

Order and Chaos
Margins of “normality” between diagnosis and therapy:
from the preliminary meeting to the plot of a speech to come

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Abstract: As human beings, we are driven by two eternal feelings in perpetual fight: the search for order and the fascination of chaos. Man live inside this fight: between body and language, substance and history, soul and its biological reflections.

Every moment we act, talk, think, or dream, mirrors an experience of the present related to a given order. As Jung wrote: “there is a cosmos in every chaos and a secret order in every disorder”. Thus, Man is an entity where the being and the becoming, the endless and the ended coexist.

It is exactly the present state of the psychic life that can be subjected to a given disorder. Then the different disturbs of the various psychic functions interact in an entangled way in shaping that psychic state identified by a structural disorganization of the experience, which is pathologic.

In the therapeutic process, our “fluctuating” attention will listen to the emotions experienced by the patient, as symbolic expressions of dreamlike elements. Such attention will be put both during the diagnostic inquiry including the administration of the Rorschach Test and in the other phases of the therapeutic path. Free associations will provide the basis of both a sound

shape and a visual listening of elements hanging between order and chaos, asymmetry and symmetry, past and present, inner and outer world. This should help the “person” in her/his recovering the integrity of belonging to the self: to be “soul” (psyche) of “life” (bios).

Keywords: Rorschach Test, psychodiagnosis and therapy, order and chaos, clinical psychology and psychoanalysis.

*«We are such stuff as dreams are made on; and our little life is rounded
with a sleep»*

(Prospero: Act IV, scene I – “The Tempest” by William Shakespeare)

Introduction

Each of us looks out from a hill of the Infinite: human finitude is a congenital, rooted tension towards the infinite, towards boundless spaces and superhuman silences. Twenty-year-old Leopardi celebrated silence in a great poem dedicated to the loneliness of human beings, who seek consolation from the mystery of life and its inexorable separations.

Human beings desperately try to deny their frailty, and this denial falls into the broader denial of suffering and extreme transience of human life (Efficace, 1999-2000).

Human adventure begins with an expulsion, with the painful and brutal banishment from the Garden of Eden. Likewise, individual life starts with a loss, with the expulsion from the womb; and the pain of that separation is imprinted indelibly and deeply in the bowels of every new born (Schelotto, 2002).

It is our "mother's home", that from its exclusive bio-logical shape turns, slowly, into a psycho-logical one, the first thing we lose. Unintentionally and unexpectedly we are expelled from that place of peace, which was so far untouched and protected. Suddenly we are breathless and we feel new and uncontrollable sensations: we feel cold, we feel extremely hungry, or rather, we embody the exaggerated need of hunger, whereas in that liquid, warm universe, nothing was missing. For the first time, we are no longer immersed in the amniotic fluid, and that increases the stimulus of the force of gravity; we perceive that feeling of "emptiness" that will afflict us at every new loss. The first separation is the beginning of a "suspended" lifetime which will be marked by countless other separations, as we pursue the impossible,

unconscious desire to return to lost Eden, to reconnect with our Mother Goddess which in turn is also a daughter: daughter of time (Nardi, 2006). Our lifetime is imbued with this space of glares, with feelings of life and death, presence and absence, fusion and loneliness, strength and vulnerability, fantasy and reality, light and shadow, and of ecstasy and anguish. As human beings we are then suspended between what somehow reassures us, and what, instead, haunts us and upsets us.

We are driven by two eternal feelings in perpetual struggle: the search for order and the charm of chaos. Humankind lives in this struggle between the psyche and its biological reflexes. We search for rules, dogmas, and models, but cannot grasp the real functioning of the world; for human beings, the true form of what is outside of us as well as of what is inside us is an eternal unknown. The inability to solve this mystery terrifies us. It forces us to oscillate between the impossible search for harmony and the abandonment to chaos. But when we become aware of the gap that exists between the world and us, within ourselves, and between God and us, then we realise that we can still feel amazement, we can look around us, as if we were actually able to see for the first time. It is like discovering the dawn in the darkness, and light in turmoil; it is like seeing changes that used to scare us, as opportunities. We regain the ability to be amazed by the beat of life; we experience the fullness of a timeless present where everything is still possible, where our real desires and our genuine psychic dimensions are finally unveiled. Then the outer world takes on surprising colours and undertones and welcomes within it a spark of infinity that makes us say loudly: "I flood myself with the light of the immense", as the Italian poet Giuseppe Ungaretti wrote (1917).

