

**BEYOND FRAGMENTATION**  
Clinical Journeys  
in Contemporary Psychoanalysis  
and Psychotherapy

*Ingrid Pedroni*



**PHOENIX**  
PUBLISHING HOUSE  
*firing the mind*

*To the memory of Dino*

# Contents

Acknowledgements	ix
About the author	xiii
Foreword <i>by Donna Orange</i>	xv
The structure of the book	xix
Introduction: Widening clinical practice in relation to other therapeutic schools as the future of psychoanalysis	xxvii
<b>Part I: The need to build therapeutic bridges</b>	
1. From drives to relations through culture, the new epistemological paradigm of psychoanalysis	3
2. Beyond Freud: a contemporary integrative approach to obsessive-compulsive disorder	21
3. Integrating self psychology and relational psychoanalysis	35

**Part II: The search for subjectivity**

- 4. Creating the self 61
- 5. Talking with God: spirituality and religion  
in the therapeutic encounter 81
- 6. Gender identity and subjectivity 101

**Part III: Couples, parents, families: multiple relational  
dimensions and multiple selves**

- 7. The life cycle of the couple relation 119
- 8. Couples of spouses and couples of therapists in the dialectic  
of mutual recognition 133
- 9. Family relations in therapy 153

**Part IV: Transcultural psychotherapy and the treatment  
of individual and collective traumas of migration and wars**

- 10. Transcultural psychotherapy 181
- 11. Migrations: cultural mourning and cultural contaminations 197
- 12. War, trauma, memory, and resilience 213
- Concluding remarks 229
- References 235
- Index 259

# Acknowledgements

I began my training as psychotherapist rather late in life. My first PhD had been in law, and for many years, my professional field was economics, but I discovered my wish to become a psychoanalyst as a patient to a Jungian analyst. To her, I owe the beginning of my journey, but most of all my grateful thoughts go to the many patients who have made me feel I could be one: their trust has encouraged me and given me identity. The richness of their internal world, notwithstanding the pain and the wounds, was enlivening, opened new questions, provided existential answers, returned and reciprocated all the support I had tried, as best as I could, to offer, arousing deep affection and sometimes authentic admiration for their courage in coping with the hardship of their lives.

Among my teachers and supervisors, my gratitude goes to those who guided my steps from the beginning, especially Franco Paparo, who left us some time ago, and whose enthusiasm for self psychology was an incredible attractor for me. Franco Paparo and Gianni Nebbioso's great achievement was the implementation of ISIPSE, the Institute for Psychoanalytic Self Psychology and Relational Psychoanalysis, for the officially approved training of psychotherapists. Their passionate engagement made us all experience an authentic sense of belonging to

an open, egalitarian, committed therapeutic endeavour that we wished to spread among an increasing number of therapists. The development of the didactic programme and the implementation of the school originated from the organising wisdom of Susanna Federici, twice president of IARPP, and from the wide-ranging international connections of Franco Paparo and Gianni Nebbiosi.

Through them, I became personally acquainted with authors whose innovative thinking has since then inspired my work. They were our precious visiting professors who animated our seminars and sustained my engagement in teaching their writings: Donna Orange and Hazel Ipp, who also supervised me, Joseph Lichtenberg, Malcom Slavin, James Fosshage, among many others, whose presence in the implementation of the school in the first years was of great support.

I feel particularly indebted to the authors and editors who have encouraged my participation in conferences and my writing: again, Hazel Ipp, Muriel Dimen, who alas left us some years ago, and Elisabeth Carr, who edited the *Psychoanalytic Inquiry* issue that published my first paper. I feel especially grateful to Donna Orange, who has supported me so vibrantly in completing this book.

Many of the book's clinical reflections derive from ongoing discussions with dear friends and colleagues at our institute, with whom I have exchanged experiences and readings in Rome. I owe significant aspects of my clinical practice to my dear friend Marco Bernabei, with whom over many years I have had a constant exchange and our mutual understanding led us to coordinate our treatments and enhance their effectiveness. In Milan, I want to remember Paolo Stramba and Valeria Pulcini, who, again with many others, have enriched my professional experience with the vitalising flavour of their northern environment, their enriching connection to the university, and conferences with many outstanding authors.

