

Obsessional Thinking and the Uncanny

Francesco Bisagni, Milan

INTRODUCTION: JOAN AND HER OBSESSIONS

As a psychoanalyst I cannot but tell stories. One among many, the story of a child at the onset of her adolescence. A common child, with common parents. Parents as common children, along infinite generations. Maybe as ever.

Joan is twelve years old when she is hospitalised in a department of Child Psychiatry. It's a dramatic breakdown that occurs after years of silence. Something in her mind had lived silently for years, like embers under the ashes. Maybe as ever.

Obsessive-compulsive ideation, the doctors say, with severe sub-delusional traits. Joan has invasive images of her mother naked and tied down to a table, with hooded men that abuse and torture her with their knives. And more: Joan obsessively thinks of having sexual intercourse with her mother. Or with her father. Or with mother and father together.

And she fantasizes that her mother dies. It's enough to think she may die, and mum can *actually* die. And then the dead mother avenges on her. Mostly because when Joan thinks of her mum's death, she happens to laugh. Which does not help to remain quiet. Washing her hands, counting the books on the shelf, ordering the serviettes in the wardrobe, or thinking the dead may be brought back to life just by singing a simple lullaby, is no help at all. The lullaby should be perfect and one always forgets a piece. It seems she always makes a mistake in the lullaby. And Joan has to start it all over again. But, in the meanwhile... if mum dies? All her efforts are useless...

She also tries to cut her own skin with the razor-blade. But what always comes to her mind is that she is *not* doing that to herself *instead of* doing it to mum. She thinks she is *really* doing it to mum. Indeed... if in the meantime mum dies? ... and Joan scratches the scabs from her skin... alright... she knows she likes watching some blood... a little bit, but... but mum always keeps dying... and what happens if she *really* dies? Joan has thought of this so many times. So mum can never go too far from her. If not physically, at least with her thoughts. And if not by normal means, there is a well tested repertoire of excitements, provocations and quarrels that both share, and can help the two of them *remember* and *know* that each of them is *here* and is *alive*. Tortured but alive. Torture as a guarantee of existence.

Concentration camp *in sextodecimo*.

And then, that big penis which always reaches Joan's mind. She gets rid of it, and it always comes back. She cannot even name it. Like that other word which she cannot even pronounce: *penetration*. Whose is that big stick that arrives, and is mixed up with the knives? ...Ah! Forget those silly lullabies... One is not really able to keep it away...

Blessed anti-psychotic drugs... When I meet Joan for the first time, she has been out of the hospital just since a few days earlier, and feels a little better compared to when she had been admitted. Her thoughts are quite the same, and arrive in the same way but less brutal, with a bit less anxiety. And at least at night Joan is able to fall asleep. She can even tell me that doctors and nurses in the hospital were kind, and that they have helped her. Her main concern now is to be able to go back to school, and not to be called crazy by her classmates. With all that has happened to her and what she keeps having in her mind, how can one study and have relationships that may *look* normal?

She makes me understand that she really wants a normal life, her school and her friends. She let me know she is capable of gratefulness and of accepting cure. She is clever and intelligent, I understand that she wants to behave as the "grown-up" in front of "the psychologist", as she calls me. She says a couple of very precise and sharp things that make me understand that there is not just deteriorated seductiveness in her. She likes studying. It's her way of protecting and defending herself, but she has an Ideal. She is not really *nice* - I cannot ask too much - but she gives me the impression of having her own resources. She helps me to choose to take her as an analysand.

And if mum really dies?

While speaking to me she rhythmically grips her thighs wrapped in her jeans, compressing her pubis. A slight dangling. She never stops masturbating for a single moment, whatever she is doing or thinking in the meantime.

And if mum really dies?

I have a child who is still pre-pubertal in front of me. Heavy, very overweight. Disharmonious. Big and bulky. Like her mother. Luckily the menarche will only arrive a year after the beginning of the analysis. A year of work without the hormones to prematurely make things more complicated than necessary.

