively* feels wounded and humiliated, but her capacity for subjectality is negated by the traumatic impact).

Recall that by subjectality I mean the *moment*¹⁵ of emergence of the truly autonomous subject. The autonomous subject is of course a center of action, but this time displaying the capacity to intervene responsibly in a unique and original manner, even leaving its mark in history, no matter how small.¹⁶ In psychoanalytic terms, *subjectal action* must then be distinguished from “acting” or “acting-out.” It means *intervening* deliberately and taking responsibility for one’s desires. *Subjectality* hence implies thinking and intervening outside of the anonymous Opinion, away from—and probably against mass psychology (Freud, 1921).

SUBJECTALITY AND INTERSUBJECTIVITY

The term “subject” is so naturally coupled with the words “subjective,” “subjectivity,” and “intersubjectivity” that it was just as natural to conclude that the general aim of psychoanalysis is to establish or consolidate the patient’s *subjectivity*, and even to rely on the intersubjective relationship between patient and analyst for attaining such goal. A whole movement within psychoanalysis has grown in this direction in North America over the last fifty years or so.¹⁷ Developed in reaction to what could be called the “objectivist” tradition, the intersubjectivist current focus is on the encounter between two subjects in psychoanalysis (Atwood & Storolow, 2014).

The reasons invoked by the authors promoting this approach need to be heeded. Criticizing a conception of psychoanalysis that, in their view, deals with an “isolated ‘mental apparatus,’” they rather propose that “psychoanalysis is unique among the sciences in that the observer is also the observed,” which seems unobjectionable. They then proceed to define psychoanalysis “[...] as a science of the intersubjective, focused on the

interplay between the differently organized subjective worlds of the observer and the observed [and in which] the observational stance is always one within, rather than outside, the intersubjective field..." (Atwood & Stolorow, 2014, p. 34). Here again, at first sight one could agree with the authors, were it not that this is for them a reason for rejecting metapsychology as merely an encumbrance (Stolorow & Atwood, 1989, p. 366). They rather conceive of the interplay between two "differently organized subjective worlds" (Atwood & Stolorow, 2014, p. 34) as including the analyst's theory: "Any analyst's theoretical preferences (including our own) are part of his personal subjectivity, rooted in his formative life experiences" they write, adding that "[w]ith the recognition that the impact of the observer *and his theories* is intrinsic to the observed, psychoanalysis enters the age of relativity" (Stolorow, Brandchaft & Atwood, 1991, p. 363). This is where our ways do part. I could agree to some extent that the "theoretical preferences" of the analyst are earmarked by his own "subjective organization," except that the authors here fail to distinguish between the analyst's own personal, implicit and unconsciously motivated *theories* with an *overt* psychoanalytic theory that is open to debate (i.e., they conflate the analyst's psychic organization, containing his "infantile theories"), with a general theory that must be put to the test of the clinical experience, for sure, but also critically examined in the light of clear scientific principles. In this way, the "relativity" mentioned by the authors results in a theoretical relativism if not utter subjectivism.¹⁸

Ironically, the idea that psychoanalysis consists of the interplay between two "differently organized subjective worlds" begs the question of how to conceive of these different organizations without by the same token entertaining a separate theoretical point of view about their differences.

I have proposed elsewhere that the conflation between the (infantile) theories that each of us, analysts included, carry in our heads and an overt psychoanalytic theory offered to critical assessment, has led astray Freud himself with regard to femininity (Scarfone, 2019). This is not the place to examine this issue again, so let me just remark again how subjectivity and intersubjectivity can be defined in many ways, some of them leaving the door open to *subjectivism*, (i.e., the assertion that one's subjective point of view—and "theory"—is just as valid as anyone else's). While subjectivism may appear as the reflection of the subject's sovereignty, it also opens wide the doors to intersubjective or collective *illusion*. Nothing indeed prevents two or more subjectivistic points of view to coalesce into a group illusion.