Teaching and supervising the increasing number of candidates at ISIPSE, the Institute for Psychoanalytic Self Psychology and Relational Psychoanalysis, has been a thoroughly fulfilling experience, a constant renewal of interest in clinical and theoretical issues through the candidates' engaged and engaging participation and lively interactions during seminars and conferences. A significant and rewarding result has been the validation of all teaching and supervising efforts through

the witness they gave of a deep, personal, and far-reaching understanding of the multifaceted contemporary view of therapeutic intervention. The outstanding quality of their clinical reports reflected deep personal engagement, fine-tuned empathic listening, and an authentic exchange with patients who they often met in public services and were mostly more challenging than the ones in private practice.

The strong commitment towards the moral task of welcoming migrants, meeting their needs, and trying to give them understanding and support was the central aim that inspired the creation of “Vivere Altrove”, an association of professionals who had experienced migration either personally or in their families. Having our different stories listened to by all other members resulted in a strong bond that enhanced our wish to learn how to engage with the pains of displacement and uprooting under the guidance of Natale Losi, who trained us in the field of ethnopsychotherapy.

Going backwards in time, I must acknowledge my conceptual debt to my training in systemic and family therapy, a personal and professional experience of great value. Through those experiences, I learned the efficacy of acknowledging and enhancing individual and family resources, the leading edge of any therapeutic process that my subsequent familiarity with self psychology deepened further.

Permission to reprint, at the beginning of Chapter 12, the lyrics of a rap song from the film *Fuocoammare* has kindly been given by the producer of the film, Donatella Palermo, on behalf of the Stemal Entertainment S.r.l.

Finally, I am obliged to the journals that decided to publish my articles and again for their giving me permission to republish them: the self psychology review in Germany, *Selbstpsychologie*, and in the United States, *The International Journal for Self Psychology*, *Self and Context*, and *Studies in Gender and Sexuality*, as well as their editors, and the publishers Brandes & Apsel and Taylor & Francis.

Chapter 5 contains material based on a previously published article: Pedroni, I. (2015). Finding new ways of belonging through religious experience in the framework of a therapeutic encounter. *International Journal of Psychoanalytic Self Psychology*, 10(4): 343–354. DOI: 10.1080/15551024.2015.1073996. Copyright © International Association for Psychoanalytic Self Psychology, reprinted by permission of Taylor & Francis Ltd, <http://www.tandfonline.com>.

Chapter 6 contains material based on a previously published article: Pedroni, I. (2009). From gender identity to subjectivity: Relational textures in the marital and in the analytic couple. *Studies in Gender and Sexuality*, 10(1): 33–46. DOI: 10.1080/15240650801937053. Copyright © Taylor & Francis Ltd, reprinted by permission, <http://www.tandfonline.com>.

Chapters 8 and 9 contain a case study revised from Bernabei, M. & Pedroni, I. (2017). Coordinated treatment of adolescents and their parents: Working together in Italy. *Psychoanalysis, Self and Context*, 12(4): 358–366. DOI: 10.1080/24720038.2017.1352324. Copyright © International Association for Psychoanalytic Self Psychology, reprinted by permission of Taylor & Francis Ltd, <http://www.tandfonline.com>.

Chapter 10 contains material based on a previously published article: Pedroni, I. (2008). Self psychology, attachment theory and transcultural psychotherapy. *Selbstpsychologie: Europäische Zeitschrift für psychoanalytische Therapie und Forschung*, 32(2): 261–272. Copyright © Brandes & Apsel Verlag GmbH, reprinted by permission, <http://www.brandes-apsel-verlag.de>.