For a long time she was to be very scared.

She was often deeply overwhelmed by her thoughts, despite the medication in quite heavy doses. She kept taking her tablets for four years, with remarkable compliance and with just some occasional moments of refusal that had the quality of an imperious and maybe hurried wish for health and normality. She learned to keep up, and to distinguish the valuable wish of gaining her health from the improper or maybe premature way of achieving this. So she kept on taking her

medicines as long as was necessary. I will not forget her grateful and joyful smile when finally she was able to quit.

In general - and as expected - Joan was not a *piece of cake* with me: many moments of opposition, a subtle way of being seductive, often complaining and moaning with a certain childish voice which I heard sharper than a blade. She had the expectation that adults always and necessarily had to feel captured in a sort of emotional slavery, ready to be manipulated as puppets in her hands. At times she missed her sessions, often after dramatic phone calls in which I was expected to *do something immediately* in response to her shouts, to her cuttings on the skin, to her threats of suicide.

And if mum dies?

Obviously, I was expected to magically solve the problems with her mother and father. To her, I was definitively useless, no help at all, ...and she *of course* was forced to come and see me... essentially I was the worst human being on earth. And so forth.

These attacks did not simply represent a blind repetition of her primal object relations but evidently asked for new and unforeseen answers. Joan was for sure impressed by the simple fact that I did not counter-react to her behaviour, as her mother would usually do, or as she would do towards her mother's behaviour. The relational quality of our encounters sounded very strange to her. Literally *unfamiliar*, as it is, particularly relevant with obsessional analysands. I was at times paternally firm and usually assertive. Penises are not knives. I was not *really* calm, as the tension in the analytic atmosphere was frequently palpable, but mindful and emotionally stable. I often responded in a way she did not expect at a certain particular moment: silent and serious when she wanted me to unreflectively and automatically get *excited*; empathetic when she expected me to be cold and rejecting. I showed and at times explicitly said that her attacks did not make me glad, let alone aroused at all. Neither explicitly nor implicitly. Joan knew I had no *love* in dealing with her – as love is not a necessary ingredient in the analytic position – rather I had true dedication and care, even passion. *Joy*, every now and then, which is more essential for an analyst than love is. She knew I saw her willingly. She knew I allowed myself to occasionally and necessarily *hate* her, as average mothers and fathers commonly do, which is terribly important to hinge mental doors. *Routine*.

But if in the meantime mum dies?

It was maybe less simple to find the right way to convey the sense that I let her be free to choose her death, and to make her realize that I would not have done *the impossible* to prevent her suicide, but only something *reasonable*. Something humanly and professionally possible. I openly declared that her life did not belong to me, and that her life was not a reason for my living, or that her death

would not have been a reason for my despair. Her business, in a certain sense. Making sense *certain*.

Joan's fear of all sexual matters was unquestionably clear. Her attempts to be seductive towards me had the quality of a child's strength when the child assumes to be able to make illusions real. Mainly the illusion to totally belong to each other. Joan was usually dressed with certain pink tight shirts and stretchy slacks, glittery shoes and bows in her hair - in a sort of Japanese cartoon style - like a latency girl. It was impossible not to notice her, considering that we are talking about a one-hundred-and-eighty-pound girl, six feet tall. The whole world had to *always* see her, as a mother would be *expected* to do with her baby. As if the world represented an *always too ignorant* mother, always felt as neglecting and blind, and consequently always needing to be forced to see and possibly understand. Joan was too scared to look feminine, she could just allow herself to look like a *freak of nature*. Seeking compassionate eyes as orphans do.

But in order to better understand Joan's sexual fears, it is necessary to say something more about her parents. *Child* parents and *their* doors.