We experience the transparency of the world when we go through a profound experience of revelations that, suddenly, for some kind of reason and secret alchemy, makes us rediscover ourselves and the feeling of belonging to ourselves, helping us to bring into play what we are, to infringe and *go beyond* our core beliefs.

That is what we experience when we rediscover the ability to believe in something important for us, as for example, when we fall in love with someone who becomes everything to us; but it is also, in part, what we experience in the spiritual experience of mystical ecstasy in which we enter into a relationship with God. It is also, on the other hand, the brainwave that patients experience during psychoanalysis, when in a state between confusion and ordinariness, at a particular time, they develop self-awareness and a deeper knowledge of aspects of themselves, shifting those crystallised sediments of their inner life, which until then were expressed only as

instinctual drives but that, finally, are no longer split parts and find their place in a space-time dimension of integrity and truth.

In all human beings, the organisation of psychic life corresponds to the events (from the German "*Erlebnis*" which means "what is experienced") experienced in the present, which are all the psychic factors (perception, imagination, reverie, language, feelings, needs, moods, psychomotor activity) that compose the field of knowledge in every moment of life. Indeed, at each moment of life, whether we act, we speak, we think or we dream, corresponds an experience of the present in relation to a certain dynamic "order". And, as Jung writes: "In all chaos there is a cosmos, in all disorder a secret order" (Von Franz, 1988). Mankind is the reality in which the present and the future, the Infinite and the Finite coexist¹ (Matte Blanco, 1975). This state of psychic life can undergo a certain turmoil in so far the various disorders of different psychic functions intermingle inextricably to shape the psychic state of a structural disorganisation of experience (the sense of Self), which becomes pathological.

Our psychic structure is a living structure, which needs energy in order to preserve its functions and produce behaviour. That energy is what makes our mind an agile and operational structure. With a figurative expression, the "psyche" can be described as a big orchestra in which the various musical instruments (string instruments, woodwind, percussions) are arranged within the score and blend in the execution of a composition, in the same way as every single psychic function binds harmonically to the others. Music takes "substance" and "life" only through the structural organisation and melodic coordination of the single notes. We know how the stamp, the fluidity *of a single note* can change the connotation of a melody from joy to sadness, as well as how "disharmony" can turn music into noise (Nardi, 2010).

The boundaries of the Self can be steady and defined or undefined and vague. Dysfunctions occur when, at deep level, the structures of the Self are not solidly established and able to filter the pressure coming from the inner and outer world. In borderline cases, suffering appears as a fracture of the sense of Self. In that fracture, we can affirm that the continuity of existence has been

¹ *Finite* is the finitude of human conscience, which cannot depart from the four space-time dimensions. *Infinite* is the symmetrical unconscious being in which everything has a single timeless unit.

interrupted by an evolutionary leap of intellect, by a modality of "psychism" which neither knows nor recognises what senses experience. It seems that, at some point in life, the fabric of psychic organisation of the subject perforates itself and this results in the function of thinking collapsing, and in the untying of sense, which causes the surfacing and the integration of a magmatic sensoriality related to primary affective states (McDougall, 1989; Taylor, 2003).

As physics teaches us, Albert Einstein's famous *Theory of Relativity* formulate an equation that ties matter with energy ($E = m \cdot c^2$), so that matter is energy in its potential status, where the released energy is forever becoming. Therefore, each Rorschach card with its specular, shapeless, monochromatic, bicoloured or coloured inkblots is, in terms of physics, energy at its potential form that has a "vibration", a wavelength which is different each time and can generate certain effects, through the close interaction between the energy of the patient and the external energies, in that phenomenological-existential dimension where transpersonal and interpersonal dynamics meet in a dialogue that goes "beyond" words.