## About the author

**Ingrid Pedroni** worked in a major trade union in Italy, then as senior economist in the planning division of an Italian State company engaged in the analysis of international development scenarios and economic interdependence. She is in private practice as a relational and self-psychology analyst. She is a member of the International Association of Relational Psychoanalytic Psychotherapy, of the International Association of Psychoanalytic Self Psychology, and of ISIPSE, the Institute for Psychoanalytic Self Psychology and Relational Psychoanalysis, based in Italy. She is a past president of ISIPSE and is still a teaching and supervising analyst there in Rome and Milan. She was president of Vivere Altrove, an association of professionals operating in the field of intercultural intervention.

## Foreword

This book looks backward and forward. In its retrospective reading, like a gripping memoir, it charts the developmental path of a master clinician and teacher. Reminding us that each life in psychoanalysis remains unique, it shows how encounters with suffering patients force us to learn, from both successes and mistakes. Profoundly honest, unflinching in examining her own history as a thinker and clinician, Ingrid Pedroni challenges us to see where we have been and where we have failed, each of us.

Her own journey begins in the multicultural. Fully fluent in three languages—German (from her mother), Italian (from her father), and English (from schooling), and apparently quite literate in French—she clearly had to search for a sense of home. Once she came into the clinical world, she began with a Jungian analysis, but this continuing influence was inadequate for her searching soul. Like all the great psychoanalytic fallibilists—Bernard Brandchaft also comes to mind—she kept searching through all the traditional and contemporary psychoanalytic schools, as well as in systems and family therapies, to find what she could incorporate into an integrated, perhaps pluralistic, perspective of

her own. When a theory failed her, she moved on without rejecting what she could keep.

So the book also looks forward to a psychoanalysis as multicultural as Ingrid herself. Her search for the tools of understanding led her to training, teaching, and leadership at ISIPSE, the Institute for Psychoanalytic Self Psychology and Relational Psychoanalysis, founded near the turn of this century in Rome, and now well-established in Milan, where she has found her professional home while also contributing to international psychoanalytic organizations. Her searching mind and hospitable heart, however, have kept her wisely unsatisfied.

During my own many years on the faculty at ISIPSE, a place to I loved for its creativity and inclusivity, Ingrid always welcomed me warmly, helping me navigate before I knew much Italian, and ever ready for friendly questioning. Unlike so many of us, her interventions/contributions to discussions never seemed to showboat or sneakily to put the speaker on the defensive, as so often happens in psychoanalytic meetings and colloquia. So I found myself reciprocally open to the questions and perspectives she placed on the table, and grateful.

Back to the forward aspect of this book, what Kohutians would call the leading edge. Ingrid seems to seek both inclusivity and integration. Inclusivity means, in this context, a welcoming attitude towards anyone who may be able to teach me anything: patients, teachers, theories, the world at large. She thus models a radically non-dogmatic and non-authoritarian attitude. The various clinical problems and modalities she considers in this book make it clear that she cannot be a one-trick pony, nor does she seek a theory to be stated in thirty words or less. Each of the patients, and each of the theories, has taught her something she will not reduce to some generality.

And yet, like every serious thinker and mature clinician, she seeks integration, ever attempting to put poor fragmented Humpty Dumpty together again, in this case contemporary psychoanalysis. Some colleagues would call this the search for common ground, yet Ingrid, I sense, wants something more, perhaps a something more that results from a combination of welcoming ideas from others, and from clinical humility. This clinical humility, common to the best of aging clinicians, prevents or mitigates the arrogance into which we can so easily fall at any point in our development. The search for integration brings a reference

to a moral center, shaped by a lifetime, and calling us to respond to the next suffering soul entrusting itself to our care. If we cannot understand this patient, we do not blame the patient, but rather keep searching for every kind of resource to come to our aid.

Developmental to its core, Ingrid's book brings us one gripping clinical story, never reduced to a "case" of anything, after another. Her narratives, which I could not put down, show her ever stretching to understand both the patients and her own failures with them. For this reason, I find her work profoundly ethical, in the sense of a radical ethics of undergoing with the Other (Gadamer) and responding to the other (Logstrup, Levinas, Waldenfels). The Roman poet wrote that he was human and nothing human was alien to him. Here we find the alien within ourselves, challenging us to stay close and to respond.