EVELYN, THE MOTHER

She pants on the telephone when she contacts me to have the first appointment. She is particularly pressing in order to have a meeting with me as soon as possible. If we put ourselves in her shoes, which in some way is our duty, there is nothing wrong or strange about this kind of pressure. It is not an everyday occurrence to have a twelve-year-old daughter hospitalized in a psychiatric department, and to see her after about twenty days walk around with a robust dose of neuroleptics, that kind of medication one for sure gets quite scared about. To say nothing of that well known expression and tone of voice that only doctors are able to use on certain occasions, when they want to be truthful and realistically encouraging with the support of the most up-to-date American diagnostic handbooks ... they glance slightly sideways and say that the situation is... "*well ... a bit difficult...*" And about the prognosis gravely state... "*Madam... for your daughter we need time... a long time...*"

But how long? And if my daughter goes crazy? And if my daughter dies? You know Doctor, my daughter has always been a difficult child. And myself too, after all. And the father... Ah! Forget about the father!... But... Doctor ... The fault! Whose fault is it?

I am scared, Doctor ... if my daughter dies?

So when Evelyn calls me, I sense in her anxiety a concern that is in many respects realistic, genuine and warm, which I notice again from time to time during the meetings that I periodically have with her. I see her deep fear in a typical darkness of her glance, like a shade which certainly goes beyond

Joan's problem, and possibly regards this woman and her entire life. The black glance of a mother, who is the daughter of a mother and a father, who are children of innumerable mothers and fathers beyond all memory. Of whom that blackness is the only left and still living memory.

But, maybe just because of that unredeemed blackness, a kind of childish urgency is intertwined with Evelyn's preoccupation for Joan. It seems to be an urgency with no mediations or ability to wait and think, as if Evelyn herself were a child inclined to produce automatic acts, and induce thoughtless responses. As far as I could get to know this mother during the years of Joan's analysis, Evelyn did not hesitate to subtly become dishonest and manipulative when she wanted to obtain what she considered to be her absolute and non delayable needs.

There is an extraordinary somatic likeness between Joan, a hypertrophic child, and Evelyn, who looks like an American girl of the Sixties, brought up on cotton candy and steaks full of hormones. But it is not only this likeness which makes me think of two *orphan* twins: mother and daughter are in fact like two lonely children who get mutually excited through continuous quarrels, triggered like perfectly synchronized time bombs. They are able to masturbatorily stimulate and reposition each other within each other's horizon and fill the void. This is *their* identity. Their sense of being *one*.

We are in unison. Unique - sound. We are one. I am (at) one.

Quite soon I came to know that Joan's parents had never lived together, and have maintained a very ambiguous relationship since the child's birth, with lots of fights and at times overt violence, gluey and sado-masochistic. Fights and shouts, threats and acts of revenge. Evelyn is able to escape if this allows her to call the other guilty, and she is quick to return if this allows her to provoke a new fight. Endlessly.

No boundaries or limits. Evelyn openly tells Joan of her moods, fantasies and desires, either sexual or aggressive, regarding Joan's father or anybody else. Confusion is the core quality of their relationship.

Evelyn's mother usually goes around half naked in her house in front of her children and grandchildren, talking about sex and body functions quite explicitly. In this family, a substantial degree of intrusiveness is defensively and ideologically called open-mindedness. Voyeurism and exhibitionism are called intimacy. Closed doors never existed in this house. Neither toilets nor bedrooms are private spaces.

Evelyn's father, as one may surely expect, is substantially castrated.

Evelyn tells me: "You know... my family is a *real brothel*"

She couldn't be more right.

Within the ongoing *après-coup* in the course of her analysis - at the age of sixteen - Joan recalls a recurring dream she had as a child, when she was living at these grandparents' home together with her mother and an uncle.

At night I hear noises which scare me and I go to ask my grandparents for help. I see them from behind, I call them and they turn towards me. They are zombies. Very scared, I go to my uncle and ask for help. I also see his back and I call him, he turns but he is also a zombie. I rush and look for my mother, I am too scared to remain alone. Mum is a zombie too. My mother, my uncle and my grandparents come close to me and threaten me, I am terrified. I walk back to a window. The dream ends when they are about to assault me.