In the space-time continuum between the cards of the test (as stage objects of specular symmetries with more or less colour on them), the patient, and us, we eventually play the role of spectators and keen observers of what is happening within the subject, by recording the responses he/she provides and by analysing the flow of ideas arising from the spontaneity of the ideo-verbal moment, which is also accompanied by pre-verbal codes of expression such as some kind of proxemics, posture, gestures, tone of voice, body movements, and silence.

On the other hand, the role of the patient in building a response which is determined by his/her way of being and by what he/she sees between the inkblots, appears as the role of author and performer of a plot that stems from dreamlike shapes, develops from pre-logic instances and creates a speech to come, holding a psychological and personal sense.

In the administration of the cards, the subject is invited to give meaning to shapeless images, to bring order to that miniature chaos that he or she is presented with. The extent to which subjects actively take possession of the cards reflects their ability to know how to steer their life and adjust to external reality, under the guidance of reason and intelligence (as a result of a plastic Self which is able to acquire knowledge of its environment and exert its power on it). People respond, then, on the basis of their ability to give "order" to "chaos". Each image is unique and at the same time interwoven

with the others. Each image has its own meaning, like words in a single sentence or musical notes in the same melody that acquire different "power" according to the relationship between each other.

In the process of a person responding to the Rorschach test, there is a condensation of various floating interactions between *reality* and *imagery*, and between perceptive activity and fantasmatic activity. These two forms of activity point to a double expression of relationship with the outside world and with the inner world whose simultaneity ensures a certain psychological balance (Rausch De Traubenberg, 1970, 1993).

The relationship of contiguity between the two functions, the perceptive and the fantasmatic one, comes from creative power's ability (bi-logic) to access our subconscious and to translate into asymmetrical ways, aspects of the "symmetrical" being. This is the ability to draw on both ways of being: the *symmetrical* or indivisible, and the *asymmetrical* or heterogenic one. The object appearing within the inkblots to which the subject relates, it is external to the personality system that, through contact with that object, experiences emotion. Those are inner engrams that emerge from the experience through the appearance of the inkblots, and through the memory of a past that is dense with meaning. Within the inkblots, everyone seems to recognise the borders of a figure somewhat strange and different, or rather similar and identical, suspended between what is familiar and what is forgotten, between originality and dullness. That figure intertwines with body and language, matter and individual history.

From a neurobiological point of view, the various areas of the brain that are involved during the administration of the Rorschach inkblot test, through synaptic connections between cortical and bilateral subcortical neurons, are the same areas involved in dreams, appetite or libido, or in emotional experiences and relationships with others. Depending on the case, those areas can create a feeling of empathic and emotionally positive participation, or of pain and sacrifice. Recent studies (Andò et al., 2014) have shown that exposure to the stimuli of the Rorschach test is sufficient to suppress the rhythm of waves μ (Mu)², during the production of Human Movement responses (M), as indicator of empathic abilities³.

² μ (Mu) Rhythm: characterised by waves of curved or sawtooth-like appearance with frequency of 7-11 c/sec, located on the central and parietal regions, which disappear when a contralateral motor act is performed. Therefore, those regions are functionally inhibited by

Referring instead to what happens in the analysis of the Rorschach inkblot test performed according to a strictly "content-symbolic" approach, each answer is read as a "projective" manifestation of the personality of the subject who responds to the stimulus. What gives value to the interpretation, therefore, is the response process considered as material produced by the subconscious and characterised by a regression in the service of the Self. The situation in which the test is administered means that the response is interpreted as dream-work (Anzieu, 1960; Chabert, 1983). For this reason, the response to the test includes two aspects of content: manifest content (response content) and latent content (unconscious fantasies and conflicts).