It is an honor and privilege to be asked to write a foreword for a very dear colleague who inspires me in so many ways. You who read on will come to know why she is so extraordinarily good.

*Donna M. Orange*  
[www.donnamorange.net](http://www.donnamorange.net)

# The structure of the book

The following chapters are an illustration of the clinical experience I have carried out in various settings, sometimes making use of different modalities when I felt that they might be useful or even letting unexpected situations take the lead and letting the patient teach me how he wanted me to respond. The different sections of the book, corresponding to the areas of my therapeutic experience, are there to facilitate consultation and to help the reader find the issues he or she may be more interested in, without having to start from the beginning.

## **Part I: The need to build therapeutic bridges**

This section explores the integration of different theoretical and clinical models, with special reference to self psychology and relational psychoanalysis. A clinical report will outline the difference with classical psychoanalysis in considering the origin of obsessive symptoms and behaviours. Integrating self psychology and relational psychoanalysis constructs appears essential in the treatment of strong persecutory feelings, rage outbursts, and frequent rupture of the therapeutic relation.

*Chapter 1.* In the last decades, psychoanalytic epistemology has moved more and more into a phenomenological and hermeneutic paradigm which has opened up to the influence of philosophical thinking while a different conception of basic human motivations has brought the revitalisation of authors who for one reason or another had been considered as outcasts in the psychoanalytic movement. Results pertaining to different research areas—infant research and attachment, evolutionary theory and neuroscience—confirm the primacy of the relational dimension over drives pressures. These significant shifts in major epistemological principles have wide-ranging consequences. The first one is the extension of analytic treatment to patients previously considered non-analysable. The second is a more intense comparison and exchange among therapeutic schools.

*Chapter 2.* The clinical report exemplifies how the OCD syndrome can be better understood in a self-psychological framework rather than through Freud's theoretical assumptions on one of his paradigmatic reconstructions of neurosis. Yet a phenomenological approach produced the most effective way to discover the hidden meanings of obsessive ideations and behaviours by contextualising the finest details in the patient's experience. The characteristic syndrome of excruciating oscillation between divergent alternatives required a directive attitude similar to a behavioural approach, while a psychodynamic understanding reached the conflicting self-dimensions as the deeper source of that uncertainty.

*Chapter 3.* Strong persecutory feelings, rage outbursts, and frequent rupture of the therapeutic relation have been the object of divergent approaches among self psychology and relational analysts: structural deficits versus conflicting relational dimensions, developmental failures versus present distorted relational patterns or traumatic induced dissociations. Divergent theories have spurred disputes over clinical implications and factors inducing change or explaining and solving therapeutic stalemates. These different theories represent the rich heritage of a passionate clinical commitment; instead of considering them as strictly alternative to one another, the task is to understand how and when each different reading is best employed to further the therapeutic process.

## **Part II: The search for subjectivity**

The chapters included in this section outline significant areas of experience that build the sense of self and the way it is represented in

intra-psychic and inter-relational dimensions. The clinical reports highlight how in the therapeutic relation these different aspects may emerge and be transformed, leading to new relational patterns as the result of a more integrated subjectivity.

*Chapter 4.* Creativity from Freud to Winnicott has been related to play; fantasising, like a child staging an “as if” play, is essential in giving shape to one’s inclinations, beliefs, and existential meaning. Infant research has shown how the core experience in play rests on sharing meanings between child and caregiver. A relational experience, be it with a single person or a group, is a necessary condition for discovering new ways of being and shaping the self. The path that leads from the deeper layer of fantasies to the organisational activity that fulfils them can present alternating states of near fragmentation and moments of achieved personal wholeness. The change in personality traits, relational patterns, and object choices that runs parallel to this evolving situation can be extensive and sometimes disconcerting; the analyst’s task is not to consider these alternating phases pathological, but to read them as stages in the process of “the creation of oneself”.