One of Joan's associations to this dream seems to be especially significant. *Was it myself who has remained normal, or was it them who were normal and myself changed?* Who is stranger and unrecognizable? Who is really uncanny?

What Joan says witnesses the summation of a markedly confusional anxiety, related to receiving threat from an object which is expected to provide protection. This is linked to the experience of being *mirrored* by the *living dead*, with the consequent effects on the normality of the core sense of oneself.

Freud himself showed on a linguistic level how the word *Heimlich* has a dual meaning: familiar-trustful-intimate on the one hand, and hidden-secret-insidious on the other. The second meaning makes the word *Heimlich* close to its opposite, *Unheimlich*. What connects symbolically the two opposite meanings is the infantile element, the fact that what appears unknown and uncanny in the *second instance* is already known in the child's experience. It is also well known how Freud connected the experience of the Uncanny to obsession (The case of the Rat Man, in particular) and particularly to magic thinking, where a certain kind of anxiety is raised – among many possible others – out of the uncertainty about the animate or inanimate nature of an object or about its being dead or alive. [1]

To go back to Joan's dream: we can observe that everybody is or looks normal when turning his/her back, in the position of the one who goes away and possibly disappears. As soon as contact is established, the uncanny comes to the fore. The subsequent allusion to the fantasy of the sexual assault again underlines the subversion of the sense of protective boundaries and elementary ethics, which is the matrix of all possible subsequent ethical confusion.

The shut window of the dream, in a certain sense protects Joan from falling into an empty space, which can be linked to her suicidal fantasies. On the other hand, the shut window dramatically describes the sense of claustrophobic imprisonment in the sexual/violent fantasies that Joan has so intensely suffered since her childhood.

From windows to doors. Other doors, this time barred. Equally imprisoning.

MARC, THE FATHER.

I had been told that he was more than sceptical.

He does not trust those like me, the headshrinkers.

I do not have doubts about that, when I meet him the first time together with Evelyn. A man less than forty years old, in his tight tracksuit showing big muscles is sitting in front of me. Folded arms, stone face, dark sun-glasses and few words.

Here we have another one who needs to go not unnoticed, I think. Another one who is used to impressing the passers-by. And for sure he looks like a bomb ready to explode.

I make sure that he can quickly and explicitly tell me, which he does without effort, that he does not trust the psychoanalytic cure, as well as psychiatrists and all the rest. I look at him straight in the eye, trying to get through his dark green lenses, and tell him that I truly thank him for telling me all of that so clearly. This is a great help for me, I say. He is quite surprised but I notice he appreciates my words. He remains hieratic though. I keep being hot on his heels and say we have to make a deal for Joan. If he trusts me a bit, alright. Otherwise it's better to make it clear right away and they can go elsewhere. I do not want to have my or anybody's time wasted. Take it or leave it.

He accepts. He likes that we settled it between men. And I like that he likes that. I imagine that something more healthily and paternally sophisticated may slowly outgrow over time. And things could become less coarse.

It took two years. Two years after this first meeting to have a smile from him. With no green lenses. A smile with a sort of kind delicacy and a bit of trust, even some traces of gratitude - if I am allowed to be optimistic. A smile for sure interspersed with a glimpse of seductiveness that this man must consider part of his consolidated and totally automatic mental equipment.

In the meanwhile I come to know that he lives in a big house together with his elderly parents, both affected by Alzheimer's disease. Dement and confused. Unable to know and to recognize. Incontinent.

He keeps them segregated, without external help. In a condition that is on the edge of illegality. He feels persecuted by his parents and locks them up. Barred doors. Also to defend himself from the anxiety to become exactly like them. Sooner or later. Dement.

And if he were *already* dement? Marc often feels like that. Too often. Unable to think. *How can one be a father?*

When Joan goes to her father's house, he locks her up in her room while she studies. With the excuse to protect her from the molesting grandparents. But he locks her from outside, he does not give her the key to lock or unlock the room door. Joan gets scared, and masturbates. Barred doors. She has to call daddy on the cell phone even to be allowed to go to the toilet. Unchangeable habits. Everybody agrees with no objections.