Therefore, the Rorschach inkblot test allows to "indirectly" outline the structural characteristics of the subject's psychic life, as well as cognitive and emotional-affective dynamics. The test becomes a sounding board of the subject's inner life, a prelude to creative and cognitive processes stemming from impressions and expressions suspended between dream and reality. In light of the above, it should be noted that a correct interpretation of this projective tool within the delicate psycho-diagnostic process should never overlook the integral analysis of the protocol in its specificity and entirety. This shows the need to reconcile the study of *perceptual modalities* and *representations expressed* by the subject, since only through an effective integration of a statistical and objective reading of the responses to the test, which includes a qualitative and content-psychodynamic reading of the interpretations provided, it is possible to ensure a consistent and coordinate description of the subject's personality (Passi Tognazzo, 1994; Capri & Lanotte, 1997).

the activity of the mirror neurons when a subject is imagining something or performing a motor act.

³ In primary kinaesthesias (initialled M or K), the kinaesthetic response is ascribed to human and anthropomorphic representations of the body, through the recognition and interpretation of the human figure in its entirety. In those kinaesthesias, movement represents the potential energy available in the realm of reality. The Self governs that energy, which enables it to gain stability and strength, in order to act and pursue its goals of adaptability and balance (13). As Barison maintains: "in the Rorschach test, movement represents the ability to create the human being, the breath that transforms a lifeless clay statue into a human being" (Barison & Passi Tognazzo, 1982).

To prove the importance of the integration of methodology between "objective measure" and "expressive representation" in the Rorschach test, it should be noted how the analysis of numerical indices measured on perceptual-associative responses is integrated with symbolic narration in these excerpts of a psycho-diagnostic protocol drawn on a 30-year-old female patient who shows, according to the diagnostic criteria of DSM-IV-TR, an Adjustment Disorder with Anxiety and Depression, with a predominant combination of depression and anxiety, which has been lasting for 9 months, as a "causal or concausal" consequence of a specific traumatic event: the death of her brother.

Nine months ago, Valentina has suffered the loss of her brother Francesco, who died in a tragic car accident. He was crushed by a lorry with trailer whose driver was under the influence of cocaine.

From the psychodiagnostic profile, the following clinical picture emerges:

L= 19 sec.	T= 21 sec.	T.V.I.= 6/2 Intratensive
R= 13	R+% = 77	t.v.i.= 1/4,5 Extratensive
F%= 38	F+% = 90	Affectivity Index RN/RC= 1,18 (VIII + IX + X)·100/R= 31%
G%= 42	G+% = 91	
G/M =5,5/6	M/m= 6/1	
V= 6	V%= 46	Impulsivity Index (II + III)/(VIII + IX + X)= 0,5
H%= 54 A%= 23	H% + A%= 77 (H + A)/(Had + Ad)= 6/4	Self-Control Index (M + FC)/(CF + C)= 6/2 Reality Index (III V VIII X)= 3

The administration method of the Test as well as the adopted initialling follow the guidelines of the School of Carlo Rizzo

“[...] The Ego structure shows that, in the past, the subject was more inclined to express emotions and affection (extratensive TVI), while the personality's superstructure (intratensive TVI) shows that at a more recent time in her

history, the patient suffered an emotional block and became unable to express affection. Also, she retreated into herself and showed intrapsychic overproduction (M), as well as withdrawal from the outer world, with aspects of intrapsychic overproduction and rumination on personal experiences.

From the point of view of affectivity, there is a difficulty to respond appropriately to environmental stress. In fact, the subject shows little responsiveness to the environment and is not inclined towards affective contact, thus confirming a significant inclination to depressed mood (F +%; emotional indexes: 1.18 and 31%, ratio black cards and coloured cards; C'nF). The state of depression experienced by the subject is also proven by the loss of connection with reality (Ind. Reality).

Affective expression shows lability, as well as impulsivity and aggressiveness (Dim); the aggressive drive is directed inward rather than toward the environment (TVI; Impulsivity index; Self-control index; F +%). Through defence and restraint mechanisms, both of unconscious and conscious nature (Impulsivity index; Self-control index; F +%; Shock colour, Shock red), the aggressive drive may lead to psychosomatic symptoms”.