*Chapter 5.* One of the major innovations in contemporary psychoanalysis lies in the radical change of attitude towards culture and religious beliefs as a highly significant part of each individual’s subjectivity. New ideas on psychic dynamics, its content and motivating forces, and the meaning of culture in moulding the mind, have brought about this relevant reorientation. Creativity, spirituality, and religious experience emerge in the psychic realms where a greater permeability of conscious and unconscious phenomena and a less rigid distinction of subject and object is prevalent as in Winnicott’s transitional space. In their multifaceted manifestations, spirituality and religious experience testify to the accomplishment of a flexible psychic life and its enlarged scope, the result of a mature development instead of a regression towards a childish need of protection. In therapy, the working through of religious experience accompanies the strengthening of self and a change in the image of God that opens to a more benevolent representation of the significant other and a more satisfying experience of belonging.

*Chapter 6.* In the last decades, the rigid either/or conceptualisation of gender, transmitted normatively and often intertwined with unbalanced family patterns, has been considered the cause of wide and deep pathological distortions. Such a paramount breakthrough in theoretical

terms, and its far-reaching clinical implications, is one of the many outcomes of a more general move from a biologically anchored view of psychic development towards a deeper consideration of relational experience. Sexual difference, although crucial for the acquisition of a central gender identity, has lost its position as a focal point of the analysis in favour of an inquiry into its relationally determined psychic dimensions. The clinical report relates to two cases, in which the polarity of gender identifications had impaired individual growth, stiffened the relational pattern in the marriage, and affected it negatively. These psychic gender traits reflected in divergent attitudes towards the treatment and the therapeutic relation; in time, rigid behaviours softened, letting opposite gender traits emerge that enriched the personality and fostered new attitudes and activities.

### **Part III: Couples, parents, families: multiple relational dimensions and multiple selves**

In this section, the clinical focus is on couple and family relations and the way they evolve in time and represent an essential part of the self. The diversified interventions include coordinated therapies as well as treatment of couple and family relations with individual patients.

*Chapter 7.* The chapter analyses the couple as an internal representation in its different stages of development. After the initial experience of falling in love in adolescence and youth, when there is intense mirroring and the feeling of being merged one into the other, inevitable disillusionments and conflicts mark the relational maturation and the overcoming of the primary idealised image of the partner and of the couple; differences and similarities emerge and require acknowledgement and acceptance. The internal image of the bond, as part of self-representation, generates further personal growth and with it the wish for parental roles. The image of the parents as partners remains in the children's mind as part of their own sense of self. Quotations from theatre and literature exemplify these diverse phases and their possible outcomes.

*Chapter 8.* In a couple, seen as a "joint personality", the relation is like a third element in the dyad and in therapy becomes a third patient, with an evolving story of its own, from the initial expectations that have



strengthened the bond to the following disillusionments that have determined its crisis. The partners' relation as a third patient gradually comes into the foreground of the setting; its previously unknown presence provides the most significant therapeutic factor: the awareness of both partners that the responsibility for ruptures and crises lies in the peculiar configuration their interaction has acquired in time. Decentring the reason for the conflict on the relational pattern curtails the spiral of mutual accusations and gives prominence to respective vulnerabilities trying to increase mutual empathy and mutual recognition.

*Chapter 9.* In a couple, feelings of wholeness, increased self-esteem, and confidence in each other bring forth the desire to become a family as a healthy, although not easy, transition from partners in a couple to parents in the new family. The birth of children leads to a radical shift in each partner's ideas about him/herself and the change in their mode of life makes minute negotiations necessary over parenting styles. The variables that most effectively identify the reasons and conditions for the relational distress in a family take shape in spatial metaphors. The characteristics that typify the system are closeness versus distance and rigidity or opacity of boundaries among the family members and between the subsystems, parents and siblings. Techniques, such as sculpting, make it possible to explore the surface of family patterns through an immediate representation of how each member perceives himself and all the others along the categories of closeness and distance. However, it is often necessary to integrate this horizontal level of inquiry with the vertical exploration of psychodynamic aspects in the subsystems and in individual members through less rigid interventions that nevertheless respond to a clear systemic theoretical framework. The clinical cases illustrate these different modes and prove the family systemic interconnection through the effects of individual treatment on its relational patterns.