Barred doors. Joan imprisoned. Imprisoning thoughts. Thoughts of imprisoning. Confusion. Doors do not exist. Doors are barred. Doors do not limit. Doors do not open.

Marc is used to hiding himself. He cannot find anything really meaningful in the movement of his everyday life. Nothing he can *really* cope with. He has always been scared but he cannot show it, because this would scare him even more. He has always watched himself in the mirror, since he was a boy. Now that he is nearly forty and goes to the gym two hours every day five days a week, when he looks into the mirror he still cannot meet himself behind his muscles and his seducer's smile. He is not even able to recognize himself when he looks inside his stretchy underwear, so well designed to show, so well built to hide his fragile identity. Hidden to himself, hidden to everybody.

Marc did not give his surname to his daughter. The *Nomen Patris* has gone mindless and lost, who knows where. They have not had *time* for this, he justifies.

Between lost name, unfound time and barred space, how can one become a father?

He and Evelyn must have met following a roaring erotic passion.

Evelyn in her search for a *real man*, the one who could free her from that castrated father. But she was not free enough to avoid breathing the same mephitic air and sharing the same promiscuous glance of her mother, and so becoming her double.

But how can one become a mother?

Marc in his search for an identity through his muscles and his simulacrum of masculinity, which could free him from that threatening and overwhelming dementia.

But how can one become a father?

And if our daughter is crazy? And if our daughter dies?

And how can doors be hinged? How can they open and how can they close? How can they separate and how can they connect?

And how can Joan not feel imprisoned in her excited and brutal fantasies? How can she stop getting excited in fantasizing to imprison? How can she stop worrying and feeling breathless again and again? How many cuts on her skin will she need to make *life spring out*?

SEXUALITY AND IDENTITY

Here follows a session - among many - to describe a fruitful attempt to get out of a tricky imprisonment. It's about sexuality and identity, which is certainly at the heart of a possible development for this girl. It's about the use of the mind which risks falling into a sort of spin and death by asphyxia, and about a possible way out. We are two years into the analysis, and well into Joan's adolescence.

Joan shows a certain state of anxiety. Quite soon I recognize an emotional atmosphere in which it can be very difficult to speak, and also to listen. My perception is that Joan somehow puts forward some "surface" anxiety matters, quite intense, with the purpose of not getting to the point of actually saying what exactly the core thought is that is precisely worrying her at that specific moment.

Such "side" anxiety matters are intense and have, today as always, a considerable power to capture the other's attention, as if Joan wanted to take my attention and speech to something that counts but does not count at the same time. When this happens she can consequently complain about not being understood.

This is a trace of "pseudity" (Bion), and the outcome of a continuous displacing on the part of the Object's attentive focus from the contents of the Self. Such a condition progressively created a great difficulty in settling an internal scale of "values and sense". Certainly this is intertwined with the excitement and triumph in putting the Object in the position of an almost inevitable mistake. Joan is not actually (completely) unaware of the point she would like to make. She knows what she wants to say, but she sidetracks.

As I seem to realize this element, which has been experienced many times in the sessions as a source of misunderstanding and complaints, I at first wait silently and then suggest that maybe something else is worrying her "more". I am careful not to say that something else is worrying her "really". If I said "really" instead of "more", she would take it as if I were considering what she is saying as false and meaningless, which would allow her to complain about me, about my unavailability to listen and about my expectation to be told just what I like to hear and what I am interested in.

With a whining and sad tone of voice Joan tells me she had had a fantasy lately, which she starts recalling with an obsessional thinking mode.