The pronounced Super-Ego needs are highlighted in Table IV (paternal) in which it is possible to observe the following:

<p>TABLE IV:</p> <p>... (13") ↑ A giant with two huge feet and two small arms ... It seems to have a reactor and that it is going to shot it in the sky. (TL=13" TT=13")</p>	<p>TABLE IV: ↑ GIANT – YETI</p> <p>WHERE: in the entire figure. DESCRIPTION: reactor (D17+D11+D1+D5) WHAT: because of its shape, and because of this fantasy about myself of being shot somewhere in space.</p>
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On the basis of these observations and of what is narrated in the setting, it is evident how the relationship with the paternal imago is characterised by feelings of ambivalence, where it is possible to capture the conflict between activity and passivity, between the regulatory burden of authority and dependence on one side, and the need for detachment on the other. There is a deep need to "stay" ("want /must" stay next to the distraught parents) in the

ordinary present of suffering, but also the wish to escape from the pain of everyday life (in order to fulfil a dream of the past: a new family and working life abroad). Before the tragic death of his son, Valentina's father was a man in perfect health and very down-to-earth, with a strong and earthy personality. Today, he is a man who has suffered a heart attack, who is prematurely aged, weakened by the tragic death of his son and unable to interact with the world.

And again,

“[...] The aggressiveness that is detected in Valentina's case is the result of an oral-like regression of the libido to a pre-genital stage (G), in response to a genital anxiety (below D, as indicator of relational issues; kinaesthetic shock). The strong, unconscious sense of guilt, and the possible need for punishment resulting therefrom, are always caused by that unconscious aggressiveness that triggers a combination of symptoms, in a vicious circle affecting the subject's mood and behaviour.”

Valentina's sense of guilt is “objectively” routed (the distance from home as a result of a career choice at the time of her brother's accident), but also has "phantasmic" routes into Valentina's unconscious, emotional and affective past experiences with her brother. According to the psychoanalytic framework, depression is a response to the loss of a real object (loved ones, physical wellbeing) or to the loss of a phantasmic object (related to unconscious fantasies). In this, depression differs from the pain resulting from mourning, because while in the latter the pain for the loss suffered is prevailing, depressed subjects loses their connection to reality (as shown in the indicators of the patient's Rorschach profile). For unconscious and mysterious reasons, the ambivalence that marks even the most emotionally intense relationships comes implacably to the surface, adding gratuitous punishments to the already troubled daily self-questioning. Indeed, being alive is what makes us feel guilty: the mere fact of having survived who was the object of our love is seen as a betrayal.

Valentina was informed of the tragedy with a phone call: *“It has frozen time forever,”* [...] *“it is an endless silence ... as if time has stopped... In my family everything has stopped since then. I feel so much anger... I cannot let it go... it's crushing me”*.

From the patient's open account on her past experiences, it emerges that, before the tragedy, she was a person with a great lust for life. She was an

enquiring mind and an enthusiastic person who was eager to learn about new cultures and civilizations. In fact, she was planning to move abroad to start a commercial activity together with her life partner. They wanted to open a restaurant in Cuba, where they have friends who are locals. Years before, they actually took a pleasure trip to Cuba, and had moved there temporarily for work only a few days before Valentina's brother's incident.

Valentina refers that her mother often pandered and supported the male child (second-born son) in the numerous family matters. There was a special bond between her mother and her brother, and that roused Valentina's feelings of envy and jealousy. Now, however, she says, *"I always feel like a stab in my heart when I see my parents so sad, I feel helpless as I cannot relieve their pain. Now, it should be me the one to support them."* [...] *"I always feel that something is going to happen at home"*.

The patient sees Table VI as the most unsettling inkblot. In fact, during the so-called "Picture gallery" stage, she gives it the iconographic title of "Death". That card shows how Valentina projects her anguish of death for the death of her brother at a subconscious level (during the production of the perceptual-associative response to the macular stimulus), and also at conscious level (during the Interpretative investigation). The projection happens every time she is away from her parents, since she experiences even a momentary separation from her parents as an endless abyss, as the agonizing wait of a suspended "parting".