TRAUMA AND MASS PSYCHOLOGY

This leads us back to the question of *mass psychology*, which, in my view, is not merely the psychology of a group of individuals but a dimension of the individual psyche, when, that is, it has forgone critical thinking in favor of an erotic tie. In Freud's (1921) conception, mass psychology rests on the identification of the individual with a leader and with the other members of the group who share the same ideal. When mass psychology prevails, it relegates the personal/critical point of view—one the subject can take responsibility for after having exerted his judgment—to a secondary role. The problem here is that one could rightly call *both positions subjective* (i.e., the group illusion and the critical thinking), and we unwittingly do so most of the time because both of these positions seem to emanate from the same empirical subject. But it should by now be clear that the said subject is not in the same position, depending on whether it is the carrier of the general opinion and outlook, or if said subject takes responsibility for a truly personal stand arrived at after a close critical examination of their own positions, at odds, if need be, with the popular view.

It follows that while the opinions and points of view entertained *subjectively*—hence also *intersubjectively*—do belong to subjects in the general sense of the term, they can be, and too often are, the result of an unthought erotic link through identifications; they stand opposite to a *subjectal*, critical position as previously defined. By way of consequence, the subjective outlook obtained through identification can be influenced again by the same unconscious erotic bond uniting a group or a mass, and can therefore be replaced with the next popular opinion. We know what disastrous consequences some particular sets of opinions, shared by a majority, have had in the last century, and we are presently witnessing the resurgence of that sort of mass thinking in many countries. One more reason to remind ourselves that “intersubjectivity” can be misleading unless it clearly designates the encounter between two “de-centered centers of action” in the sense explained above.

This may seem distant from our psychoanalytic concerns with trauma, but not so if one considers that trauma is what imposes on the subject the will of another. Ferenczi's description is here again called for:

[the anxiety in the victims] *if it reaches a certain maximum, compels them to subordinate themselves like automata to the will of the aggressor, to divine each one of his desires and to gratify these; completely oblivious of themselves they identify themselves with the aggressor* (Ferenczi, 1933, p. 162. Emphasis in the original).

Strikingly, the identification with the aggressor described here fits perfectly with the identifications that operate in mass psychology. Replace “aggressor” with “charismatic leader” and you get the very same sort of phenomena in the behavior of members of a group who, just as well, subordinate themselves and act uncritically, divining the leader’s desires and gratifying them, sometimes even going farther in their extremism than the leader himself. Now, no one could deny that the victims described by Ferenczi *do possess* a subjective point of view, except that it is one that was *forced* into them through a violent version of seduction (Laplanche, 1990); and so do the zealots, who operate under group pressure and the work of what Freud called the erotic (i.e., uncritical) tie. All these individuals seem to be acting as subjects, and, in a way, they are (according to one of the OED definitions quoted earlier), but their subjectivity is mainly an extension of the will of the leader/seducer to whom, in Ferenczi’s words, “*they subordinate themselves like automata.*” The subject so subordinated cannot truly be said to be “maintaining and developing the human species,” (Li, 1999, p. 176) if by this development we mean the fostering of human beings that *construct* new tools (material, intellectual, cultural) instead of *being* themselves tools in someone else’s hands.

SOME CLINICAL IMPLICATIONS

The distinction between *subjective* and *subjectal* is valid and useful in general, but all the more so in the context of psychoanalytic practice. If we heed Freud’s (1921) remark that “[h]ypnosis has a good claim to being described as a group of two” (p. 127), resting as it does on the suspension of critical judgement and the idealization of the object, we must then keep in mind that the same idea applies within the analytic dyad. Transference, with its erotic substratum and its idealization of the analyst, can be seen as a form of mass psychology—where suggestion can easily operate unless the analyst actively resists its exertion. The analyst can indeed easily occupy the place of the leader in the analytic “group of two.” There lies one reason why I agree with authors like Laurence Kahn (2014) who consider that analysts must beware of their empathic responses to their analysands. For while empathy is unavoidable, as an intersubjective phenomenon it has the potential to drive the dyad into a shared illusion, and the intersubjective experience is thereby at risk of falling into *inter-subjectivism*. Hence, unavoidable and sometimes useful as it may be, empathy cannot be elevated to the status of a psychoanalytic method.

Distinguishing subjectal from subjective is then, in my view, essential both in terms of the ethics and of the practical task of the psychoanalyst.