Her friends have boyfriends and she does not. So she has started to consider if she might be lesbian, and what having sexual intercourse with another girl might be like. Considering that she got scared about such a fantasy, in that the simple fact of thinking about being lesbian may turn her into an actual lesbian... or... the simple fact of thinking about being lesbian might mean she actually is...so she decided to ask her mother if she (mum) thought she (Joan) is lesbian or not, and if she (mum)

ever had the same kind of fantasy. Mother replied not to get worried, she does not think Joan is lesbian and said that thoughts like this one often come to the mind of many people when they are Joan's age, although she (mum) said she never had homosexual thoughts when she was an adolescent.

This search for a "pedagogic" reassurance from the mother is well-known and represents a non reliable pseudo-solution, while the real purpose seems to be that of getting reciprocally aroused through each other's fantasy, according to a substantial position of voyeurism-exhibitionism, which is very similar to what usually happens between the two in their provocative and aggressive interactions.

Obviously, given these assumptions, this maternal reassurance did not work at all: Joan keeps being afraid that she is lesbian and she cannot get rid of this thought which always comes to her mind in a very disturbing way and totally out of control.

On the other hand - she states with a sort of come-on look and a seductively lamenting tone - if it is "so" clear that she is scared of penetration, this must be the real reason why she thinks she is lesbian. By saying so she makes me guess that if I tell her that her fantasy is linked to her fear of the penis, I already know that she knows it and consequently it is totally useless saying it. Psychoanalytic interpretations that might have been helpful in a certain context and had given rise to a helpful development of knowledge, are subsequently stored and turned meaningless. They can be used – as the come-on look reveals – as a tool to create an emotional engagement with the interlocutor, on the register of "pseudity", or for the subtle attempt at penetrating and "knowing" what the other thinks and feels. This functioning is understandable as the reversal of a true self knowledge founded upon the Object's reverie.

Joan keeps repeating her thoughts in a crooked way and gives me the impression that she is not able to get out of or quit this circle of thoughts.

I feel a well-known pressure to give useless reassurance, in the guise of her mother. I also realize that I have to pay great attention so as not to make statements that could be taken as "definitions", such as "you are lesbian/you are not lesbian"... "you are such and such/you are not such and such". Joan would consider these sentences as "given facts", no longer modifiable, and suited to being immediately turned into acts and behavior which I would be called totally responsible for.

As usual, the main difficulty here is to keep the symbolic space alive, unsaturated and sufficiently airy and expansive in order to allow the emergent mind to outgrow, opposite to the occlusive immobility of the obsessional brooding.

In the fatigue of contrasting the obsessional functioning, I also feel personally helped and deeply supported by the protected space of my theoretical psychoanalytic background and by my model of

the mind. Reverie responds well based on the theory. Due to the exquisitely separating function of theory, I thus contrast the sterile, castrating and occlusive obsessional procedure, which works according to a non-separating omnipotent maternal code: the core problem of obsession is actually an unmanageable separation anxiety, expressed on the register of the symptom. In this sense theory helps and supports a healthy astuteness, a good "Mètis", against the obsessional gambling, which is hidden and dangerous like a mined field. This is one of the tools I use in order to place myself sufficiently far from and dodge the cluster bombs of the analysand's mind.

Now I invite Joan to do an associative work on how she fantasizes having sexual intercourse with a girl. At the same time I openly and assertively say that for me the point is not to give her a "definition".

Joan's repetitive and blocked speech seems to progressively melt and gradually a clearer three-dimensionality and a truthful congruousness of the affects come to the fore. Again she speaks of her phobic fantasies about the penis but now with much more consistency and sense. Step by step Joan's associations go in the direction of an idealization of the female body and she progressively shows the fantasy of a soft and rhythmic contact with this body. The maternal quality of her fantasy becomes progressively clearer when Joan talks in terms of non separation, of endlessly hugging arms, of her wish to be ideally understood without words. In this flow of thoughts the erotised component dramatically decreases and the dimension of a baby expectation for an ideal containment becomes paramount.

I comment on how important it is that Joan can imagine a state of mind like this, where it seems to be listening to a small child whose only wish is to stay in her mother's arms as if in a kind of eternal paradise. I also say that even if this is very different from what Joan thinks to have experienced as a small child with her real mother, and if it is also very different from the fatigue of her communication with myself, that such a paradise which she can now imagine is, however, a sort of safe ground of her mind she can now rely upon in her most difficult moments.