<p>TABLE VI:</p> <p>... (13") ↑ It looks like the skin of a skinned cat... . I can't see anything else in it.</p> <p>(TL=13" TT=13")</p>	<p>TABLE VI: ↑ ANIMAL'S SKIN (CAT)</p> <p>WHERE: anywhere in the figure.</p> <p>DESCRIPTION: head, the upper part with the moustache and the rest of the body.</p> <p>WHAT: because of its shape, because when I was little, my dad tanned foxes' skin.</p> <p><i>"Because of the sensation of being crushed that my brother experienced on that wall, when he died"</i></p>
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Valentina's parents are old and in need of her presence. At the same time she needs to speak to them often during the day and the night. Valentina says that she feels like a lonely, insecure little girl; even when she is occasionally away from her parents, she is struck by a deep, unstoppable anguish that something unpleasant can happen:

"I've never experienced the fear that I feel now when I say good bye to my parents" ... "I feel that my parents can no longer support me. Instead, now I have to support them... like a little girl, I feel lonely, as if I had lost all my loved ones".

"[...] Every time I leave, I'm not afraid for myself, but for those whom I leave at home... I'm scared that something bad might happen again". And yet ... "Driving is tiring now... I'm never sure whether I'd go back home or not as I'm scared that a car accident might happen. When I leave home, I always say good-bye to my parents as if it was the last time I saw them... ." [...] "I feel as if I were an "invalid", a "captive"; and whenever I drive the car I feel as if every kilometre of road I do is a piece of life that I have kept... all this is just bad".

Throughout the day, often Valentina bursts out crying and has acute anxiety attacks (tachycardia and apnoea), she always thinks of her brother, and says: *"he's always there, even at work... I find it hard to feel comfortable when I'm with customers"* (she runs a bar together with her boyfriend). *"What I find really hard is having to smile at work, when, actually, I would cry and run away from all those people. I am afraid to meet, or to serve a coffee... to the person who is guilty of the death of my brother. I know he lives in a nearby town. I've never seen his face, I don't know him, but I know how he looks like as people gave me a description of his physical appearance... and every time I see someone who looks like him and I have to serve him at the bar... I feel terrible. I have to go away, to go behind the counter so no one would see me... and then, I cry, because I would beat him up for what he did to my brother, to my family". [...] "I can no longer smile, I get this awful feeling in my stomach, I feel a knot in the stomach... it feels tight... I feel as if my heart is being crushed"*

From all the above-enumerated circumstances, we can see how the perceptual-emotional experience of the patient is that of "compression", of a "crushing" of her life. In a symbolic sense, there is identification with the brother who was literally crushed by a lorry against a wall. However, the feeling of "struggle" and "resistance" experienced by Valentina, the feeling of "being crushed", indicates how the phenomenology of the boundaries of the

Self (as "filter" that regulates the extent and the quality of our interaction with the inner and outer world), involves psychic energies that act as a "Barrier" which, albeit with difficulty, try to bound her identity by the "non-being", the "non-Self".

Discussion

Psychodiagnosis requires a continuous reflection on the "clinic of normality", on questions such as "What is a healthy mind and what is an ill mind", and has to pay particular attention to the practices of clinics. An approach that is not only specialised, but also methodological, would prevent falling in the wrongful reasoning according to which the presence of a combination of symptoms is an undeniable indication of some disorder. That same reasoning also leads to the wrongful belief that mental distress results only from a mechanical global assessment of the functioning, and from an antithetical conception of adjustment/maladjustment (Settineri & Mento, 2010). Therefore, the comprehension of the patient must be filtered, not only by an expert knowledge of testing and assessment methodology, but also by a deep knowledge of psychopathology and by the ability to recognise when feelings are being mutually projected (transference and counter-transference). Each of us, in fact, has its own personal history and, inevitably, in our work we experience emotions and associations that are connected to the counter-transference. This applies both in "psychodiagnostic", and even more, when we choose the profession of psychotherapists, since by choosing that profession, we decide to devote our professional life to the uncertainty of questions rather than to the certainty of answers (Carotenuto, 1997).