#### **Part IV: Transcultural psychotherapy and the treatment of collective and individual traumas of wars and migration**

This section deals with the treatment of cultural diversity as a determinant aspect of the therapeutic encounter in different settings, different situations, and different methods of intervention that have as leading

principles the universality of attachment bonds and the extreme specificity of their cultural expression.

*Chapter 10.* Contemporary anthropology states that there is “no such thing as a human nature independent of culture”: considering individual development in the wider social context has become a common theoretical and clinical principle. In the challenging encounter with migrant patients, whose sense of self is determined by their culture, the diversity of cultural beliefs relating to illness and health, family roles and norms, death and birth rituals, and so on is so great that it would be arbitrary to translate them into our paradigms. This is the reason for G. Devereux’s model of ethnopsychiatry based on accompanying psychotherapeutic interventions with anthropological knowledge in a complementary but not an integrated relation between the two disciplines. Its clinical application, as exemplified in some cases, re-establishes the validity of cultural beliefs when in an effort to feel part of a new cultural environment, the migrant may have foreclosed or dissociated them. Continuity in personal experience and a more complex sense of personal identity depend on their recognition and acceptance as an essential part of his inner world.

*Chapter 11.* Very often, the focal point in the treatment of immigrant patients consists in the exploration of ruptures, conflicts, disillusionments in relation to the country of origin. It can happen that they experience the cultural tradition of their country as having failed them; migration, and with it the dream of a new identity, is pursued as the solution. However, those ruptures persist in inhibiting a smooth adaptation to the new environment, or may appear after some time, bringing forth unaccountable depressive symptoms. To some extent in the distressful experience of an unsuccessful migration, there are traces of a basic conflict, both intrapsychic and interpersonal, between the need to belong and the thrust towards some kind of differentiation. The clinical reports underline how unsolved relational problems can be transferred and projected in the new environment, hampering adjustment and inclusion.

*Chapter 12.* In the paradigmatic approach of authors who have dealt with the treatment of survivors to collective traumas, the prevailing feature is the outlining of resilience as adaptive reactions to the need for change. In contemporary psychoanalysis, there is an increasing emphasis on the patients’ resources in contrast to the way psychiatry

with PTSD usually considers serious traumatic events solely from the point of view of the deficits and voids that they determine in the individual patients. An ongoing attention to the opening up of possibilities for future developments is a major distinction from the classical school, and an element in common with other models of psychotherapy. This does not entail an understatement of the challenge that the narrative of vicissitudes of unendurable cruelty represents for the therapist, as her listening and witnessing helps in reaching new meanings and adjusting to new and often very exacting conditions.

## INTRODUCTION

# Widening clinical practice in relation to other therapeutic schools as the future of psychoanalysis

I hope that my clinical experience will give witness to the capacity of contemporary psychoanalysis to integrate and creatively apply the legacy of other schools of thought. Such an inclusive effort has engendered the supple and yielding properties that Ferenczi advocated in 1928, reaching what he aimed at: the significant widening of its therapeutic effectiveness in an increasing range of applications. I do believe that this is the only way to counteract the trend towards medication as the exclusive means to relieve psychic pain, and meet ever increasing requirements of psychological treatment in all layers of society as was Freud's and so many of his followers' aspiration.

For this reason, I hope young professionals active at the social, educational, and psychological levels, both in private and in public institutions, will find this book of some interest. The comparison of different clinical models might help students and candidates in finding some kind of integration in their own individual therapeutic equation. Besides interests among professionals, the many clinical examples in the most diverse fields, including collective trauma and transcultural psychotherapy, may elicit the curiosity of nonprofessional readers who pay attention to therapeutic experiences.