Briefly stated, it is a matter of positing by principle that what analysis is destined to do is help the patient reach or reacquire a capacity for subjectality. This, by the way, requires no other ingredient than the Freudian method of analysis. It requires, however, that even when in the presence of a severely traumatized patient the analyst must always stay concerned with the subject.¹⁹ The temptation is indeed always lurking, due in part to the analyst's empathic response, to see our patient as essentially a victim (Kahn, 2018), this at the expense of subjectality and of everything this position implies in terms of desire and responsibility for oneself.

BACK TO ELLA

Though it usually runs contrary to the expected behavior, the irruption of subjectality does not necessarily take a spectacular form. In Ella's case, it took a form that, at first sight, could hardly be thought of as an "irruption." Many would rather call it a regression to a passive state. One day Ella started lying on the couch completely silent for the first five to ten minutes of the session. Then, with every new session, the silent period kept growing, up to the point where for two or three weeks she lay completely silent for the whole session.

For reasons that I would understand only much later, I decided to respect Ella's silence for as long as it lasted. Obviously, many thoughts and fantasies came to my mind as I sat there behind the couch, at times wondering what my esteemed colleagues would think of my attitude, wondering if this was really what the situation called for or if I was simply put in an analytic checkmate. I felt that Ella was posing a radical challenge to the analytic frame, to free association, to the "talking cure" in general, and some days I feared that this would go on forever! Some months after the end of her analysis, it was Ella herself who explained to me in a letter how the "silent sessions," and my acceptance of them, had been pivotal for her coming out of her post-traumatic state and the intellectual paralysis that came with it. For an external observer, her silence looked like an attack on the psychoanalytic process, but viewed from within, in the *après-coup*, it was a necessary attack if Ella was to acquire the subjectality that was denied to her by Mr. T's abuse and over-moralistic stance.²⁰

The distinction between subjectivity and subjectality is all the more vital with regard to psychic trauma since, as we saw, whatever manifest form trauma takes, it is in the end the *subjectal* status of the subject that is disavowed. Yet, a traumatized patient does not lose his/her *subjectivity*. On the contrary, as Ferenczi's shows, there is even a powerful *intersubjective* effect by which the victim divines the abuser's desires and knows how to

gratify them. This is a clear indication that subjectivity does not in itself guarantee that a full-fledged subject is present. All of us, most of the time, experience subjectivity rather than subjectality, for, as I said earlier, it would be too demanding to constantly maintain a subjectal stance. Subjectivity, with all its traps, is therefore the baseline and there can only be *subjectal moments* (Chétrit-Vatine, 2014). What matters therefore is for the subjectal capacity to be potentially present, waiting in the wings, as it were, and showing up when the situation calls for its manifestation. If, as I proposed, this potentiality is what psychic trauma damages most significantly, it follows that recovering from trauma implies reinstating it. Fortunately, as Ella's case showed, the compulsion to repeat carries the problem over in the analytic room through the lived experience of transference, thus giving the analytic work an opportunity to foster its reemergence.

ADDENDUM

The terms *subjectal* and *subjectality* are not really new. My attention to them was first drawn by the work of Viviane Chétrit-Vatine, in her book *The Ethical Seduction of the Analytic Situation* (Chétrit-Vatine, 2014). She had herself borrowed them from the analyst and philosopher Éliane Amado Lévy-Valensi (1962). Another French analyst, Raymond Cahn (2016), used the expression, though not with exactly the same meaning.

Interestingly, in a totally different context and with other theoretical problems in mind, the term subjectality was also proposed by the Chinese philosopher Li Zehou (1999) with the same purpose of contrasting it with subjectivity. It is also interesting to note that, as often happens, it is for a question of translation that Li was brought to introduce subjectality, a term that he thought was a neologism of his making. The problem he faced was that the word "subjectivity" can be rendered in Chinese by two terms: *zhuguanxing* and *zhutixing*. "In the former, *guan* is concerned with ideas and the word means the consciousness of the subject (the human being). In the latter, *ti* is concerned with the body; the word means the material substance of human beings." (Li, 1999, p. 174.) Hence, when one tries to translate back from the Chinese, one cannot use a single English word. This is why for *zhutixing*, Li proposed the word subjectality. But, of course, the problem is not strictly linguistic. For Li, indeed, the foundation of human existence, or its distinctive trait, is not consciousness, but, in a classic Marxist outlook, "the universal, necessary practice of making and using tools" (p. 174). This is interesting for us in that, without any reference to the psychoanalytic problems I outlined regarding subjectivity, and from a different outlook on what it means to be human, Li's philosophy is

nevertheless concerned with something similar (i.e., it insists on the *action* of the subject), an action which, in his view, ultimately results in “maintaining and developing the human species” (p. 176).