Albert Einstein once said: "Not everything that counts can be counted". Our society is always rushing forward as if it was afraid to look in the depth of human soul's daily vicissitudes, and when it looks into us, regrettably, it frequently conforms to fashion, hobbies, and customs. In a society where only the achievement of results seems to prove our abilities, the ability to prove ourselves as winners on the world and shape it according to our will, we tend to rely on the *certainty of answers*.

Those who, on the contrary, "transgress" and devote themselves to the exploration of the soul, are aware that they are entering a contradictory realm, a dark dimension, where questions outweigh the possible certainties and every acquisition seems to be temporary. That is the realm of the *limit*, of

doubt, and of *searching*. Being "psychotherapists" means to be able to question every time, together with our patients, those big topics that have always intrigued at the same time tormenting human beings: life and death, joy and sorrow, love and suffering, loneliness, evil, and illness (Carotenuto, op. cit.).

In order to establish a genuine contact with the patient, it is necessary to abandon a position of emotional impartiality and enter the relationship with all the complexity of our psycho-emotional life. Somehow, we should be prepared to endanger our own emotional balance.

In the first stage of the psychotherapeutic process, we will focus our floating attention (from a "bionian" viewpoint, in the interior/exterior relationship) on the patient's emotional experiences, as expressions of dreams-like elements emerging during the diagnostic investigation carried out through the administration of the Rorschach inkblot test. We will also focus on those elements that will emerge from the patient's most significant subjective responses (in terms of the perceptual-associative-symbolic level, and of Shock phenomena and other significant events) to those mirrored, symmetrical inkblots, by re-administering some cards of the test. In this way, the patient's free associations on the symbolic content that develops from the patient's figural interpretations of the test will provide the start input of a listening experience which is suspended between order and chaos and requires the involvement of our ear and our eye.

According to Cremerius (1971), in order to interact with the subject, and primarily with his or her unconscious dimension, it is crucial that clinicians reactivate their unconscious dimension, their inner world. This means that we should offer our patients the opportunity to open up and talk about themselves, through a language made of sound and pre-verbal textures, where the voice is at the crossroad of body and speech. Therefore, giving space and time means to withdraw and remain silent. Silence becomes then the backbone of the interaction: as it implies listening to the patient, while at the same paying attention to what is happening inside us. Cremerius reminds us that silence, in its truest and perhaps oldest sense is the most primitive form of communication that characterises the relationship between mother and baby in terms of the fusion of subject and object. The profound value that silence plays in interpersonal relationships is symbolically connected not only to what comes before life, that is the origin and development of human relationships, but it also contains values associated with death, or with the end or destruction of a relationship (Bion, 1962).

This explains why patients can experience that space-time dimension as an escape from the helping relationship, as they fill it with depression, or rather with empty excitement through a redundant stream of words that remain on the surface of language, as they attempt to contain their uneasiness.

When patients can only rely on a poor linguistic and lexical background to assist them in the expression of the structure and the grammar of their emotions, they are unable to talk about themselves because they cannot understand and integrate their inner life, giving it a shape and some order. This is due to the fact that in their childhood, they were not shown that type of communication, which by embracing empathy through words and non-verbal language would enable them to fulfil their need for acceptance.

This inadequacy is due to the failure of the symbolic function of the Self ("alpha function", according to Bion) caused by a mother-child relationship that was not sufficiently empathic to contain, by means of an adequate linguistic, emotional and relational code, those unpleasant sensations and emotions experienced by the child when he or she had to cope with the absence of the rewarding maternal part object. In case of failure of the "alpha function", the non-metabolised contents will not convert into "beta elements" as split parts of the Self, which, from time to time, are intended to be expelled through enactments and inductions, or to remain as incomprehensible, crystallised and fragmented internal sediments.