THE UNCANNY – THE IDEAL MOTHER

Considering that many aspects of the communication are probably quite evident in this clinical vignette, as well as some obvious implications of the analytic relation and of the state of the transference, I would limit myself to underlining that the change from the level of the genital fantasy to the mother-infant one was crucial for the gradual elaboration of the matter of identity in this girl. Understanding the narcissistic ideal of the "heaven fantasy", certainly not as a developmental phase but as a mind state necessary for the foundation of a sufficiently cohesive sense of Self, is also definitively important. Working through primal narcissistic elements

commonly reactivated during adolescence is crucial for any healthy growth. In this frame it is also worth remembering how M. Klein [2] connects the fantasy of being understood without words to the sense of loneliness, where the capacity for feeling “nostalgic” becomes essential. This is remarkably important in relation to overcoming separation anxieties, which are so relevant in the obsessional situation.

To conclude, Joan’s and her parents’ story is quite a common one. Common in many respects, despite its harshness, which would make it look anomalous, strange, or at least peculiar, psychopathological. It is not so.

Common is the sense of a sense that gets lost in doors that do not bound, lost in the carelessness of not providing shelter from the storms of fantasies, lost in the abuse of letting children be porous receptacles of the blind and deaf movements of adults. Lost in the invasive ideology of non-protection, which ferociously calls free and intimate what is actually abusive and thoughtless.

Common is retreating into a paranoid solitude and barring the doors to defend from thinking, to attempt a desperate isolation that turns into a subtle and pervasive dementia.

It is common, also for children, to remain imprisoned and immobilized by all that. Even if obsession is only one among the many possible forms of this paralysis.

It is common to have no answers - apart from escape or consolation - to one’s and someone else’s death.

It is common not to know how one can become a mother or a father. It is common to procreate with the burden of an unredeemed childhood. Without memory of a past devoid of the starting point of one’s evil.

If we go back to Joan’s dream on the zombies and reconsider all the matter regarding barred vs. non-bounding doors, we come across a technical as well as an ethical problem.

As in Joan’s dream, it is very common that only the one who turns his back may look *normal*. Normal is only the one who places himself in the position of escaping, in the register of loss and abandonment, which is essentially *anti-care*. Such a *depriving* position can only activate envious wishes of assault, a cynical search for power, reiterated abuse, generation by generation. Normalized. *Face to face* confusion rules, which is the essence of every psychosis.

So *what is normal? Them or me?*

CONCLUSION

As ethics seems to be today’s *uncanny* for our post-modern culture - and is therefore the central goal of psychoanalysis - Joan’s question seems very precious for all of us, either professional psychoanalysts or trainees, either analysands or common citizens.

When wishing to keep our ethical position alive, the function of the analytic setting is always paramount, as it conveys the essential metaphorical dimension of the Father. We can better say: the symbolic dimension of the *paternal-in-the-maternal* which combines the containment and creation of sense, the illusion of absoluteness and limit, the Ideal and time. This function substantiates the *psychic bisexuality* which is the *enveloping skin* and the *spinal column* that support and articulate the *natural* potential for wringing one's destiny.

In such potential the ethical dimension is rooted, which allows the individual to choose, *by nature*, to respond dialogically to his infantile determinants and to affirm the naturalness of opposing nature.

This is the way psychoanalysts tell stories. This is how psychoanalysts assume they can invent new ones, together with people and their words. Thus wringing a destiny that looks seemingly immobile and ineluctable. Obsessional doors may not be as barred as they may look. Not as hiddenly unhinged as may be suffered by some.

With a little luck, at times we make it.

REFERENCES

Freud, S. (1919) The Uncanny, SE vol. 17

Klein, M. (1963) On the Sense of Loneliness, in *Envy and Gratitude and other Works 1946-1963*, London: Karnac Books