In Éliane Amado’s (1962) thinking, “the subject’s relationship to the world and to others in a dialog seems to allow for a definition of subjectivity much less as the essence of the subject as its essential trap” (p. 321, my translation). For her, on the other hand, *subjectal* qualifies the action of a subject who “instead of projecting onto the object its own categories, carries [his action] in front of the object” (p. 318); as for *subjectality*, it steps in “at the end of a process where the subject abandons all complacency toward itself, [which implies] the opening toward knowledge” (p. 326), especially since “Spinoza noted that in the Hebrew language, the same word stands for knowledge and love” (p. 314). Amado went on to say that “subjectality could be a synthesis of subjectivity and transcendentality, on the condition that the former has a heuristic function, and the latter is conceived as openness” (p. 319). I find that all this resonates well with Li Zehou’s conception of a subject “maintaining and developing the human species” (1999, p. 176).

NOTES

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2. For discussion of this paper see Koritar (2021) in this issue.
3. Winnicott’s notion of impingement (1949, 1960, 1962) though it belongs to a completely different paradigm, could be invoked here.
4. I am indebted to Avgi Saketopoulou’s comment in a personal communication around this aspect of the question.
5. “There is a crack, a crack in everything; that’s how the light gets in.” (from the song, “Anthem,” by Leonard Cohen, 1992).
6. More to the point, its nature is not exactly translational, but transductive. For practical reasons, in the present context, I will keep using “translational.”
7. I put “lighter” between quotes because, whatever the presenting pathology, an analysis conducted far enough will eventually touch on psychic processes where repetition and failure of representation come to the fore.
8. That Freud would see repetition as an index of the death drive is a story I cannot discuss here.

9. In an article of March 24, 2020, the sociologist Zeynep Tufekci described the strategic errors of the American healthcare system in the face of Covid-19: in her opinion, they are due to relying too much on *efficiency* (aiming for the lowest possible cost) as opposed to *redundancy*, which is more costly but much safer. Cf. "It Wasn't Just Trump Who Got It Wrong," *The Atlantic*, March 24, 2020, <https://www.theatlantic.com/technology/archive/2020/03/what-really-doomed-americas-coronavirus-response/608596/>.
10. If, that is, we hold to a rigorous conception of what is trauma.
11. I owe to Viviane Chétrit-Vatine of having revealed to me the concept of subjectivity that she herself had drawn from the work of Éliane Amado Lévy-Valensi (1962).
12. The etymological source of "critical" is the Greek verb *krinein*, which means to separate, to decide, to judge.
13. These three sentences were added by Freud in 1915, in a later edition of the *Three Essays* of 1905. I replaced "instinct" with "drive" in accordance with the Revised Standard Edition (Solms, 2018).
14. Another way of stating the same idea is that for *love* to happen the sexual drive must shed—or grow out of—its quest for power.
15. See above my reference to "moment" and "momentum" regarding subjectivity.
16. Action, here, has the meaning Hannah Arendt (1958) has given this word in *The Human Condition*, distinguishing it from labor and work.
17. The list of references would be quite long, but for recent overviews see, for example, Atwood and Storolow (2014) and Benjamin (2018).
18. In this way, the unexamined personal theory of the analyst behaves as an absolute truth.
19. Interestingly, this has some resonance with another intersubjectivist position, the one expounded by Jessica Benjamin (2018) in terms of mutual recognition, but I can't go into more detail here.
20. Ella's silence could be seen as the necessary "destruction" of the object to which, according to Winnicott (1968), the object must survive.

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