The clinical experience of patients tells us how human beings may be unable to identify a deep and incomprehensible malaise (which is rooted in their mind at the same time imprisoning it). That malaise will then afflict us, haunt us and halt us, and finally convert us in prisoners in a prison without bars or walls, from which it is very hard to escape because we do not realise that we are prisoners of ourselves and, therefore, prisoners of a paradox.

Psychological disorders show, therefore, a paradoxical nature. Indeed, when we suffer we find ourselves doing things that we do not want to do, without anyone forcing us to do them, or also, we experience emotional distress that cannot be considered as the direct effect of external circumstances – because if this were the case, we could try to change things in the outer world. All those situations clearly show the paradoxical nature of psychological disorders (Boschi, 2007).

This "paradox" is rooted in archaic emotional deposits, that we are unable to recognise and integrate into our present time. These are not mere *memories* but real *parts* of us that have survived the passage of time, so they are still alive and kicking in our present time as though no time has passed at all. As stated in the conservation of energy principle, first law of thermodynamics,

those are forms of energy that are trapped in an isolated system, so they can no longer be destroyed, even though they can *transform*. And those people who cannot name their suffering, those who cannot identify it, those people will express their malaise by turning it against themselves or the others, against their own body, or the outer world.

If energy is neither created nor destroyed but can, instead, instantly transform, according to its dynamic nature, which unlike matter, is not inert, in this energy process, words play a key role. The verbalisation of moods allows their integration: the integration of our inner life will in turn allow the expression of our emotions.

Recoding emotional states into words represents an "emotional transmutation", a sort of repolarization of internal psychic energetics. So, when we assign a name to an emotion, we «are» no longer that emotion (as in the case of "I am sad") but, more simply, we *feel or experience* that emotion. In other words, we are outside emotions and no longer inside them; and this condition allows us a greater control on our moods, since we can adjust them, manipulate them, or even transform them (Boschi, op. cit.).

The basic need of the human being is to be recognised even before being accepted, loved, appreciated, and so on. Human beings need to receive the message: "*You exist for me!*"... within the relationship with the significant Other. We want to exist for the Other and through the Other. This proves to be true especially when we are ill.

People who flee from pain are unable to transform their "illness" in the ability to fully stand their suffering ("suffer" comes from Latin "*subfero*": stand, tolerate, resist), to develop an awareness of their suffering, and thus, become able to evolve, to change themselves.

It is therefore up to individuals to have the courage to accept and understand that timeless flow of "revelations" on their individual history, as those revelations open up new insights on themselves, allowing them to develop greater awareness on their own thoughts, their doubts, their questions, and actions; but all this is made possible thanks to a therapeutic journey which, depending on cases, has various time frames.

Indeed, our therapeutic intervention will allow patients to give voice to their own subjectivity in the expression of their inner life, so that they can "move their emotions" outside of themselves (*e-motion*), reshape them (a *cognitive-emotional* container), and turn them into "*verb*" and "*representation*", in "*symbol*" and "*knowledge*".

Conclusions

The transformative function exerted by a good mother or a good therapist, is the ability to convey through one's voice and words, our "own body", an affective movement which may have a different destiny.

It is necessary, therefore, to listen to the ineffable and make it audible, to go *beyond* the word in order to not merely understand the meaning of words uttered by the patient, but to strive to focus our attention on the time when a word is merely conveying itself, to focus our attention on sonorous and non-verbal signifiers, which are speech's main instrument to convey meaning (Di Benedetto, 2000).

The creative and cognitive process in the relationship between the patient and us, from the "diagnostic" phase of the preliminary meeting to the "therapeutic" journey of a sound framework to come, is based, therefore, on our ability to carefully listen to the patient, in a listening experience which fluctuates between order and chaos, symmetry and asymmetry, seeing and feeling, past and present, and between the inner and outer world.

Our listening will then enable "individuals" to regain the integrity of belonging to themselves, to be "soul" (*psyche*) of "life" (*bios*).

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